

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PALOS COMMUNITY HOSPITAL (14-0062) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL						1
2 SUBPROVIDER - IPF		-43,685	52,312			2
3 SUBPROVIDER - IRF		33,638				3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-10,047	52,312			200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 12251 S. 80TH AVENUE  
 2 CITY: PALOS HEIGHTS STATE: IL

P.O.BOX:  
 ZIP CODE: 60463 COUNTY: COOK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	PALOS COMMUNITY HOSPITAL	14-0062	16974	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	16974	4	01/01/1984	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	PALOS COMMUNITY HOSPITAL HHA	14-7470	16974		10/27/1987	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	PALOS COMMUNITY HOSPITAL HOSPI	14-1591	16974		06/06/1997				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012				TO: 12/31/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									N	N
											23

		IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		OUT-OF-STATE MEDICAID		OTHER			
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID		
		1	2	3	4	5	6				
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,889									24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID PAID UNPAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.										25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.					1					26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.					1					27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.										35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.										37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					BEGINNING:		ENDING:			38
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1	2
										N	N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

		V	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 XIX 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 N	2	140
-----	--	--------	---	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N
156	SUBPROVIDER - IPF	N	N	N
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
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IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?  
ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN  
COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),  
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
<b>FINANCIAL DATA AND REPORTS</b>				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
		Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14
<b>BED COMPLEMENT</b>				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
<b>PS&amp;R REPORT DATA</b>					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	05/07/2013	Y	05/07/2013 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- 22 HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 1 DATE 2 36
- 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
- 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. N 38
- 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
- 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: MICHAEL LAST NAME: RAUWOLF TITLE: DIRECTOR OF AUDIT 41
- 42 EMPLOYER: PALOS COMMUNITY HOSPITAL 42
- 43 PHONE NUMBER: 708-923-4161 E-MAIL ADDRESS: MRAUWOLF@PALOSCOMM.ORG 43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	159,333,880	159,333,880	4,834,672.00	32.96	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A ADMINISTRATIVE						4	
4.01	PHYSICIAN-PART A - TEACHING						4.01	
5	PHYSICIAN-PART B		5,059,044	5,059,044	52,045.57	97.20	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		16,322,227	16,322,227	520,464.00	31.36	10	
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		290,959	290,959	6,687.00	43.51	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		483,756	483,756	5,223.40	92.61	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14	
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15	
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16	
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		44,268,575	44,268,575			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		5,333,768	5,333,768			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A - ADMINISTRATIVE						22	
22.01	PHYSICIAN PART A - TEACHING						22.01	
23	PHYSICIAN PART B		1,004,555	1,004,555			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25	
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,138,537	1,138,537	35,630.00	31.95	26	
27	ADMINISTRATIVE & GENERAL		23,770,170	23,770,170	664,904.00	35.75	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		563,144	563,144	2,499.20	225.33	28	
29	MAINTENANCE & REPAIRS		2,888,585	2,888,585	83,626.00	34.54	29	
30	OPERATION OF PLANT						30	
31	LAUNDRY & LINEN SERVICE		136,066	136,066	6,246.00	21.78	31	
32	HOUSEKEEPING		2,842,780	2,842,780	131,927.00	21.55	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		3,551,226	-1,508,176	2,043,050	89,430.00	22.85	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35	
36	CAFETERIA			1,508,176	1,508,176	66,764.00	22.59	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		2,869,894	2,869,894	67,143.00	42.74	38	
39	CENTRAL SERVICES AND SUPPLY		2,150,029	2,150,029	93,119.00	23.09	39	
40	PHARMACY		4,609,782	4,609,782	109,783.00	41.99	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,808,823	2,808,823	110,240.00	25.48	41	
42	SOCIAL SERVICE		891,518	891,518	27,295.00	32.66	42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	154,837,980	154,837,980	4,785,125.63	32.36	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	16,322,227	16,322,227	520,464.00	31.36	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	138,515,753	138,515,753	4,264,661.63	32.48	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	774,715	774,715	11,910.40	65.05	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	44,268,575	44,268,575		31.96	5
6	TOTAL (SUM OF LINES 3 THRU 5)	183,559,043	183,559,043	4,276,572.03	42.92	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	48,220,554	48,220,554	1,488,606.20	32.39	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	9,445,756	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	42,400	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	23,789,804	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,200,766	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	386,719	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	725,774	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,538,214	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	11,307,549	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	90,815	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	79,101	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	50,606,898	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	999,982	1
2	HOSPITAL	290,959	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA	708,291	11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE	732	13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		12,437		776	13,213	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		2,835.00	21.00	757.00	3,613.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3		
	STAFF 1	CONTRACT 2				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			0.80	0.80	4	
5 OTHER ADMINISTRATIVE PERSONNEL			34.08	34.08	5	
6 DIRECT NURSING SERVICE			50.67	50.67	6	
7 NURSING SUPERVISOR			2.25	2.25	7	
8 PHYSICAL THERAPY SERVICE			11.05	5.70	16.75	8
9 PHYSICAL THERAPY SUPERVISOR			1.34		1.34	9
10 OCCUPATIONAL THERAPY SERVICE			2.31	0.50	2.81	10
11 OCCUPATIONAL THERAPY SUPERVISOR			0.33		0.33	11
12 SPEECH PATHOLOGY SERVICE			0.71	0.16	0.87	12
13 SPEECH PATHOLOGY SUPERVISOR			0.33		0.33	13
14 MEDICAL SOCIAL SERVICE			1.17		1.17	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR						15
16 HOME HEALTH AIDE			14.89		14.89	16
17 HOME HEALTH AIDE SUPERVISOR						17
18 REGISTERED DIETICIAN			0.84		0.84	18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.					1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).					16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	35,562	3,373	949	649	40,533	21
22 SKILLED NURSING VISIT CHARGES	6,344,639	604,219	169,279	115,675	7,233,812	22
23 PHYSICAL THERAPY VISITS	16,318	457	133	342	17,250	23
24 PHYSICAL THERAPY VISIT CHARGES	3,182,010	89,115	25,935	66,495	3,363,555	24
25 OCCUPATIONAL THERAPY VISITS	2,681	95	8	71	2,855	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	522,795	18,525	1,560	13,845	556,725	26
27 SPEECH PATHOLOGY VISITS	718	59	5	20	802	27
28 SPEECH PATHOLOGY VISIT CHARGES	140,010	11,505	975	3,900	156,390	28
29 MEDICAL SOCIAL SERVICE VISITS	512	63	9	19	603	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	145,920	17,955	2,565	5,415	171,855	30
31 HOME HEALTH AIDE VISITS	10,974	1,221	16	226	12,437	31
32 HOME HEALTH AIDE VISIT CHARGES	1,174,218	130,647	1,712	24,182	1,330,759	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	66,765	5,268	1,120	1,327	74,480	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	11,509,592	871,966	202,026	229,512	12,813,096	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	3,367		397	81	3,845	36
37 TOTAL NUMBER OF OUTLIER EPISODES		109		5	114	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	209,784	33,476	3,987	3,850	251,097	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1591

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE	1	1		1	2
2	ROUTINE HOME CARE	36,104	8,828	38	1,071	37,240
3	INPATIENT RESPITE CARE	118	115			118
4	GENERAL INPATIENT CARE	697	5		80	777
5	TOTAL HOSPICE DAYS	36,920	8,949	38	1,152	38,137

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	748	3		47	798
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	49.36	21.67		24.51	47.79
9	UNDUPLICATED CENSUS COUNT	749	4		46	799

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.239210	1																																																																												
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)																																																																																		
2	NET REVENUE FROM MEDICAID				6,727,462	2																																																																												
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3																																																																												
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4																																																																												
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5																																																																												
6	MEDICAID CHARGES				61,781,964	6																																																																												
7	MEDICAID COST (LINE 1 TIMES LINE 6)				14,778,864	7																																																																												
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				8,051,402	8																																																																												
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)																																																																																		
9	NET REVENUE FROM STAND-ALONE SCHIP					9																																																																												
10	STAND-ALONE SCHIP CHARGES					10																																																																												
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11																																																																												
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12																																																																												
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)																																																																																		
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13																																																																												
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14																																																																												
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15																																																																												
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16																																																																												
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)																																																																																		
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17																																																																												
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18																																																																												
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				8,051,402	19																																																																												
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>UNINSURED PATIENTS</th> <th>INSURED PATIENTS</th> <th>TOTAL</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY</td> <td>24,100,228</td> <td>2,594,491</td> <td>26,694,719</td> <td>20</td> </tr> <tr> <td>21</td> <td>COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)</td> <td>5,765,016</td> <td>620,628</td> <td>6,385,644</td> <td>21</td> </tr> <tr> <td>22</td> <td>PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE</td> <td>114,496</td> <td>99,418</td> <td>213,914</td> <td>22</td> </tr> <tr> <td>23</td> <td>COST OF CHARITY CARE</td> <td>5,650,520</td> <td>521,210</td> <td>6,171,730</td> <td>23</td> </tr> <tr> <td>24</td> <td>DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td></td> <td>N 24</td> </tr> <tr> <td>25</td> <td>TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td>13,568,895</td> <td>26</td> </tr> <tr> <td>27</td> <td>MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V</td> <td></td> <td></td> <td>732,087</td> <td>27</td> </tr> <tr> <td>28</td> <td>NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)</td> <td></td> <td></td> <td>12,836,808</td> <td>28</td> </tr> <tr> <td>29</td> <td>COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)</td> <td></td> <td></td> <td>3,070,693</td> <td>29</td> </tr> <tr> <td>30</td> <td>COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)</td> <td></td> <td></td> <td>9,242,423</td> <td>30</td> </tr> <tr> <td>31</td> <td>TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)</td> <td></td> <td></td> <td>17,293,825</td> <td>31</td> </tr> </tbody> </table>								UNINSURED PATIENTS	INSURED PATIENTS	TOTAL			1	2	3		20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	24,100,228	2,594,491	26,694,719	20	21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,765,016	620,628	6,385,644	21	22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	114,496	99,418	213,914	22	23	COST OF CHARITY CARE	5,650,520	521,210	6,171,730	23	24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				N 24	25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,568,895	26	27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			732,087	27	28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,836,808	28	29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,070,693	29	30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			9,242,423	30	31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			17,293,825	31
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,770,326	3,770,326	5,770,036	1
2	00200		9,943,581	9,943,581		2
3	00300					3
4	00400	1,138,537	50,763,604	51,902,141		4
5.01	00540	479,496	315,198	794,694		5.01
5.02	00550	3,521,373	2,860,274	6,381,647		5.02
5.03	00560	595,013	37,742	632,755		5.03
5.04	00570	2,488,516	67,993	2,556,509		5.04
5.05	00580	2,392,270	1,406,815	3,799,085		5.05
5.06	00590	14,293,502	17,595,833	31,889,335	-375,307	5.06
6	00600	2,336,998	3,001,737	5,338,735		6
6.01	00601	551,587	116,726	668,313		6.01
7	00700					7
8	00800	136,066	1,281,318	1,417,384		8
9	00900	2,842,780	594,655	3,437,435		9
10	01000	3,551,226	1,739,342	5,290,568	-2,231,198	10
11	01100				2,246,860	11
12	01200					12
13	01300	2,869,894	43,676	2,913,570		13
14	01400	2,150,029	4,278,169	6,428,198	-3,140,369	14
15	01500	4,609,782	9,178,131	13,787,913	-9,095,993	15
16	01600	2,808,823	370,558	3,179,381		16
17	01700	891,518	83,814	975,332		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	38,038,356	1,389,282	39,427,638	322,308	30
31	03100	5,395,465	201,792	5,597,257		31
40	04000	4,520,658	106,562	4,627,220		40
43	04300					43
ANCILLARY SERVICE COST CENTERS						
50	05000	8,925,037	8,358,761	17,283,798	78,786	50
51	05100	1,585,060	28,837	1,613,897		51
53	05300		645,294	645,294		53
54	05400	5,677,803	2,622,141	8,299,944	63,661	54
54.01	03630	1,223,894	176,380	1,400,274		54.01
57	05700	1,281,049	967,925	2,248,974		57
58	05800	387,650	236,235	623,885		58
59	05900	1,890,662	1,429,528	3,320,190	-558,666	59
60	06000	5,835,223	5,222,462	11,057,685	9,853	60
62.30	06250					62.30
63	06300	506,174	2,636,170	3,142,344		63
64	06400	1,474,636	170,817	1,645,453		64
65	06500	2,405,375	503,880	2,909,255		65
66	06600	4,527,460	534,815	5,062,275	57,404	66
68	06800	196,778	15,644	212,422		68
69	06900	1,734,217	189,553	1,923,770	78,786	69
70	07000	113,137	244,380	357,517		70
70.01	03290	155,576	14,330	169,906		70.01
70.03	03030	463,615	550,401	1,014,016		70.03
71	07100				3,140,369	71
72	07200		10,915,426	10,915,426		72
73	07300				9,095,993	73
74	07400		494,921	494,921		74
76.97	07697	823,850	26,549	850,399	142,046	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	1,211,371	19,191	1,230,562	60,173	90.01
91	09100	6,894,073	540,866	7,434,939		91
91.01	09101	4,607,782	1,771,237	6,379,019	-646,301	91.01
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	8,189,226	1,695,891	9,885,117	28,998	101
SPECIAL PURPOSE COST CENTERS						
113	11300		5,700,226	5,700,226	-5,700,226	113
116	11600	2,528,457	1,376,838	3,905,295	7,733	116
118		158,249,994	156,235,826	314,485,820	-645,054	118
NONREIMBURSABLE COST CENTERS						
190	19000	98,939	194,317	293,256		190
192	19200		86,964	86,964	629,450	192
194	07950					194
194.01	07951	898,626	20,021	918,647	1,933	194.01

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PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS		
		1	2	3	4		
194.02	07952	PHYSICIAN REFERRAL CENTER	86,321	1,259	87,580	13,671	194.02
200		TOTAL (SUM OF LINES 118-199)	159,333,880	156,538,387	315,872,267		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	9,540,362	-5,741,363	3,798,999	1
2	00200	9,943,581	-37,824	9,905,757	2
3	00300				3
4	00400	51,902,141	-281,167	51,620,974	4
5.01	00540	794,694	-165,800	628,894	5.01
5.02	00550	6,381,647	-184,800	6,196,847	5.02
5.03	00560	632,755	-18,000	614,755	5.03
5.04	00570	2,556,509		2,556,509	5.04
5.05	00580	3,799,085	-297,600	3,501,485	5.05
5.06	00590	31,514,028	-14,441,359	17,072,669	5.06
6	00600	5,338,735	-30,386	5,308,349	6
6.01	00601	668,313		668,313	6.01
7	00700				7
8	00800	1,417,384		1,417,384	8
9	00900	3,437,435		3,437,435	9
10	01000	3,059,370	-104,739	2,954,631	10
11	01100	2,246,860	-1,086,041	1,160,819	11
12	01200				12
13	01300	2,913,570	-38,818	2,874,752	13
14	01400	3,287,829		3,287,829	14
15	01500	4,691,920		4,691,920	15
16	01600	3,179,381	-83,204	3,096,177	16
17	01700	975,332		975,332	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	39,749,946	-300,177	39,449,769	30
31	03100	5,597,257		5,597,257	31
40	04000	4,627,220	-50,000	4,577,220	40
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	17,362,584	-1,053,504	16,309,080	50
51	05100	1,613,897		1,613,897	51
53	05300	645,294	-210,417	434,877	53
54	05400	8,363,605	-488	8,363,117	54
54.01	03630	1,400,274		1,400,274	54.01
57	05700	2,248,974		2,248,974	57
58	05800	623,885		623,885	58
59	05900	2,761,524	-12,694	2,748,830	59
60	06000	11,067,538		11,067,538	60
62.30	06250				62.30
63	06300	3,142,344		3,142,344	63
64	06400	1,645,453		1,645,453	64
65	06500	2,909,255	-24,879	2,884,376	65
66	06600	5,119,679	-60,056	5,059,623	66
68	06800	212,422		212,422	68
69	06900	2,002,556		2,002,556	69
70	07000	357,517	-12,000	345,517	70
70.01	03290	169,906		169,906	70.01
70.03	03030	1,014,016		1,014,016	70.03
71	07100	3,140,369		3,140,369	71
72	07200	10,915,426		10,915,426	72
73	07300	9,095,993		9,095,993	73
74	07400	494,921		494,921	74
76.97	07697	992,445	-2,311	990,134	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	1,290,735		1,290,735	90.01
91	09100	7,434,939		7,434,939	91
91.01	09101	5,732,718	-2,498,521	3,234,197	91.01
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
101	10100	9,914,115	-775	9,913,340	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
116	11600	3,913,028	-518	3,912,510	116
118		313,840,766	-26,737,441	287,103,325	118
NONREIMBURSABLE COST CENTERS					
190	19000	293,256		293,256	190
192	19200	716,414	-86,964	629,450	192
194	07950				194
194.01	07951	920,580		920,580	194.01

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VERSION: 2012.11  
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
194.02 07952 PHYSICIAN REFERRAL CENTER	101,251		101,251	194.02
200 TOTAL (SUM OF LINES 118-199)	315,872,267	-26,824,405	289,047,862	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	2	3	4	5	
1 INTEREST	A	CAP REL COSTS-BLDG & FIXT	1		5,700,226 1
500 TOTAL RECLASSIFICATIONS					5,700,226 500
CODE LETTER - A					
1 CHARGEABLE SUPPLIES	B	MEDICAL SUPPLIES CHRGD TO PA	71		3,140,369 1
500 TOTAL RECLASSIFICATIONS					3,140,369 500
CODE LETTER - B					
1 SHARED NFS COST	C	CAFETERIA	11	1,508,176	738,684 1
500 TOTAL RECLASSIFICATIONS				1,508,176	738,684 500
CODE LETTER - C					
1 PCC DEPRECIATION	D	LABORATORY	60		1,980 1
2		RADIOLOGY-DIAGNOSTIC	54		12,791 2
3		PHYSICAL THERAPY	66		11,534 3
4		CARDIAC REHABILITATION	76.97		12,711 4
5		PCC	91.01		54,533 5
6		PHYSICIANS' PRIVATE OFFICES	192		126,475 6
7		DIETARY	10		3,147 7
8		PHYSICIAN REFERRAL CENTER	194.02		2,747 8
9		OUTPATIENT PSYCHE SERVICES	90.01		12,091 9
500 TOTAL RECLASSIFICATIONS					238,009 500
CODE LETTER - D					
1 PCC OPERATING EXPENSES	E	LABORATORY	60		7,633 1
2		RADIOLOGY-DIAGNOSTIC	54		49,321 2
3		PHYSICAL THERAPY	66		44,473 3
4		CARDIAC REHABILITATION	76.97		49,010 4
5		PCC	91.01		210,267 5
6		PHYSICIANS' PRIVATE OFFICES	192		487,658 6
7		DIETARY	10		12,134 7
8		PHYSICIAN REFERRAL CENTER	194.02		10,591 8
9		OUTPATIENT PSYCHE SERVICES	90.01		46,618 9
500 TOTAL RECLASSIFICATIONS					917,705 500
CODE LETTER - E					
1 INSURANCE EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1		375,307 1
500 TOTAL RECLASSIFICATIONS					375,307 500
CODE LETTER - F					
1 PCC/LEMONT BUILDING INSURANCE	G	LABORATORY	60		240 1
2		RADIOLOGY-DIAGNOSTIC	54		1,549 2
3		PHYSICAL THERAPY	66		1,397 3
4		CARDIAC REHABILITATION	76.97		1,539 4
5		PCC	91.01		6,604 5
6		PHYSICIANS' PRIVATE OFFICES	192		15,317 6
7		DIETARY	10		381 7
8		PHYSICIAN REFERRAL CENTER	194.02		333 8
9		OUTPATIENT PSYCHE SERVICES	90.01		1,464 9
10		HOME HEALTH AGENCY	101		1,556 10
11		HOSPICE	116		415 11
12		PRIVATE DUTY NURSING	194.01		104 12
500 TOTAL RECLASSIFICATIONS					30,899 500
CODE LETTER - G					
1 CHARGEABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	73		9,095,993 1
500 TOTAL RECLASSIFICATIONS					9,095,993 500
CODE LETTER - H					
1 HHA DEPRECIATION	I	HOME HEALTH AGENCY	101		27,442 1
2		HOSPICE	116		7,318 2
3		PRIVATE DUTY NURSING	194.01		1,829 3
500 TOTAL RECLASSIFICATIONS					36,589 500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 ALLOCATE CV ADMINISTRATION	J	ADULTS & PEDIATRICS	30	267,324	54,984	1
2		OPERATING ROOM	50	65,346	13,440	2
3		CARDIAC CATHETERIZATION	59	130,692	26,881	3
4		ELECTROCARDIOLOGY	69	65,346	13,440	4
5		CARDIAC REHABILITATION	76.97	65,346	13,440	5
500 TOTAL RECLASSIFICATIONS				594,054	122,185	500
CODE LETTER - J						
GRAND TOTAL (INCREASES)				2,102,230	20,395,966	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 INTEREST	A	INTEREST EXPENSE	113		5,700,226	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					5,700,226	500
1 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	14		3,140,369	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					3,140,369	500
1 SHARED NFS COST	C	DIETARY	10	1,508,176	738,684	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				1,508,176	738,684	500
1 PCC DEPRECIATION	D	CAP REL COSTS-BLDG & FIXT	1		238,009	9 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					238,009	500
1 PCC OPERATING EXPENSES	E	PCC	91.01		917,705	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					917,705	500
1 INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	5.06		375,307	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					375,307	500
1 PCC/LEMONT BUILDING INSURANCE	G	CAP REL COSTS-BLDG & FIXT	1		30,899	12 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					30,899	500
1 CHARGEABLE DRUGS	H	PHARMACY	15		9,095,993	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					9,095,993	500
1 HHA DEPRECIATION	I	CAP REL COSTS-BLDG & FIXT	1		36,589	9 1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					36,589	500

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 05/29/2013 07:31

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 ALLOCATE CV ADMINISTRATION	J	CARDIAC CATHETERIZATION	59	594,054	122,185	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				594,054	122,185	500
CODE LETTER - J						
GRAND TOTAL (DECREASES)				2,102,230	20,395,966	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	7,365,265					7,365,265		1
2 LAND IMPROVEMENTS	6,517,526	29,501		29,501		6,547,027	2,898,143	2
3 BUILDINGS AND FIXTURES	201,716,989	624,600		624,600		202,341,589	42,240,075	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	100,948,771	98,167,600		98,167,600		199,116,371		5
6 MOVABLE EQUIPMENT	150,311,887	10,451,460		10,451,460	3,476,190	157,287,157	84,581,106	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	466,860,438	109,273,161		109,273,161	3,476,190	572,657,409	129,719,324	8
9 RECONCILING ITEMS	100,948,771					100,948,771		9
10 TOTAL (LINE 7 MINUS LINE 9)	365,911,667	109,273,161		109,273,161	3,476,190	471,708,638	129,719,324	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,770,326						3,770,326
2 CAP REL COSTS-MVBLE EQUIP	9,943,581						9,943,581
3 TOTAL (SUM OF LINES 1-2)	13,713,907						13,713,907

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
			3	3					(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	216,253,881	1,013,509	215,240,372	0.376529					
2 CAP REL COSTS-MVBLE EQUIP	356,403,528		356,403,528	0.623471					
3 TOTAL (SUM OF LINES 1-2)	572,657,409	1,013,509	571,643,900	1.000000					

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,454,591			344,408			3,798,999
2 CAP REL COSTS-MVBLE EQUIP	9,905,757						9,905,757
3 TOTAL	13,360,348			344,408			13,704,756

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-165,800	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,668,141			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,086,041	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-83,204	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-17,076	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-14,101	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TV DEPRECIATION	A	-12,945	CAP REL COSTS-MVBLE EQUIP	2	9 33
34 INTEREST EXPENSE	A	-5,700,226	CAP REL COSTS-BLDG & FIXT	1	11 34
35 LIFELINE	B	-10,778	CAP REL COSTS-MVBLE EQUIP	2	9 35
36 LIFELINE	B	-47,510	ADMINISTRATIVE & GENERAL	5.06	36
37 MISCELLANEOUS INCOME	B	-591,699	ADMINISTRATIVE & GENERAL	5.06	37
38 MISCELLANEOUS INCOME	B	-38,818	NURSING ADMINISTRATION	13	38
39 DISCOUNTS	B	-41,654	ADMINISTRATIVE & GENERAL	5.06	39
40 SELF INSURANCE FUND INCOME	B	-745,367	ADMINISTRATIVE & GENERAL	5.06	40
41 VISITOR MEAL COST	A	-30,757	DIETARY	10	41
42 AMORT OF CAPITALIZED INTEREST	A	-6,552	CAP REL COSTS-BLDG & FIXT	1	9 42
43 1987 ASSET LIFE ADJUSTMENT	A	-33,771	CAP REL COSTS-BLDG & FIXT	1	9 43
44 PHYSICIANS OFFSET	A	-3,288,247	ADMINISTRATIVE & GENERAL	5.06	44
44.01 PHYSICIANS OFFSET - FICA	A	-240,524	EMPLOYEE BENEFITS	4	44.01
45 AHA/IHA LOBBYING EXPENSE	A	-43,264	ADMINISTRATIVE & GENERAL	5.06	45
45.01 NAHC LOBBYING EXPENSE	A	-775	HOME HEALTH AGENCY	101	45.01
45.02 NHPCO LOBBYING EXPENSE	A	-518	HOSPICE	116	45.02
46 CABLE TV	A	-2,250	ADMINISTRATIVE & GENERAL	5.06	46
46.01 CABLE TV	A	-961	CARDIAC REHABILITATION	76.97	46.01
47 CONVENT DEPRECIATION	A	-2,840	CAP REL COSTS-BLDG & FIXT	1	9 47
47.01 REAL ESTATE TAXES	A	-79,640	ADMINISTRATIVE & GENERAL	5.06	47.01
47.02 REAL ESTATE TAXES	A	-86,964	PHYSICIANS' PRIVATE OFFICES	192	47.02
47.03 REAL ESTATE TAXES	A	-583,580	PCC	91.01	47.03
47.04 FUNDRAISING DONATIONS	A	-15,000	ADMINISTRATIVE & GENERAL	5.06	47.04
47.05 ADVERTISING EXPENSE	A	-1,761,297	ADMINISTRATIVE & GENERAL	5.06	47.05
47.06 1990 ASSET LIFE CORRECTION	A	2,026	CAP REL COSTS-BLDG & FIXT	1	9 47.06
47.07 NON-ALLOWABLE EXPENSE - LIQUOR	A	-3,751	ADMINISTRATIVE & GENERAL	5.06	47.07
47.09 PHYSICIAN BILLING	A	-16,979	ADMINISTRATIVE & GENERAL	5.06	47.09
47.11 HOME DELIVERED MEALS REVENUE	B	-56,906	DIETARY	10	47.11
47.12 BABY PHOTO REVENUE	B	-1,767	ADMINISTRATIVE & GENERAL	5.06	47.12

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2012.11  
 05/29/2013 07:31

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
47.15 FALL GALA	A	-128,354	ADMINISTRATIVE & GENERAL	5.06	47.15
47.20 MISC NON-ALLOW (TICKETS)	A	-6,043	ADMINISTRATIVE & GENERAL	5.06	47.20
48 REIMB OF INTERCOMPANY EXPENSES	B	-39,600	EMPLOYEE BENEFITS	4	48
48.01 REIMB OF INTERCOMPANY EXPENSES	B	-184,800	DATA PROCESSING	5.02	48.01
48.02 REIMB OF INTERCOMPANY EXPENSES	B	-18,000	PURCHASING & STORES	5.03	48.02
48.03 REIMB OF INTERCOMPANY EXPENSES	B	-297,600	CASHIERING	5.05	48.03
48.04 REIMB OF INTERCOMPANY EXPENSES	B	-482,160	ADMINISTRATIVE & GENERAL	5.06	48.04
48.05 REIMB OF INTERCOMPANY EXPENSES	B	-30,386	MAINTENANCE & REPAIRS	6	48.05
48.50 ADJUST TO NET PROVIDER TAX	A	-7,159,785	ADMINISTRATIVE & GENERAL	5.06	48.50
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-26,824,405			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)				5
		TRANSFER COL. 6, LINE 5 TO				
		WKST A-8, COL. 2, LINE 12.				

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						6
7						7
8						8
9						9
10						10

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:



PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	40	SUBPROVIDER - IPF	PSYCHIATRY					50,000	1
2	31	INTENSIVE CARE UNIT	INTENSIVE CARE			32,714			2
3	30	ADULTS & PEDIATRICS	NEONATAL					206,250	3
4	50	OPERATING ROOM	OPERATING ROOM					366,000	4
5	53	ANESTHESIOLOGY	ANESTHESIOLOGY					210,417	5
6	60	LABORATORY	LABORATORY			289,847			6
7	65	RESPIRATORY THERAPY	RESPIRATORY THE			31,521	24,879	24,879	7
9	70	ELECTROENCEPHALOGRAPHY	SLEEP LAB					12,000	9
10	66	PHYSICAL THERAPY	PHYSICAL THERAP			93,200	60,056	60,056	10
11	5.06	ADMINISTRATIVE & GENERAL	INFECTION CONTR			3,408	26,592	26,592	11
12	76.97	CARDIAC REHABILITATION	CARDIAC REHAB					1,350	12
13	50	OPERATING ROOM	CVOR					687,504	13
14	30	ADULTS & PEDIATRICS	CVU			10,223	20,027	20,027	14
15	59	CARDIAC CATHETERIZATION	CATH LAB			10,223	12,694	12,694	15
16	30	ADULTS & PEDIATRICS	CV ADMIN			25,558	73,900	73,900	16
17	91.01	PCC	PCC					1,914,941	17
18	4	EMPLOYEE BENEFITS	EMPLOYEE HEALTH					1,043	18
19	54	RADIOLOGY-DIAGNOSTIC	ALPHA MED					488	19
200		TOTAL				496,694	218,148	3,668,141	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,798,999	3,798,999				1
2 CAP REL COSTS-MVBLE EQUIP	9,905,757		9,905,757			2
4 EMPLOYEE BENEFITS	51,620,974	20,802	5,158	51,646,934		4
5.01 COMMUNICATIONS	628,894	10,398	128,486	246,151	1,013,929	5.01
5.02 DATA PROCESSING	6,196,847	58,870	2,822,089	917,472	73,163	5.02
5.03 PURCHASING & STORES	614,755		802	201,396	9,607	5.03
5.04 ADMITTING	2,556,509	10,783	2,845	1,186,000	43,602	5.04
5.05 CASHIERING	3,501,485	67,517	19,360	1,029,358	41,385	5.05
5.06 ADMINISTRATIVE & GENERAL	17,072,669	529,300	1,059,943	3,557,999	118,983	5.06
6 MAINTENANCE & REPAIRS	5,308,349	712,307	673,331	760,830	33,256	6
6.01 CLINICAL ENGINEERING	668,313	8,444	247,247	156,641	2,217	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,417,384	40,076	930	67,132	2,217	8
9 HOUSEKEEPING	3,437,435	11,209	12,380	1,409,773	8,868	9
10 DIETARY	2,954,631	86,257	63,123	1,678,302	28,822	10
11 CAFETERIA	1,160,819	57,640				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,874,752	23,243	5,622	716,075	21,431	13
14 CENTRAL SERVICES & SUPPLY	3,287,829	139,821	686,124	1,006,981	16,258	14
15 PHARMACY	4,691,920	27,069	253,645	1,186,000	11,824	15
16 MEDICAL RECORDS & LIBRARY	3,096,177	41,956	7,288	1,186,000	28,822	16
17 SOCIAL SERVICE	975,332	10,695	422	290,906	10,346	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,449,769	804,866	138,419	12,150,901	116,025	30
31 INTENSIVE CARE UNIT	5,597,257	65,070	109,038	1,566,415	15,519	31
40 SUBPROVIDER - IPF	4,577,220	129,525	9,617	1,432,151	29,561	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,309,080	222,279	575,992	2,685,283	90,160	50
51 RECOVERY ROOM	1,613,897	24,953	25,138	469,924	7,390	51
53 ANESTHESIOLOGY	434,877	6,186	68,897		5,173	53
54 RADIOLOGY-DIAGNOSTIC	8,363,117	113,022	1,071,027	2,058,717	66,511	54
54.01 ULTRASOUND	1,400,274	10,600	162,979	313,283	1,478	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,248,974	13,771	356,341	380,415	4,434	57
58 MAGNETIC RESONANCE IMAGING (MRI)	623,885	11,723	337,218	111,887		58
59 CARDIAC CATHETERIZATION	2,748,830	82,749	198,859	514,679		59
60 LABORATORY	11,067,538	85,135	339,126	2,192,981	27,344	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,142,344	5,462	7,592	179,019	2,217	63
64 INTRAVENOUS THERAPY	1,645,453	4,982	5,006	402,792	2,956	64
65 RESPIRATORY THERAPY	2,884,376	11,648	56,382	805,585	16,258	65
66 PHYSICAL THERAPY	5,059,623	88,691	18,078	1,499,283	38,429	66
68 SPEECH PATHOLOGY	212,422		1,606	67,132		68
69 ELECTROCARDIOLOGY	2,002,556	28,732	135,653	671,321	19,214	69
70 ELECTROENCEPHALOGRAPHY	345,517	5,233	8,445	44,755	1,478	70
70.01 EMG	169,906	1,014	9,115	89,509	6,651	70.01
70.03 ANGIOGRAPHY	1,014,016	8,295	97,305	111,887		70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,140,369					71
72 IMPL. DEV. CHARGED TO PATIENT	10,915,426					72
73 DRUGS CHARGED TO PATIENTS	9,095,993					73
74 RENAL DIALYSIS	494,921	5,537	103		1,478	74
76.97 CARDIAC REHABILITATION	990,134		19,185	268,528		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	1,290,735		2,775	402,792		90.01
91 EMERGENCY	7,434,939	83,033	35,983	2,215,358	72,423	91
91.01 PCC	3,234,197		55,310	1,253,132		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	9,913,340	3,049	70,661	2,707,660	2,956	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	3,912,510		277	805,585		116
118 SUBTOTALS (SUM OF LINES 1-117)	287,103,325	3,671,942	9,904,922	50,997,990	978,456	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	293,256	16,252		44,755		190
192 PHYSICIANS' PRIVATE OFFICES	629,450	110,805	290		35,473	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01
194.01 PRIVATE DUTY NURSING	920,580			559,434	194.01
194.02 PHYSICIAN REFERRAL CENTER	101,251		545	44,755	194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	289,047,862	3,798,999	9,905,757	51,646,934	1,013,929 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA	PURCH &	ADMITTING	CASHIERING	SUBTOTAL (COLS.0-4) 4A	
	PROCESSING	STORES				
	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	10,068,441					5.02
5.03 PURCHASING & STORES	42,245	868,805				5.03
5.04 ADMITTING	1,027,967	5,706	4,833,412			5.04
5.05 CASHIERING	89,184	12,059		4,760,348		5.05
5.06 ADMINISTRATIVE & GENERAL	882,455	48,260			23,269,609	5.06
6 MAINTENANCE & REPAIRS		75,639			7,563,712	6
6.01 CLINICAL ENGINEERING	46,939	5,202			1,135,003	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE		15,104			1,542,843	8
9 HOUSEKEEPING		10,477			4,890,142	9
10 DIETARY	56,327	11,771			4,879,233	10
11 CAFETERIA					1,218,459	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	32,857	10,045			3,684,025	13
14 CENTRAL SERVICES & SUPPLY	375,513	90,839			5,603,365	14
15 PHARMACY	197,144	9,278			6,376,880	15
16 MEDICAL RECORDS & LIBRARY	807,353	8,942			5,176,538	16
17 SOCIAL SERVICE	98,572	2,158			1,388,431	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,177,781	25,916	857,240	844,410	57,565,327	30
31 INTENSIVE CARE UNIT		3,884	119,372	117,564	7,594,119	31
40 SUBPROVIDER - IPF	28,163	8,487	103,575	102,006	6,420,305	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	248,777	82,352	672,326	662,140	21,548,389	50
51 RECOVERY ROOM		2,565	52,072	51,283	2,247,222	51
53 ANESTHESIOLOGY		5,083	138,084	135,992	794,292	53
54 RADIOLOGY-DIAGNOSTIC	441,228	37,807	140,213	138,088	12,429,730	54
54.01 ULTRASOUND		3,045	60,440	59,525	2,011,624	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,925	266,144	262,113	3,535,117	57
58 MAGNETIC RESONANCE IMAGING (MRI)		839	47,783	47,059	1,180,394	58
59 CARDIAC CATHETERIZATION		95,250	140,451	138,323	3,919,141	59
60 LABORATORY	258,165	155,834	724,966	713,983	15,565,072	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		6,281	47,262	46,546	3,436,723	63
64 INTRAVENOUS THERAPY		647	7,130	7,022	2,075,988	64
65 RESPIRATORY THERAPY	9,388	6,641	253,033	249,200	4,292,511	65
66 PHYSICAL THERAPY	403,676	30,256	59,986	59,077	7,257,099	66
68 SPEECH PATHOLOGY		72	6,979	6,873	295,084	68
69 ELECTROCARDIOLOGY	258,165	5,490	145,730	143,523	3,410,384	69
70 ELECTROENCEPHALOGRAPHY		527	5,469	5,386	416,810	70
70.01 EMG		2,206	1,490	1,468	281,359	70.01
70.03 ANGIOGRAPHY		19,827	31,579	31,100	1,314,009	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			178,599	175,894	3,494,862	71
72 IMPL. DEV. CHARGED TO PATIENT			149,122	146,863	11,211,411	72
73 DRUGS CHARGED TO PATIENTS			347,655	342,389	9,786,037	73
74 RENAL DIALYSIS		1,486	14,618	14,396	532,539	74
76.97 CARDIAC REHABILITATION		4,291	4,725	4,654	1,291,517	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		3,045	38	38	1,699,423	90.01
91 EMERGENCY	1,276,744	12,299	256,929	253,037	11,640,745	91
91.01 PCC	112,654	23,854	402	396	4,679,945	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	197,144	21,025			12,915,835	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		839			4,719,211	116
118 SUBTOTALS (SUM OF LINES 1-117)	10,068,441	868,253	4,833,412	4,760,348	286,290,464	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		24			354,287	190
192 PHYSICIANS' PRIVATE OFFICES					776,018	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING	SUBTOTAL (COLS.0-4) 4A	
	5.02	5.03	5.04	5.05		
194.01 PRIVATE DUTY NURSING		144			1,480,158	194.01
194.02 PHYSICIAN REFERRAL CENTER		384			146,935	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,068,441	868,805	4,833,412	4,760,348	289,047,862	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL	23,269,609					5.06
6 MAINTENANCE & REPAIRS	662,226	8,225,938				6
6.01 CLINICAL ENGINEERING	99,373	29,074	1,263,450			6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	135,081	137,992		1,815,916		8
9 HOUSEKEEPING	428,147	38,595	1,181	41,304	5,399,369	9
10 DIETARY	427,191	297,003	169	772	87,415	10
11 CAFETERIA	106,680	198,468				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	322,547	80,030	34,421		43,231	13
14 CENTRAL SERVICES & SUPPLY	490,591	481,435	131,778	1,699	125,241	14
15 PHARMACY	558,315	93,205		772	75,018	15
16 MEDICAL RECORDS & LIBRARY	453,221	144,463			50,542	16
17 SOCIAL SERVICE	121,561	36,826			11,126	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,039,943	2,771,331	189,990	878,350	2,300,118	30
31 INTENSIVE CARE UNIT	664,888	224,050	33,577	116,964	232,682	31
40 SUBPROVIDER - IPF	562,117	445,982	6,749	36,286	198,988	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,886,626	765,356	184,759	162,361	555,958	50
51 RECOVERY ROOM	196,751	85,919	14,680	111,637	65,482	51
53 ANESTHESIOLOGY	69,543	21,299	52,138		25,430	53
54 RADIOLOGY-DIAGNOSTIC	1,088,260	389,161	200,283	113,644	352,202	54
54.01 ULTRASOUND	176,124	36,500	15,354			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	309,510	47,417	6,412			57
58 MAGNETIC RESONANCE IMAGING (MRI)	103,347	40,364	2,193			58
59 CARDIAC CATHETERIZATION	343,133	284,922	32,734	20,382	88,050	59
60 LABORATORY	1,362,769	293,139	53,656		247,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	300,895	18,809	15,354			63
64 INTRAVENOUS THERAPY	181,759	17,156	1,519		9,854	64
65 RESPIRATORY THERAPY	375,822	40,108	83,353		30,198	65
66 PHYSICAL THERAPY	635,381	305,383	53,994	40,918	106,169	66
68 SPEECH PATHOLOGY	25,835					68
69 ELECTROCARDIOLOGY	298,589	98,931	44,713	36,749	46,091	69
70 ELECTROENCEPHALOGRAPHY	36,493	18,017	2,193	1,235	9,854	70
70.01 EMG	24,634	3,492	1,856			70.01
70.03 ANGIOGRAPHY	115,045	28,562	4,556			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	305,986					71
72 IMPL. DEV. CHARGED TO PATIENT	981,593					72
73 DRUGS CHARGED TO PATIENTS	856,797					73
74 RENAL DIALYSIS	46,625	19,065	169			74
76.97 CARDIAC REHABILITATION	113,076		25,984			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	148,790		675			90.01
91 EMERGENCY	1,019,182	285,900	58,549	210,458	597,599	91
91.01 PCC	409,743		9,280	42,385		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,130,820	10,498	1,181			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	413,181					116
118 SUBTOTALS (SUM OF LINES 1-117)	23,028,190	7,788,452	1,263,450	1,815,916	5,258,870	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,019	55,960				190
192 PHYSICIANS' PRIVATE OFFICES	67,943	381,526			140,499	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194.01 PRIVATE DUTY NURSING	129,592					194.01
194.02 PHYSICIAN REFERRAL CENTER	12,865					194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,269,609	8,225,938	1,263,450	1,815,916	5,399,369	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	5,691,783					10
11 CAFETERIA		1,523,607				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		31,475	4,195,729			13
14 CENTRAL SERVICES & SUPPLY		44,262		6,878,371		14
15 PHARMACY		52,131		116,749	7,273,070	15
16 MEDICAL RECORDS & LIBRARY		52,131		5,099		16
17 SOCIAL SERVICE		12,787		200		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,650,386	534,101	2,334,305	564,295	12,540	30
31 INTENSIVE CARE UNIT	383,919	68,852	300,923	81,060	1,181	31
40 SUBPROVIDER - IPF	458,580	62,951	275,130	16,045	192	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		118,033	515,868	2,095,214	1,018	50
51 RECOVERY ROOM		20,656	90,277	14,043	70	51
53 ANESTHESIOLOGY				159,612		53
54 RADIOLOGY-DIAGNOSTIC		90,492		87,949	25,647	54
54.01 ULTRASOUND		13,770		9,924	246	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		16,721		188,457	1,790	57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,918		68	113	58
59 CARDIAC CATHETERIZATION		22,623	98,875	295,879	9,944	59
60 LABORATORY		96,393		453,103	1,572	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,869		6,000		63
64 INTRAVENOUS THERAPY		17,705	77,380	110,737		64
65 RESPIRATORY THERAPY		35,410		87,541	200	65
66 PHYSICAL THERAPY		65,902		79,655	289	66
68 SPEECH PATHOLOGY		2,951				68
69 ELECTROCARDIOLOGY		29,508		42,833	353	69
70 ELECTROENCEPHALOGRAPHY		1,967		738		70
70.01 EMG		3,934		698	697	70.01
70.03 ANGIOGRAPHY		4,918		30,013	11	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,107,790		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					6,813,825	73
74 RENAL DIALYSIS					143	74
76.97 CARDIAC REHABILITATION		11,803		275		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	44,771		77,380	63		90.01
91 EMERGENCY	154,127	97,377	425,591	130,444	12,800	91
91.01 PCC				62,224	26,343	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		1,967		128,633	2,729	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				2,978	361,307	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,691,783	1,523,607	4,195,729	6,878,319	7,273,010	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				52		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194.01 PRIVATE DUTY NURSING					60	194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,691,783	1,523,607	4,195,729	6,878,371	7,273,070	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,881,994					16
17 SOCIAL SERVICE		1,570,931				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,245,109	1,367,821	81,453,616		81,453,616	30
31 INTENSIVE CARE UNIT	56,317	85,687	9,844,219		9,844,219	31
40 SUBPROVIDER - IPF	195,232		8,678,557		8,678,557	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	148,927		27,982,509		27,982,509	50
51 RECOVERY ROOM			2,846,737		2,846,737	51
53 ANESTHESIOLOGY			1,122,314		1,122,314	53
54 RADIOLOGY-DIAGNOSTIC	302,860		15,080,228		15,080,228	54
54.01 ULTRASOUND	86,353		2,349,895		2,349,895	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	73,838		4,179,262		4,179,262	57
58 MAGNETIC RESONANCE IMAGING (MRI)	18,772		1,350,169		1,350,169	58
59 CARDIAC CATHETERIZATION			5,115,683		5,115,683	59
60 LABORATORY	924,850		18,998,176		18,998,176	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			3,785,650		3,785,650	63
64 INTRAVENOUS THERAPY			2,492,098		2,492,098	64
65 RESPIRATORY THERAPY	7,509		4,952,652		4,952,652	65
66 PHYSICAL THERAPY	40,048		8,584,838		8,584,838	66
68 SPEECH PATHOLOGY			323,870		323,870	68
69 ELECTROCARDIOLOGY	48,808		4,056,959		4,056,959	69
70 ELECTROENCEPHALOGRAPHY	5,006		492,313		492,313	70
70.01 EMG			316,670		316,670	70.01
70.03 ANGIOGRAPHY			1,497,114		1,497,114	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			5,908,638		5,908,638	71
72 IMPL. DEV. CHARGED TO PATIENT			12,193,004		12,193,004	72
73 DRUGS CHARGED TO PATIENTS			17,456,659		17,456,659	73
74 RENAL DIALYSIS			598,541		598,541	74
76.97 CARDIAC REHABILITATION	6,257		1,448,912		1,448,912	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	8,760		1,979,862		1,979,862	90.01
91 EMERGENCY	320,381	117,423	15,070,576		15,070,576	91
91.01 PCC	392,967		5,622,887		5,622,887	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			14,191,663		14,191,663	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			5,496,677		5,496,677	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,881,994	1,570,931	285,470,948		285,470,948	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			441,318		441,318	190
192 PHYSICIANS' PRIVATE OFFICES			1,365,986		1,365,986	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.01 PRIVATE DUTY NURSING			1,609,810		1,609,810	194.01
194.02 PHYSICIAN REFERRAL CENTER			159,800		159,800	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,881,994	1,570,931	289,047,862		289,047,862	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS		20,802	5,158	25,960	25,960	4
5.01	COMMUNICATIONS		10,398	128,486	138,884	124	5.01
5.02	DATA PROCESSING		58,870	2,822,089	2,880,959	461	5.02
5.03	PURCHASING & STORES	12,882		802	13,684	101	5.03
5.04	ADMITTING		10,783	2,845	13,628	596	5.04
5.05	CASHIERING		67,517	19,360	86,877	517	5.05
5.06	ADMINISTRATIVE & GENERAL	89,921	529,300	1,059,943	1,679,164	1,788	5.06
6	MAINTENANCE & REPAIRS	1,417	712,307	673,331	1,387,055	382	6
6.01	CLINICAL ENGINEERING		8,444	247,247	255,691	79	6.01
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE		40,076	930	41,006	34	8
9	HOUSEKEEPING		11,209	12,380	23,589	709	9
10	DIETARY	3,950	86,257	63,123	153,330	844	10
11	CAFETERIA		57,640		57,640		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		23,243	5,622	28,865	360	13
14	CENTRAL SERVICES & SUPPLY	29,245	139,821	686,124	855,190	506	14
15	PHARMACY		27,069	253,645	280,714	596	15
16	MEDICAL RECORDS & LIBRARY		41,956	7,288	49,244	596	16
17	SOCIAL SERVICE		10,695	422	11,117	146	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	11,172	804,866	138,419	954,457	6,111	30
31	INTENSIVE CARE UNIT		65,070	109,038	174,108	787	31
40	SUBPROVIDER - IPF	13	129,525	9,617	139,155	720	40
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		222,279	575,992	798,271	1,350	50
51	RECOVERY ROOM		24,953	25,138	50,091	236	51
53	ANESTHESIOLOGY		6,186	68,897	75,083		53
54	RADIOLOGY-DIAGNOSTIC	414,131	113,022	1,071,027	1,598,180	1,035	54
54.01	ULTRASOUND		10,600	162,979	173,579	157	54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN		13,771	356,341	370,112	191	57
58	MAGNETIC RESONANCE IMAGING (MRI)		11,723	337,218	348,941	56	58
59	CARDIAC CATHETERIZATION		82,749	198,859	281,608	259	59
60	LABORATORY	14	85,135	339,126	424,275	1,102	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		5,462	7,592	13,054	90	63
64	INTRAVENOUS THERAPY		4,982	5,006	9,988	202	64
65	RESPIRATORY THERAPY	26,777	11,648	56,382	94,807	405	65
66	PHYSICAL THERAPY	27,600	88,691	18,078	134,369	754	66
68	SPEECH PATHOLOGY			1,606	1,606	34	68
69	ELECTROCARDIOLOGY		28,732	135,653	164,385	337	69
70	ELECTROENCEPHALOGRAPHY	13,200	5,233	8,445	26,878	22	70
70.01	EMG		1,014	9,115	10,129	45	70.01
70.03	ANGIOGRAPHY		8,295	97,305	105,600	56	70.03
71	MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS		5,537	103	5,640		74
76.97	CARDIAC REHABILITATION			19,185	19,185	135	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES			2,775	2,775	202	90.01
91	EMERGENCY		83,033	35,983	119,016	1,114	91
91.01	PCC	59,400		55,310	114,710	630	91.01
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY		3,049	70,661	73,710	1,361	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	276,289		277	276,566	405	116
118	SUBTOTALS (SUM OF LINES 1-117)	966,011	3,671,942	9,904,922	14,542,875	25,635	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		16,252		16,252	22	190
192	PHYSICIANS' PRIVATE OFFICES		110,805	290	111,095		192
194	NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
194.01 PRIVATE DUTY NURSING					281	194.01
194.02 PHYSICIAN REFERRAL CENTER			545	545	22	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	966,011	3,798,999	9,905,757	14,670,767	25,960	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	COMMUNI-	DATA	PURCH &	ADMITTING	CASHIERING	
	CATIONS	PROCESSING	STORES			
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	139,008					5.01
5.02 DATA PROCESSING	10,030	2,891,450				5.02
5.03 PURCHASING & STORES	1,317	12,132	27,234			5.03
5.04 ADMITTING	5,978	295,211	179	315,592		5.04
5.05 CASHIERING	5,674	25,612	378		119,058	5.05
5.06 ADMINISTRATIVE & GENERAL	16,312	253,423	1,513			5.06
6 MAINTENANCE & REPAIRS	4,559		2,371			6
6.01 CLINICAL ENGINEERING	304	13,480	163			6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	304		473			8
9 HOUSEKEEPING	1,216		328			9
10 DIETARY	3,951	16,176	369			10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,938	9,436	315			13
14 CENTRAL SERVICES & SUPPLY	2,229	107,840	2,847			14
15 PHARMACY	1,621	56,616	291			15
16 MEDICAL RECORDS & LIBRARY	3,951	231,855	280			16
17 SOCIAL SERVICE	1,418	28,308	68			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,907	912,590	812	56,071	21,170	30
31 INTENSIVE CARE UNIT	2,128		122	7,791	2,939	31
40 SUBPROVIDER - IPF	4,053	8,088	266	6,760	2,550	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,361	71,444	2,581	43,882	16,551	50
51 RECOVERY ROOM	1,013		80	3,399	1,282	51
53 ANESTHESIOLOGY	709		159	9,013	3,399	53
54 RADIOLOGY-DIAGNOSTIC	9,119	126,712	1,185	9,152	3,452	54
54.01 ULTRASOUND	203		95	3,945	1,488	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	608		92	17,371	6,552	57
58 MAGNETIC RESONANCE IMAGING (MRI)			26	3,119	1,176	58
59 CARDIAC CATHETERIZATION			2,986	9,167	3,458	59
60 LABORATORY	3,749	74,140	4,887	47,318	17,847	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	304		197	3,085	1,164	63
64 INTRAVENOUS THERAPY	405		20	465	176	64
65 RESPIRATORY THERAPY	2,229	2,696	208	16,515	6,229	65
66 PHYSICAL THERAPY	5,269	115,928	948	3,915	1,477	66
68 SPEECH PATHOLOGY			2	456	172	68
69 ELECTROCARDIOLOGY	2,634	74,140	172	9,512	3,588	69
70 ELECTROENCEPHALOGRAPHY	203		17	357	135	70
70.01 EMG	912		69	97	37	70.01
70.03 ANGIOGRAPHY			621	2,061	777	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				11,657	4,397	71
72 IMPL. DEV. CHARGED TO PATIENT				9,733	3,671	72
73 DRUGS CHARGED TO PATIENTS				22,691	8,559	73
74 RENAL DIALYSIS	203		47	954	360	74
76.97 CARDIAC REHABILITATION			135	308	116	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES			95	2	1	90.01
91 EMERGENCY	9,929	366,655	386	16,770	6,325	91
91.01 PCC		32,352	748	26	10	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	405	56,616	659			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			26			116
118 SUBTOTALS (SUM OF LINES 1-117)	134,145	2,891,450	27,216	315,592	119,058	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			1			190
192 PHYSICIANS' PRIVATE OFFICES	4,863					192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	COMMUNI- CATIONS	DATA PROCESSING	PURCH & STORES	ADMITTING	CASHIERING
	5.01	5.02	5.03	5.04	5.05
194.01 PRIVATE DUTY NURSING			5		194.01
194.02 PHYSICIAN REFERRAL CENTER			12		194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	139,008	2,891,450	27,234	315,592	119,058 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL	1,952,200					5.06
6 MAINTENANCE & REPAIRS	55,555	1,449,922				6
6.01 CLINICAL ENGINEERING	8,337	5,125	283,179			6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	11,332	24,323		77,472		8
9 HOUSEKEEPING	35,918	6,803		1,762	70,590	9
10 DIETARY	35,838	52,350	38	33	1,143	10
11 CAFETERIA	8,950	34,982				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	27,059	14,106	7,715		565	13
14 CENTRAL SERVICES & SUPPLY	41,157	84,859	29,536	72	1,637	14
15 PHARMACY	46,838	16,429		33	981	15
16 MEDICAL RECORDS & LIBRARY	38,022	25,463			661	16
17 SOCIAL SERVICE	10,198	6,491			145	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	422,880	488,481	42,583	37,472	30,071	30
31 INTENSIVE CARE UNIT	55,779	39,492	7,526	4,990	3,042	31
40 SUBPROVIDER - IPF	47,157	78,610	1,513	1,548	2,602	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	158,273	134,903	41,410	6,927	7,268	50
51 RECOVERY ROOM	16,506	15,144	3,290	4,763	856	51
53 ANESTHESIOLOGY	5,834	3,754	11,686		332	53
54 RADIOLOGY-DIAGNOSTIC	91,296	68,594	44,887	4,848	4,605	54
54.01 ULTRASOUND	14,775	6,434	3,441			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	25,965	8,358	1,437			57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,670	7,115	492			58
59 CARDIAC CATHETERIZATION	28,786	50,221	7,337	870	1,151	59
60 LABORATORY	114,325	51,669	12,026		3,237	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	25,243	3,315	3,441			63
64 INTRAVENOUS THERAPY	15,248	3,024	340		129	64
65 RESPIRATORY THERAPY	31,528	7,070	18,682		395	65
66 PHYSICAL THERAPY	53,303	53,828	12,102	1,746	1,388	66
68 SPEECH PATHOLOGY	2,167					68
69 ELECTROCARDIOLOGY	25,049	17,438	10,022	1,568	603	69
70 ELECTROENCEPHALOGRAPHY	3,061	3,176	492	53	129	70
70.01 EMG	2,067	615	416			70.01
70.03 ANGIOGRAPHY	9,651	5,034	1,021			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	25,670					71
72 IMPL. DEV. CHARGED TO PATIENT	82,348					72
73 DRUGS CHARGED TO PATIENTS	71,878					73
74 RENAL DIALYSIS	3,911	3,360	38			74
76.97 CARDIAC REHABILITATION	9,486		5,824			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	12,482		151			90.01
91 EMERGENCY	85,501	50,393	13,123	8,979	7,813	91
91.01 PCC	34,374		2,080	1,808		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	94,867	1,850	265			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	34,663					116
118 SUBTOTALS (SUM OF LINES 1-117)	1,931,947	1,372,809	283,179	77,472	68,753	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,602	9,864				190
192 PHYSICIANS' PRIVATE OFFICES	5,700	67,249			1,837	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	CLINICAL ENGINEER 6.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194.01 PRIVATE DUTY NURSING	10,872					194.01
194.02 PHYSICIAN REFERRAL CENTER	1,079					194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,952,200	1,449,922	283,179	77,472	70,590	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	264,072					10
11 CAFETERIA		101,572				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,098	93,457			13
14 CENTRAL SERVICES & SUPPLY		2,951		1,128,824		14
15 PHARMACY		3,475		19,160	426,754	15
16 MEDICAL RECORDS & LIBRARY		3,475		837		16
17 SOCIAL SERVICE		852		33		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215,756	35,606	51,994	92,608	736	30
31 INTENSIVE CARE UNIT	17,812	4,590	6,703	13,303	69	31
40 SUBPROVIDER - IPF	21,276	4,197	6,128	2,633	11	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		7,869	11,491	343,850	60	50
51 RECOVERY ROOM		1,377	2,011	2,305	4	51
53 ANESTHESIOLOGY				26,194		53
54 RADIOLOGY-DIAGNOSTIC		6,033		14,433	1,505	54
54.01 ULTRASOUND		918		1,629	14	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,115		30,928	105	57
58 MAGNETIC RESONANCE IMAGING (MRI)		328		11	7	58
59 CARDIAC CATHETERIZATION		1,508	2,202	48,557	583	59
60 LABORATORY		6,426		74,360	92	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		525		985		63
64 INTRAVENOUS THERAPY		1,180	1,724	18,173		64
65 RESPIRATORY THERAPY		2,361		14,367	12	65
66 PHYSICAL THERAPY		4,393		13,072	17	66
68 SPEECH PATHOLOGY		197				68
69 ELECTROCARDIOLOGY		1,967		7,029	21	69
70 ELECTROENCEPHALOGRAPHY		131		121		70
70.01 EMG		262		114	41	70.01
70.03 ANGIOGRAPHY		328		4,925	1	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				345,916		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					399,808	73
74 RENAL DIALYSIS					8	74
76.97 CARDIAC REHABILITATION		787		45		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	2,077		1,724	10		90.01
91 EMERGENCY	7,151	6,492	9,480	21,407	751	91
91.01 PCC				10,212	1,546	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		131		21,110	160	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				489	21,200	116
118 SUBTOTALS (SUM OF LINES 1-117)	264,072	101,572	93,457	1,128,816	426,751	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				8		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15		
194.01 PRIVATE DUTY NURSING						3	194.01
194.02 PHYSICIAN REFERRAL CENTER							194.02
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL (SUM OF LINES 118-201)	264,072	101,572	93,457	1,128,824	426,754		202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	354,384					16
17 SOCIAL SERVICE		58,776				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	195,512	51,177	3,631,994		3,631,994	30
31 INTENSIVE CARE UNIT	3,393	3,206	347,780		347,780	31
40 SUBPROVIDER - IPF	11,763		339,030		339,030	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,973		1,667,464		1,667,464	50
51 RECOVERY ROOM			102,357		102,357	51
53 ANESTHESIOLOGY			136,163		136,163	53
54 RADIOLOGY-DIAGNOSTIC	18,247		2,003,283		2,003,283	54
54.01 ULTRASOUND	5,203		211,881		211,881	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,449		467,283		467,283	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,131		371,072		371,072	58
59 CARDIAC CATHETERIZATION			438,693		438,693	59
60 LABORATORY	55,721		891,174		891,174	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			51,403		51,403	63
64 INTRAVENOUS THERAPY			51,074		51,074	64
65 RESPIRATORY THERAPY	452		197,956		197,956	65
66 PHYSICAL THERAPY	2,413		404,922		404,922	66
68 SPEECH PATHOLOGY			4,634		4,634	68
69 ELECTROCARDIOLOGY	2,941		321,406		321,406	69
70 ELECTROENCEPHALOGRAPHY	302		35,077		35,077	70
70.01 EMG			14,804		14,804	70.01
70.03 ANGIOGRAPHY			130,075		130,075	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			387,640		387,640	71
72 IMPL. DEV. CHARGED TO PATIENT			95,752		95,752	72
73 DRUGS CHARGED TO PATIENTS			502,936		502,936	73
74 RENAL DIALYSIS			14,521		14,521	74
76.97 CARDIAC REHABILITATION	377		36,398		36,398	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	528		20,047		20,047	90.01
91 EMERGENCY	19,303	4,393	754,981		754,981	91
91.01 PCC	23,676		222,172		222,172	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			251,134		251,134	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			333,349		333,349	116
118 SUBTOTALS (SUM OF LINES 1-117)	354,384	58,776	14,438,455		14,438,455	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			28,749		28,749	190
192 PHYSICIANS' PRIVATE OFFICES			190,744		190,744	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.01 PRIVATE DUTY NURSING			11,161		11,161	194.01
194.02 PHYSICIAN REFERRAL CENTER			1,658		1,658	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	354,384	58,776	14,670,767		14,670,767	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTEs	COMMUNI- CATIONS # OF PHONES	DATA PROCESSING TIME SPENT	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	561,940					1
2 CAP REL COSTS-MVBLE EQUIP		9,929,298				2
4 EMPLOYEE BENEFITS	3,077	5,170	2,308			4
5.01 COMMUNICATIONS	1,538	128,791	11	1,372		5.01
5.02 DATA PROCESSING	8,708	2,828,795	41	99	2,145	5.02
5.03 PURCHASING & STORES		804	9	13	9	5.03
5.04 ADMITTING	1,595	2,852	53	59	219	5.04
5.05 CASHIERING	9,987	19,406	46	56	19	5.05
5.06 ADMINISTRATIVE & GENERAL	78,293	1,062,462	159	161	188	5.06
6 MAINTENANCE & REPAIRS	105,363	674,931	34	45		6
6.01 CLINICAL ENGINEERING	1,249	247,835	7	3	10	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	5,928	932	3	3		8
9 HOUSEKEEPING	1,658	12,409	63	12		9
10 DIETARY	12,759	63,273	75	39	12	10
11 CAFETERIA	8,526					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,438	5,635	32	29	7	13
14 CENTRAL SERVICES & SUPPLY	20,682	687,755	45	22	80	14
15 PHARMACY	4,004	254,248	53	16	42	15
16 MEDICAL RECORDS & LIBRARY	6,206	7,305	53	39	172	16
17 SOCIAL SERVICE	1,582	423	13	14	21	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,054	138,748	543	157	677	30
31 INTENSIVE CARE UNIT	9,625	109,297	70	21		31
40 SUBPROVIDER - IPF	19,159	9,640	64	40	6	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,879	577,361	120	122	53	50
51 RECOVERY ROOM	3,691	25,198	21	10		51
53 ANESTHESIOLOGY	915	69,061		7		53
54 RADIOLOGY-DIAGNOSTIC	16,718	1,073,572	92	90	94	54
54.01 ULTRASOUND	1,568	163,366	14	2		54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,037	357,188	17	6		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,734	338,019	5			58
59 CARDIAC CATHETERIZATION	12,240	199,332	23			59
60 LABORATORY	12,593	339,932	98	37	55	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	808	7,610	8	3		63
64 INTRAVENOUS THERAPY	737	5,018	18	4		64
65 RESPIRATORY THERAPY	1,723	56,516	36	22	2	65
66 PHYSICAL THERAPY	13,119	18,121	67	52	86	66
68 SPEECH PATHOLOGY		1,610	3			68
69 ELECTROCARDIOLOGY	4,250	135,975	30	26	55	69
70 ELECTROENCEPHALOGRAPHY	774	8,465	2	2		70
70.01 EMG	150	9,137	4	9		70.01
70.03 ANGIOGRAPHY	1,227	97,536	5			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	819	103		2		74
76.97 CARDIAC REHABILITATION		19,231	12			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		2,782	18			90.01
91 EMERGENCY	12,282	36,069	99	98	272	91
91.01 PCC		55,441	56		24	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	451	70,829	121	4	42	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		278	36			116
118 SUBTOTALS (SUM OF LINES 1-117)	543,146	9,928,461	2,279	1,324	2,145	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404		2			190
192 PHYSICIANS' PRIVATE OFFICES	16,390	291		48		192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS FTEs 4	COMMUNI- CATIONS # OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
194.01 PRIVATE DUTY NURSING			25			194.01
194.02 PHYSICIAN REFERRAL CENTER		546	2			194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,798,999	9,905,757	51,646,934	1,013,929	10,068,441	202
203 UNIT COST MULT-WS B PT I	6.760506	0.997629	22,377.354419	739.015306	4,693.911888	203
204 COST TO BE ALLOC PER B PT II			25,960	139,008	2,891,450	204
205 UNIT COST MULT-WS B PT II			11.247834	101.317784	1,347.995338	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH & STORES	ADMITTING	CASHIERING	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	# OF REQUISIT. 5.03	INPATIENT REVENUES 5.04	INPATIENT REVENUES 5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES	36,239					5.03
5.04 ADMITTING	238	610,226,154				5.04
5.05 CASHIERING	503		610,226,154			5.05
5.06 ADMINISTRATIVE & GENERAL	2,013			-23,269,609	265,778,253	5.06
6 MAINTENANCE & REPAIRS	3,155				7,563,712	6
6.01 CLINICAL ENGINEERING	217				1,135,003	6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	630				1,542,843	8
9 HOUSEKEEPING	437				4,890,142	9
10 DIETARY	491				4,879,233	10
11 CAFETERIA					1,218,459	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	419				3,684,025	13
14 CENTRAL SERVICES & SUPPLY	3,789				5,603,365	14
15 PHARMACY	387				6,376,880	15
16 MEDICAL RECORDS & LIBRARY	373				5,176,538	16
17 SOCIAL SERVICE	90				1,388,431	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,081	108,247,623	108,247,623		57,565,327	30
31 INTENSIVE CARE UNIT	162	15,070,335	15,070,335		7,594,119	31
40 SUBPROVIDER - IPF	354	13,075,975	13,075,975		6,420,305	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,435	84,878,872	84,878,872		21,548,389	50
51 RECOVERY ROOM	107	6,573,953	6,573,953		2,247,222	51
53 ANESTHESIOLOGY	212	17,432,624	17,432,624		794,292	53
54 RADIOLOGY-DIAGNOSTIC	1,577	17,701,379	17,701,379		12,429,730	54
54.01 ULTRASOUND	127	7,630,375	7,630,375		2,011,624	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	122	33,599,861	33,599,861		3,535,117	57
58 MAGNETIC RESONANCE IMAGING (MRI)	35	6,032,383	6,032,383		1,180,394	58
59 CARDIAC CATHETERIZATION	3,973	17,731,491	17,731,491		3,919,141	59
60 LABORATORY	6,500	91,524,525	91,524,525		15,565,072	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	262	5,966,706	5,966,706		3,436,723	63
64 INTRAVENOUS THERAPY	27	900,124	900,124		2,075,988	64
65 RESPIRATORY THERAPY	277	31,944,585	31,944,585		4,292,511	65
66 PHYSICAL THERAPY	1,262	7,572,987	7,572,987		7,257,099	66
68 SPEECH PATHOLOGY	3	881,046	881,046		295,084	68
69 ELECTROCARDIOLOGY	229	18,397,979	18,397,979		3,410,384	69
70 ELECTROENCEPHALOGRAPHY	22	690,408	690,408		416,810	70
70.01 EMG	92	188,164	188,164		281,359	70.01
70.03 ANGIOGRAPHY	827	3,986,692	3,986,692		1,314,009	70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		22,547,559	22,547,559		3,494,862	71
72 IMPL. DEV. CHARGED TO PATIENT		18,826,153	18,826,153		11,211,411	72
73 DRUGS CHARGED TO PATIENTS		43,890,354	43,890,354		9,786,037	73
74 RENAL DIALYSIS	62	1,845,412	1,845,412		532,539	74
76.97 CARDIAC REHABILITATION	179	596,533	596,533		1,291,517	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	127	4,831	4,831		1,699,423	90.01
91 EMERGENCY	513	32,436,476	32,436,476		11,640,745	91
91.01 PCC	995	50,749	50,749		4,679,945	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	877				12,915,835	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	35				4,719,211	116
118 SUBTOTALS (SUM OF LINES 1-117)	36,216	610,226,154	610,226,154	-23,269,609	263,020,855	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1				354,287	190
192 PHYSICIANS' PRIVATE OFFICES					776,018	192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH & STORES	ADMITTING	CASHIERING	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
194.01 PRIVATE DUTY NURSING					1,480,158	194.01
194.02 PHYSICIAN REFERRAL CENTER	16				146,935	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	868,805	4,833,412	4,760,348		23,269,609	202
203 UNIT COST MULT-WS B PT I	23.974309	0.007921	0.007801		0.087553	203
204 COST TO BE ALLOC PER B PT II	27,234	315,592	119,058		1,952,200	204
205 UNIT COST MULT-WS B PT II	0.751511	0.000517	0.000195		0.007345	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	CLINICAL ENGINEER TIME SPENT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
	6	6.01	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	353,379					6
6.01 CLINICAL ENGINEERING	1,249	7,488				6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	5,928		2,146,297			8
9 HOUSEKEEPING	1,658	7	48,819	16,986		9
10 DIETARY	12,759	1	913	275	266,592	10
11 CAFETERIA	8,526					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,438	204		136		13
14 CENTRAL SERVICES & SUPPLY	20,682	781	2,008	394		14
15 PHARMACY	4,004		913	236		15
16 MEDICAL RECORDS & LIBRARY	6,206			159		16
17 SOCIAL SERVICE	1,582			35		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	119,054	1,126	1,038,152	7,236	217,815	30
31 INTENSIVE CARE UNIT	9,625	199	138,244	732	17,982	31
40 SUBPROVIDER - IPF	19,159	40	42,888	626	21,479	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,879	1,095	191,900	1,749		50
51 RECOVERY ROOM	3,691	87	131,948	206		51
53 ANESTHESIOLOGY	915	309		80		53
54 RADIOLOGY-DIAGNOSTIC	16,718	1,187	134,320	1,108		54
54.01 ULTRASOUND	1,568	91				54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,037	38				57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,734	13				58
59 CARDIAC CATHETERIZATION	12,240	194	24,090	277		59
60 LABORATORY	12,593	318		779		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	808	91				63
64 INTRAVENOUS THERAPY	737	9		31		64
65 RESPIRATORY THERAPY	1,723	494		95		65
66 PHYSICAL THERAPY	13,119	320	48,363	334		66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	4,250	265	43,435	145		69
70 ELECTROENCEPHALOGRAPHY	774	13	1,460	31		70
70.01 EMG	150	11				70.01
70.03 ANGIOGRAPHY	1,227	27				70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	819	1				74
76.97 CARDIAC REHABILITATION		154				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		4			2,097	90.01
91 EMERGENCY	12,282	347	248,748	1,880	7,219	91
91.01 PCC		55	50,096			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	451	7				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	334,585	7,488	2,146,297	16,544	266,592	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404					190
192 PHYSICIANS' PRIVATE OFFICES	16,390			442		192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	CLINICAL ENGINEER TIME SPENT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
	6	6.01	8	9	10	
194.01 PRIVATE DUTY NURSING						194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,225,938	1,263,450	1,815,916	5,399,369	5,691,783	202
203 UNIT COST MULT-WS B PT I	23.277948	168.729968	0.846069	317.871718	21.350164	203
204 COST TO BE ALLOC PER B PT II	1,449,922	283,179	77,472	70,590	264,072	204
205 UNIT COST MULT-WS B PT II	4.103023	37.817708	0.036096	4.155775	0.990547	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,549					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	32	976				13
14 CENTRAL SERVICES & SUPPLY	45		9,594,769			14
15 PHARMACY	53		162,855	8,178,022		15
16 MEDICAL RECORDS & LIBRARY	53		7,113		4,700	16
17 SOCIAL SERVICE	13		279			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	543	543	787,145	14,100	2,593	30
31 INTENSIVE CARE UNIT	70	70	113,072	1,328	45	31
40 SUBPROVIDER - IPF	64	64	22,381	216	156	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	120	120	2,922,652	1,145	119	50
51 RECOVERY ROOM	21	21	19,589	79		51
53 ANESTHESIOLOGY			222,645			53
54 RADIOLOGY-DIAGNOSTIC	92		122,681	28,838	242	54
54.01 ULTRASOUND	14		13,843	277	69	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	17		262,882	2,013	59	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5		95	127	15	58
59 CARDIAC CATHETERIZATION	23	23	412,727	11,181		59
60 LABORATORY	98		632,041	1,768	739	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	8		8,370			63
64 INTRAVENOUS THERAPY	18	18	154,469			64
65 RESPIRATORY THERAPY	36		122,113	225	6	65
66 PHYSICAL THERAPY	67		111,112	325	32	66
68 SPEECH PATHOLOGY	3					68
69 ELECTROCARDIOLOGY	30		59,748	397	39	69
70 ELECTROENCEPHALOGRAPHY	2		1,029		4	70
70.01 EMG	4		973	784		70.01
70.03 ANGIOGRAPHY	5		41,865	12		70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,940,204			71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				7,661,634		73
74 RENAL DIALYSIS				161		74
76.97 CARDIAC REHABILITATION	12		384		5	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES		18	88		7	90.01
91 EMERGENCY	99	99	181,958	14,393	256	91
91.01 PCC			86,798	29,621	314	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	2		179,432	3,068		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			4,154	406,263		116
118 SUBTOTALS (SUM OF LINES 1-117)	1,549	976	9,594,697	8,177,955	4,700	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			72			190
192 PHYSICIANS' PRIVATE OFFICES						192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTEs 11	NURSING ADMINIS- TRATION FTEs 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	
194.01 PRIVATE DUTY NURSING				67		194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,523,607	4,195,729	6,878,371	7,273,070	5,881,994	202
203 UNIT COST MULT-WS B PT I	983.606843	4,298.902664	0.716888	0.889343	1,251.488085	203
204 COST TO BE ALLOC PER B PT II	101,572	93,457	1,128,824	426,754	354,384	204
205 UNIT COST MULT-WS B PT II	65.572628	95.755123	0.117650	0.052183	75.400851	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING & STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING			5.05
5.06 ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
6.01 CLINICAL ENGINEERING			6.01
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	990		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	862		30
31 INTENSIVE CARE UNIT	54		31
40 SUBPROVIDER - IPF			40
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
51 RECOVERY ROOM			51
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
70.01 EMG			70.01
70.03 ANGIOGRAPHY			70.03
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 OUTPATIENT PSYCHE SERVICES			90.01
91 EMERGENCY	74		91
91.01 PCC			91.01
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	990		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
194 NEW DIRECTION			194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		17	
194.01 PRIVATE DUTY NURSING			194.01
194.02 PHYSICIAN REFERRAL CENTER			194.02
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,570,931		202
203 UNIT COST MULT-WS B PT I	1,586.798990		203
204 COST TO BE ALLOC PER B PT II	58,776		204
205 UNIT COST MULT-WS B PT II	59.369697		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	81,453,616		81,453,616	93,927	81,547,543	30
31 INTENSIVE CARE UNIT	9,844,219		9,844,219		9,844,219	31
40 SUBPROVIDER - IPF	8,678,557		8,678,557		8,678,557	40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,982,509		27,982,509		27,982,509	50
51 RECOVERY ROOM	2,846,737		2,846,737		2,846,737	51
53 ANESTHESIOLOGY	1,122,314		1,122,314		1,122,314	53
54 RADIOLOGY-DIAGNOSTIC	15,080,228		15,080,228		15,080,228	54
54.01 ULTRASOUND	2,349,895		2,349,895		2,349,895	54.01
57 COMPUTED TOMOGRAPHY (CT) SC	4,179,262		4,179,262		4,179,262	57
58 MAGNETIC RESONANCE IMAGING	1,350,169		1,350,169		1,350,169	58
59 CARDIAC CATHETERIZATION	5,115,683		5,115,683	12,694	5,128,377	59
60 LABORATORY	18,998,176		18,998,176		18,998,176	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	3,785,650		3,785,650		3,785,650	63
64 INTRAVENOUS THERAPY	2,492,098		2,492,098		2,492,098	64
65 RESPIRATORY THERAPY	4,952,652		4,952,652	24,879	4,977,531	65
66 PHYSICAL THERAPY	8,584,838		8,584,838	60,056	8,644,894	66
68 SPEECH PATHOLOGY	323,870		323,870		323,870	68
69 ELECTROCARDIOLOGY	4,056,959		4,056,959		4,056,959	69
70 ELECTROENCEPHALOGRAPHY	492,313		492,313		492,313	70
70.01 EMG	316,670		316,670		316,670	70.01
70.03 ANGIOGRAPHY	1,497,114		1,497,114		1,497,114	70.03
71 MEDICAL SUPPLIES CHRGD TO	5,908,638		5,908,638		5,908,638	71
72 IMPL. DEV. CHARGED TO PATIE	12,193,004		12,193,004		12,193,004	72
73 DRUGS CHARGED TO PATIENTS	17,456,659		17,456,659		17,456,659	73
74 RENAL DIALYSIS	598,541		598,541		598,541	74
76.97 CARDIAC REHABILITATION	1,448,912		1,448,912		1,448,912	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	1,979,862		1,979,862		1,979,862	90.01
91 EMERGENCY	15,070,576		15,070,576		15,070,576	91
91.01 PCC	5,622,887		5,622,887		5,622,887	91.01
92 OBSERVATION BEDS	9,092,777		9,092,777		9,092,777	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	14,191,663		14,191,663		14,191,663	101
113 INTEREST EXPENSE						113
116 HOSPICE	5,496,677		5,496,677		5,496,677	116
200 SUBTOTAL (SEE INSTRUCTIONS)	294,563,725		294,563,725	191,556	294,755,281	200
201 LESS OBSERVATION BEDS	9,092,777		9,092,777		9,092,777	201
202 TOTAL (SEE INSTRUCTIONS)	285,470,948		285,470,948		285,662,504	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	108,247,623		108,247,623			30
31 INTENSIVE CARE UNIT	15,070,335		15,070,335			31
40 SUBPROVIDER - IPF	13,075,975		13,075,975			40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	84,878,872	90,997,906	175,876,778	0.159103	0.159103	0.159103 50
51 RECOVERY ROOM	6,573,953	4,721,242	11,295,195	0.252031	0.252031	0.252031 51
53 ANESTHESIOLOGY	17,432,624	12,540,311	29,972,935	0.037444	0.037444	0.037444 53
54 RADIOLOGY-DIAGNOSTIC	17,701,379	58,931,012	76,632,391	0.196787	0.196787	0.196787 54
54.01 ULTRASOUND	7,630,375	16,906,122	24,536,497	0.095771	0.095771	0.095771 54.01
57 COMPUTED TOMOGRAPHY (CT) SC	33,599,861	76,274,600	109,874,461	0.038037	0.038037	0.038037 57
58 MAGNETIC RESONANCE IMAGING	6,032,383	8,355,456	14,387,839	0.093841	0.093841	0.093841 58
59 CARDIAC CATHETERIZATION	17,731,491	9,406,853	27,138,344	0.188504	0.188504	0.188972 59
60 LABORATORY	91,524,525	101,479,817	193,004,342	0.098434	0.098434	0.098434 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	5,966,706	2,364,992	8,331,698	0.454367	0.454367	0.454367 63
64 INTRAVENOUS THERAPY	900,124	7,153,165	8,053,289	0.309451	0.309451	0.309451 64
65 RESPIRATORY THERAPY	31,944,585	4,691,885	36,636,470	0.135184	0.135184	0.135863 65
66 PHYSICAL THERAPY	7,572,987	17,526,708	25,099,695	0.342030	0.342030	0.344422 66
68 SPEECH PATHOLOGY	881,046	580,465	1,461,511	0.221599	0.221599	0.221599 68
69 ELECTROCARDIOLOGY	18,397,979	23,198,099	41,596,078	0.097532	0.097532	0.097532 69
70 ELECTROENCEPHALOGRAPHY	690,408	1,688,413	2,378,821	0.206957	0.206957	0.206957 70
70.01 EMG	188,164	1,978,101	2,166,265	0.146182	0.146182	0.146182 70.01
70.03 ANGIOGRAPHY	3,986,692	2,199,133	6,185,825	0.242023	0.242023	0.242023 70.03
71 MEDICAL SUPPLIES CHRGD TO	22,547,559	10,600,654	33,148,213	0.178249	0.178249	0.178249 71
72 IMPL. DEV. CHARGED TO PATIE	18,826,153	4,442,444	23,268,597	0.524011	0.524011	0.524011 72
73 DRUGS CHARGED TO PATIENTS	43,890,354	10,255,582	54,145,936	0.322400	0.322400	0.322400 73
74 RENAL DIALYSIS	1,845,412	72,792	1,918,204	0.312032	0.312032	0.312032 74
76.97 CARDIAC REHABILITATION	596,533	2,407,803	3,004,336	0.482274	0.482274	0.482274 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	4,831	5,093,959	5,098,790	0.388300	0.388300	0.388300 90.01
91 EMERGENCY	32,436,476	60,914,712	93,351,188	0.161440	0.161440	0.161440 91
91.01 PCC	50,749	7,946,726	7,997,475	0.703083	0.703083	0.703083 91.01
92 OBSERVATION BEDS	2,753,959	12,905,422	15,659,381	0.580660	0.580660	0.580660 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		15,329,751	15,329,751			101
113 INTEREST EXPENSE						113
116 HOSPICE		9,445,278	9,445,278			116
200 SUBTOTAL (SEE INSTRUCTIONS)	612,980,113	580,409,403	1,193,389,516			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	612,980,113	580,409,403	1,193,389,516			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL.26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,631,994		3,631,994	73,550	49.38	42,044	2,076,133	30
31 INTENSIVE CARE UNIT	347,780		347,780	5,667	61.37	4,455	273,403	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	339,030		339,030	6,772	50.06	2,265	113,386	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY				2,242				43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,318,804		4,318,804	88,231		48,764	2,462,922	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,667,464	175,876,778	0.009481	45,990,296	436,034	50
51 RECOVERY ROOM	102,357	11,295,195	0.009062	3,545,069	32,125	51
53 ANESTHESIOLOGY	136,163	29,972,935	0.004543	8,754,812	39,773	53
54 RADIOLOGY-DIAGNOSTIC	2,003,283	76,632,391	0.026141	12,688,047	331,678	54
54.01 ULTRASOUND	211,881	24,536,497	0.008635	5,176,388	44,698	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	467,283	109,874,461	0.004253	21,635,493	92,016	57
58 MAGNETIC RESONANCE IMAGING (M	371,072	14,387,839	0.025791	3,711,445	95,722	58
59 CARDIAC CATHETERIZATION	438,693	27,138,344	0.016165	9,706,628	156,908	59
60 LABORATORY	891,174	193,004,342	0.004617	59,174,442	273,208	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	51,403	8,331,698	0.006170	3,945,841	24,346	63
64 INTRAVENOUS THERAPY	51,074	8,053,289	0.006342	650,476	4,125	64
65 RESPIRATORY THERAPY	197,956	36,636,470	0.005403	23,570,900	127,354	65
66 PHYSICAL THERAPY	404,922	25,099,695	0.016133	5,774,754	93,164	66
68 SPEECH PATHOLOGY	4,634	1,461,511	0.003171	772,512	2,450	68
69 ELECTROCARDIOLOGY	321,406	41,596,078	0.007727	12,765,340	98,638	69
70 ELECTROENCEPHALOGRAPHY	35,077	2,378,821	0.014746	438,280	6,463	70
70.01 EMG	14,804	2,166,265	0.006834	128,284	877	70.01
70.03 ANGIOGRAPHY	130,075	6,185,825	0.021028	2,936,202	61,742	70.03
71 MEDICAL SUPPLIES CHRGED TO PA	387,640	33,148,213	0.011694	13,883,729	162,356	71
72 IMPL. DEV. CHARGED TO PATIENT	95,752	23,268,597	0.004115	10,563,821	43,470	72
73 DRUGS CHARGED TO PATIENTS	502,936	54,145,936	0.009289	28,074,852	260,787	73
74 RENAL DIALYSIS	14,521	1,918,204	0.007570	1,451,002	10,984	74
76.97 CARDIAC REHABILITATION	36,398	3,004,336	0.012115	373,162	4,521	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	20,047	5,098,790	0.003932	2,721	11	90.01
91 EMERGENCY	754,981	93,351,188	0.008088	19,822,722	160,326	91
91.01 PCC	222,172	7,997,475	0.027780	45,735	1,271	91.01
92 OBSERVATION BEDS	404,974	15,659,381	0.025861	2,086,854	53,968	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	9,940,142	1,032,220,554		297,669,807	2,619,015	200

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [XX] TITLE XVIII-PT A  
BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					200
TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	73,550		42,044	30
31 INTENSIVE CARE UNIT	5,667		4,455	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF	6,772		2,265	40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,242			43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	88,231		48,764	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0062)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF				

  

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	ULTRASOUND					54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	EMG					70.01
70.03	ANGIOGRAPHY					70.03
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	OUTPATIENT PSYCHE SERVICES					90.01
91	EMERGENCY					91
91.01	PCC					91.01
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0062)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	175,876,778		45,990,296		27,016,175	50
51	RECOVERY ROOM	11,295,195		3,545,069		1,123,462	51
53	ANESTHESIOLOGY	29,972,935		8,754,812		3,426,503	53
54	RADIOLOGY-DIAGNOSTIC	76,632,391		12,688,047		19,462,372	54
54.01	ULTRASOUND	24,536,497		5,176,388		5,309,117	54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	109,874,461		21,635,493		27,319,378	57
58	MAGNETIC RESONANCE IMAGING (	14,387,839		3,711,445		2,953,731	58
59	CARDIAC CATHETERIZATION	27,138,344		9,706,628		4,961,878	59
60	LABORATORY	193,004,342		59,174,442		10,916,276	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,331,698		3,945,841		1,216,780	63
64	INTRAVENOUS THERAPY	8,053,289		650,476		2,918,533	64
65	RESPIRATORY THERAPY	36,636,470		23,570,900		2,125,273	65
66	PHYSICAL THERAPY	25,099,695		5,774,754			66
68	SPEECH PATHOLOGY	1,461,511		772,512			68
69	ELECTROCARDIOLOGY	41,596,078		12,765,340		8,114,249	69
70	ELECTROENCEPHALOGRAPHY	2,378,821		438,280		673,745	70
70.01	EMG	2,166,265		128,284		760,793	70.01
70.03	ANGIOGRAPHY	6,185,825		2,936,202		1,377,254	70.03
71	MEDICAL SUPPLIES CHRGD TO P	33,148,213		13,883,729		3,187,268	71
72	IMPL. DEV. CHARGED TO PATIEN	23,268,597		10,563,821		1,760,926	72
73	DRUGS CHARGED TO PATIENTS	54,145,936		28,074,852		4,161,825	73
74	RENAL DIALYSIS	1,918,204		1,451,002		47,516	74
76.97	CARDIAC REHABILITATION	3,004,336		373,162		1,080,356	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	5,098,790		2,721			90.01
91	EMERGENCY	93,351,188		19,822,722		15,388,691	91
91.01	PCC	7,997,475		45,735		1,199,273	91.01
92	OBSERVATION BEDS	15,659,381		2,086,854		4,592,499	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,032,220,554		297,669,807		151,093,873	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT		
	FROM WKST C,	SERVICES	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
	PT I, COL. 9		DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.159103	27,016,175			4,298,354			50
51 RECOVERY ROOM	0.252031	1,123,462			283,147			51
53 ANESTHESIOLOGY	0.037444	3,426,503			128,302			53
54 RADIOLOGY-DIAGNOSTIC	0.196787	19,462,372			3,829,942			54
54.01 ULTRASOUND	0.095771	5,309,117			508,459			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037	27,319,378			1,039,147			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841	2,953,731			277,181			58
59 CARDIAC CATHETERIZATION	0.188504	4,961,878			935,334			59
60 LABORATORY	0.098434	10,916,276			1,074,533			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367	1,216,780			552,865			63
64 INTRAVENOUS THERAPY	0.309451	2,918,533			903,143			64
65 RESPIRATORY THERAPY	0.135184	2,125,273			287,303			65
66 PHYSICAL THERAPY	0.342030							66
68 SPEECH PATHOLOGY	0.221599							68
69 ELECTROCARDIOLOGY	0.097532	8,114,249			791,399			69
70 ELECTROENCEPHALOGRAPHY	0.206957	673,745			139,436			70
70.01 EMG	0.146182	760,793			111,214			70.01
70.03 ANGIOGRAPHY	0.242023	1,377,254			333,327			70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.178249	3,187,268			568,127			71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011	1,760,926			922,745			72
73 DRUGS CHARGED TO PATIENTS	0.322400	4,161,825		221,533	1,341,772		71,422	73
74 RENAL DIALYSIS	0.312032	47,516			14,827			74
76.97 CARDIAC REHABILITATION	0.482274	1,080,356			521,028			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OUTPATIENT PSYCHE SERVICES	0.388300							90.01
91 EMERGENCY	0.161440	15,388,691			2,484,350			91
91.01 PCC	0.703083	1,199,273			843,188			91.01
92 OBSERVATION BEDS	0.580660	4,592,499			2,666,680			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		151,093,873		221,533	24,855,803		71,422	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		151,093,873		221,533	24,855,803		71,422	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S062) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,667,464	175,876,778	0.009481	63,202	599		50
51	RECOVERY ROOM	102,357	11,295,195	0.009062				51
53	ANESTHESIOLOGY	136,163	29,972,935	0.004543	1,284	6		53
54	RADIOLOGY-DIAGNOSTIC	2,003,283	76,632,391	0.026141	94,564	2,472		54
54.01	ULTRASOUND	211,881	24,536,497	0.008635	42,853	370		54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	467,283	109,874,461	0.004253	246,876	1,050		57
58	MAGNETIC RESONANCE IMAGING (M	371,072	14,387,839	0.025791	57,230	1,476		58
59	CARDIAC CATHETERIZATION	438,693	27,138,344	0.016165				59
60	LABORATORY	891,174	193,004,342	0.004617	1,137,754	5,253		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	51,403	8,331,698	0.006170	2,296	14		63
64	INTRAVENOUS THERAPY	51,074	8,053,289	0.006342	7,062	45		64
65	RESPIRATORY THERAPY	197,956	36,636,470	0.005403	127,235	687		65
66	PHYSICAL THERAPY	404,922	25,099,695	0.016133	80,348	1,296		66
68	SPEECH PATHOLOGY	4,634	1,461,511	0.003171	5,339	17		68
69	ELECTROCARDIOLOGY	321,406	41,596,078	0.007727	126,265	976		69
70	ELECTROENCEPHALOGRAPHY	35,077	2,378,821	0.014746	28,929	427		70
70.01	EMG	14,804	2,166,265	0.006834	2,030	14		70.01
70.03	ANGIOGRAPHY	130,075	6,185,825	0.021028				70.03
71	MEDICAL SUPPLIES CHRGD TO PA	387,640	33,148,213	0.011694	72,466	847		71
72	IMPL. DEV. CHARGED TO PATIENT	95,752	23,268,597	0.004115				72
73	DRUGS CHARGED TO PATIENTS	502,936	54,145,936	0.009289	351,448	3,265		73
74	RENAL DIALYSIS	14,521	1,918,204	0.007570	9,436	71		74
76.97	CARDIAC REHABILITATION	36,398	3,004,336	0.012115				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	20,047	5,098,790	0.003932				90.01
91	EMERGENCY	754,981	93,351,188	0.008088	627,959	5,079		91
91.01	PCC	222,172	7,997,475	0.027780	890	25		91.01
92	OBSERVATION BEDS	404,974	15,659,381	0.025861				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,940,142	1,032,220,554		3,085,466	23,989		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S062)	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]			

  

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50						50
51						51
53						53
54						54
54.01						54.01
57						57
58						58
59						59
60						60
62.30						62.30
63						63
64						64
65						65
66						66
68						68
69						69
70						70
70.01						70.01
70.03						70.03
71						71
72						72
73						73
74						74
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01						90.01
91						91
91.01						91.01
92						92
OTHER REIMBURSABLE COST CENTERS						
200						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S062)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	175,876,778			63,202		50
51	RECOVERY ROOM	11,295,195					51
53	ANESTHESIOLOGY	29,972,935			1,284		53
54	RADIOLOGY-DIAGNOSTIC	76,632,391			94,564		54
54.01	ULTRASOUND	24,536,497			42,853		54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	109,874,461			246,876		57
58	MAGNETIC RESONANCE IMAGING (	14,387,839			57,230		58
59	CARDIAC CATHETERIZATION	27,138,344					59
60	LABORATORY	193,004,342			1,137,754		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,331,698			2,296		63
64	INTRAVENOUS THERAPY	8,053,289			7,062		64
65	RESPIRATORY THERAPY	36,636,470			127,235		65
66	PHYSICAL THERAPY	25,099,695			80,348		66
68	SPEECH PATHOLOGY	1,461,511			5,339		68
69	ELECTROCARDIOLOGY	41,596,078			126,265		69
70	ELECTROENCEPHALOGRAPHY	2,378,821			28,929		70
70.01	EMG	2,166,265			2,030		70.01
70.03	ANGIOGRAPHY	6,185,825					70.03
71	MEDICAL SUPPLIES CHRGED TO P	33,148,213			72,466		71
72	IMPL. DEV. CHARGED TO PATIEN	23,268,597					72
73	DRUGS CHARGED TO PATIENTS	54,145,936			351,448		73
74	RENAL DIALYSIS	1,918,204			9,436		74
76.97	CARDIAC REHABILITATION	3,004,336					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	5,098,790					90.01
91	EMERGENCY	93,351,188			627,959		91
91.01	PCC	7,997,475			890		91.01
92	OBSERVATION BEDS	15,659,381					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,032,220,554			3,085,466		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S062) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.159103						50
51 RECOVERY ROOM	0.252031						51
53 ANESTHESIOLOGY	0.037444						53
54 RADIOLOGY-DIAGNOSTIC	0.196787						54
54.01 ULTRASOUND	0.095771						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841						58
59 CARDIAC CATHETERIZATION	0.188504						59
60 LABORATORY	0.098434						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367						63
64 INTRAVENOUS THERAPY	0.309451						64
65 RESPIRATORY THERAPY	0.135184						65
66 PHYSICAL THERAPY	0.342030						66
68 SPEECH PATHOLOGY	0.221599						68
69 ELECTROCARDIOLOGY	0.097532						69
70 ELECTROENCEPHALOGRAPHY	0.206957						70
70.01 EMG	0.146182						70.01
70.03 ANGIOGRAPHY	0.242023						70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.178249						71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011						72
73 DRUGS CHARGED TO PATIENTS	0.322400						73
74 RENAL DIALYSIS	0.312032						74
76.97 CARDIAC REHABILITATION	0.482274						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PSYCHE SERVICES	0.388300						90.01
91 EMERGENCY	0.161440						91
91.01 PCC	0.703083						91.01
92 OBSERVATION BEDS	0.580660						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,631,994		3,631,994	73,550	49.38	2,249	111,056	30
31 INTENSIVE CARE UNIT	347,780		347,780	5,667	61.37	420	25,775	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	339,030		339,030	6,772	50.06	386	19,323	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY				2,242		220		43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,318,804		4,318,804	88,231		3,275	156,154	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0062) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA [ ] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,667,464	175,876,778	0.009481	2,268,044	21,503	50
51	RECOVERY ROOM	102,357	11,295,195	0.009062	157,612	1,428	51
53	ANESTHESIOLOGY	136,163	29,972,935	0.004543	446,748	2,030	53
54	RADIOLOGY-DIAGNOSTIC	2,003,283	76,632,391	0.026141	656,368	17,158	54
54.01	ULTRASOUND	211,881	24,536,497	0.008635	282,885	2,443	54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	467,283	109,874,461	0.004253	1,392,354	5,922	57
58	MAGNETIC RESONANCE IMAGING (M	371,072	14,387,839	0.025791	165,954	4,280	58
59	CARDIAC CATHETERIZATION	438,693	27,138,344	0.016165	900,635	14,559	59
60	LABORATORY	891,174	193,004,342	0.004617	3,708,386	17,122	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	51,403	8,331,698	0.006170	207,705	1,282	63
64	INTRAVENOUS THERAPY	51,074	8,053,289	0.006342	32,542	206	64
65	RESPIRATORY THERAPY	197,956	36,636,470	0.005403	1,346,925	7,277	65
66	PHYSICAL THERAPY	404,922	25,099,695	0.016133	107,384	1,732	66
68	SPEECH PATHOLOGY	4,634	1,461,511	0.003171	26,848	85	68
69	ELECTROCARDIOLOGY	321,406	41,596,078	0.007727	597,735	4,619	69
70	ELECTROENCEPHALOGRAPHY	35,077	2,378,821	0.014746	44,107	650	70
70.01	EMG	14,804	2,166,265	0.006834	11,312	77	70.01
70.03	ANGIOGRAPHY	130,075	6,185,825	0.021028	219,615	4,618	70.03
71	MEDICAL SUPPLIES CHRGED TO PA	387,640	33,148,213	0.011694	960,814	11,236	71
72	IMPL. DEV. CHARGED TO PATIENT	95,752	23,268,597	0.004115			72
73	DRUGS CHARGED TO PATIENTS	502,936	54,145,936	0.009289	2,024,155	18,802	73
74	RENAL DIALYSIS	14,521	1,918,204	0.007570	82,228	622	74
76.97	CARDIAC REHABILITATION	36,398	3,004,336	0.012115	26,464	321	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	20,047	5,098,790	0.003932			90.01
91	EMERGENCY	754,981	93,351,188	0.008088	1,378,571	11,150	91
91.01	PCC	222,172	7,997,475	0.027780	1,373	38	91.01
92	OBSERVATION BEDS	404,974	15,659,381	0.025861			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	9,940,142	1,032,220,554		17,046,764	149,160	200

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [ ] TITLE XVIII-PT A  
BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					200
TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	73,550		2,249	30
31 INTENSIVE CARE UNIT	5,667		420	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF	6,772		386	40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,242		220	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	88,231		3,275	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0062)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[ ]	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF				
	COST			COST	COLS.1-4)	COLS.2-4)				
	1	2	3	4	5	6				
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM					50				
51	RECOVERY ROOM					51				
53	ANESTHESIOLOGY					53				
54	RADIOLOGY-DIAGNOSTIC					54				
54.01	ULTRASOUND					54.01				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
58	MAGNETIC RESONANCE IMAGING (M					58				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
63	BLOOD STORING, PROCESSING & T					63				
64	INTRAVENOUS THERAPY					64				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
70.01	EMG					70.01				
70.03	ANGIOGRAPHY					70.03				
71	MEDICAL SUPPLIES CHRGED TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
74	RENAL DIALYSIS					74				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01	OUTPATIENT PSYCHE SERVICES					90.01				
91	EMERGENCY					91				
91.01	PCC					91.01				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0062)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	175,876,778			2,268,044		50
51	RECOVERY ROOM	11,295,195			157,612		51
53	ANESTHESIOLOGY	29,972,935			446,748		53
54	RADIOLOGY-DIAGNOSTIC	76,632,391			656,368		54
54.01	ULTRASOUND	24,536,497			282,885		54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	109,874,461			1,392,354		57
58	MAGNETIC RESONANCE IMAGING (	14,387,839			165,954		58
59	CARDIAC CATHETERIZATION	27,138,344			900,635		59
60	LABORATORY	193,004,342			3,708,386		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,331,698			207,705		63
64	INTRAVENOUS THERAPY	8,053,289			32,542		64
65	RESPIRATORY THERAPY	36,636,470			1,346,925		65
66	PHYSICAL THERAPY	25,099,695			107,384		66
68	SPEECH PATHOLOGY	1,461,511			26,848		68
69	ELECTROCARDIOLOGY	41,596,078			597,735		69
70	ELECTROENCEPHALOGRAPHY	2,378,821			44,107		70
70.01	EMG	2,166,265			11,312		70.01
70.03	ANGIOGRAPHY	6,185,825			219,615		70.03
71	MEDICAL SUPPLIES CHRGD TO P	33,148,213			960,814		71
72	IMPL. DEV. CHARGED TO PATIEN	23,268,597					72
73	DRUGS CHARGED TO PATIENTS	54,145,936			2,024,155		73
74	RENAL DIALYSIS	1,918,204			82,228		74
76.97	CARDIAC REHABILITATION	3,004,336			26,464		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	5,098,790					90.01
91	EMERGENCY	93,351,188			1,378,571		91
91.01	PCC	7,997,475			1,373		91.01
92	OBSERVATION BEDS	15,659,381					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,032,220,554			17,046,764		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.159103						50
51 RECOVERY ROOM	0.252031						51
53 ANESTHESIOLOGY	0.037444						53
54 RADIOLOGY-DIAGNOSTIC	0.196787						54
54.01 ULTRASOUND	0.095771						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841						58
59 CARDIAC CATHETERIZATION	0.188504						59
60 LABORATORY	0.098434						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367						63
64 INTRAVENOUS THERAPY	0.309451						64
65 RESPIRATORY THERAPY	0.135184						65
66 PHYSICAL THERAPY	0.342030						66
68 SPEECH PATHOLOGY	0.221599						68
69 ELECTROCARDIOLOGY	0.097532						69
70 ELECTROENCEPHALOGRAPHY	0.206957						70
70.01 EMG	0.146182						70.01
70.03 ANGIOGRAPHY	0.242023						70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	0.178249						71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011						72
73 DRUGS CHARGED TO PATIENTS	0.322400						73
74 RENAL DIALYSIS	0.312032						74
76.97 CARDIAC REHABILITATION	0.482274						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PSYCHE SERVICES	0.388300						90.01
91 EMERGENCY	0.161440						91
91.01 PCC	0.703083						91.01
92 OBSERVATION BEDS	0.580660						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S062) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	1,667,464	175,876,778	0.009481				50
51	RECOVERY ROOM	102,357	11,295,195	0.009062				51
53	ANESTHESIOLOGY	136,163	29,972,935	0.004543				53
54	RADIOLOGY-DIAGNOSTIC	2,003,283	76,632,391	0.026141				54
54.01	ULTRASOUND	211,881	24,536,497	0.008635				54.01
57	COMPUTED TOMOGRAPHY (CT) SCAN	467,283	109,874,461	0.004253				57
58	MAGNETIC RESONANCE IMAGING (M	371,072	14,387,839	0.025791				58
59	CARDIAC CATHETERIZATION	438,693	27,138,344	0.016165				59
60	LABORATORY	891,174	193,004,342	0.004617				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	51,403	8,331,698	0.006170				63
64	INTRAVENOUS THERAPY	51,074	8,053,289	0.006342				64
65	RESPIRATORY THERAPY	197,956	36,636,470	0.005403				65
66	PHYSICAL THERAPY	404,922	25,099,695	0.016133				66
68	SPEECH PATHOLOGY	4,634	1,461,511	0.003171				68
69	ELECTROCARDIOLOGY	321,406	41,596,078	0.007727				69
70	ELECTROENCEPHALOGRAPHY	35,077	2,378,821	0.014746				70
70.01	EMG	14,804	2,166,265	0.006834				70.01
70.03	ANGIOGRAPHY	130,075	6,185,825	0.021028				70.03
71	MEDICAL SUPPLIES CHRGD TO PA	387,640	33,148,213	0.011694				71
72	IMPL. DEV. CHARGED TO PATIENT	95,752	23,268,597	0.004115				72
73	DRUGS CHARGED TO PATIENTS	502,936	54,145,936	0.009289				73
74	RENAL DIALYSIS	14,521	1,918,204	0.007570				74
76.97	CARDIAC REHABILITATION	36,398	3,004,336	0.012115				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	OUTPATIENT PSYCHE SERVICES	20,047	5,098,790	0.003932				90.01
91	EMERGENCY	754,981	93,351,188	0.008088				91
91.01	PCC	222,172	7,997,475	0.027780				91.01
92	OBSERVATION BEDS	404,974	15,659,381	0.025861				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	9,940,142	1,032,220,554					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S062)	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[XX]	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF				
	COST			COST	COLS. 1-4)	COLS. 2-4)				
	1	2	3	4	5	6				
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM					50				
51	RECOVERY ROOM					51				
53	ANESTHESIOLOGY					53				
54	RADIOLOGY-DIAGNOSTIC					54				
54.01	ULTRASOUND					54.01				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
58	MAGNETIC RESONANCE IMAGING (M					58				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
63	BLOOD STORING, PROCESSING & T					63				
64	INTRAVENOUS THERAPY					64				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
70.01	EMG					70.01				
70.03	ANGIOGRAPHY					70.03				
71	MEDICAL SUPPLIES CHRGED TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
74	RENAL DIALYSIS					74				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01	OUTPATIENT PSYCHE SERVICES					90.01				
91	EMERGENCY					91				
91.01	PCC					91.01				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (14-S062)	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	175,876,778					50
51	RECOVERY ROOM	11,295,195					51
53	ANESTHESIOLOGY	29,972,935					53
54	RADIOLOGY-DIAGNOSTIC	76,632,391					54
54.01	ULTRASOUND	24,536,497					54.01
57	COMPUTED TOMOGRAPHY (CT) SCA	109,874,461					57
58	MAGNETIC RESONANCE IMAGING (	14,387,839					58
59	CARDIAC CATHETERIZATION	27,138,344					59
60	LABORATORY	193,004,342					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,331,698					63
64	INTRAVENOUS THERAPY	8,053,289					64
65	RESPIRATORY THERAPY	36,636,470					65
66	PHYSICAL THERAPY	25,099,695					66
68	SPEECH PATHOLOGY	1,461,511					68
69	ELECTROCARDIOLOGY	41,596,078					69
70	ELECTROENCEPHALOGRAPHY	2,378,821					70
70.01	EMG	2,166,265					70.01
70.03	ANGIOGRAPHY	6,185,825					70.03
71	MEDICAL SUPPLIES CHRGED TO P	33,148,213					71
72	IMPL. DEV. CHARGED TO PATIEN	23,268,597					72
73	DRUGS CHARGED TO PATIENTS	54,145,936					73
74	RENAL DIALYSIS	1,918,204					74
76.97	CARDIAC REHABILITATION	3,004,336					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	OUTPATIENT PSYCHE SERVICES	5,098,790					90.01
91	EMERGENCY	93,351,188					91
91.01	PCC	7,997,475					91.01
92	OBSERVATION BEDS	15,659,381					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,032,220,554					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (14-S062) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.159103						50
51 RECOVERY ROOM	0.252031						51
53 ANESTHESIOLOGY	0.037444						53
54 RADIOLOGY-DIAGNOSTIC	0.196787						54
54.01 ULTRASOUND	0.095771						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841						58
59 CARDIAC CATHETERIZATION	0.188504						59
60 LABORATORY	0.098434						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367						63
64 INTRAVENOUS THERAPY	0.309451						64
65 RESPIRATORY THERAPY	0.135184						65
66 PHYSICAL THERAPY	0.342030						66
68 SPEECH PATHOLOGY	0.221599						68
69 ELECTROCARDIOLOGY	0.097532						69
70 ELECTROENCEPHALOGRAPHY	0.206957						70
70.01 EMG	0.146182						70.01
70.03 ANGIOGRAPHY	0.242023						70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.178249						71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011						72
73 DRUGS CHARGED TO PATIENTS	0.322400						73
74 RENAL DIALYSIS	0.312032						74
76.97 CARDIAC REHABILITATION	0.482274						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT PSYCHE SERVICES	0.388300						90.01
91 EMERGENCY	0.161440						91
91.01 PCC	0.703083						91.01
92 OBSERVATION BEDS	0.580660						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,550	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,550	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	65,349	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	42,044	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	81,547,543	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	81,547,543	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	108,247,623	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	108,247,623	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.753343	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,656.45	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	81,547,543	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,108.74 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 46,615,865 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 46,615,865 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9,844,219	5,667	1,737.11	4,455	7,738,825	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					51,922,700	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					106,277,390	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,349,536 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,619,015 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,968,551 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 101,308,839 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,201 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,108.74 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 9,092,777 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,631,994	81,547,543	0.044538	9,092,777	404,974	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S062) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,772	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,772	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,772	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,265	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	8,678,557	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,678,557	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,075,975	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,075,975	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.663702	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,930.89	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,678,557	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S062) [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,281.54 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,902,688 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,902,688 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	458,715 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,361,403 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	113,386 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	23,989 51
52 TOTAL PROGRAM EXCLUDABLE COST	137,375 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,224,028 53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,550	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,550	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	65,349	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,249	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,242	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	220	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	81,547,543	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	81,547,543	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	108,247,623	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	108,247,623	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.753343	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,656.45	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	81,547,543	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,108.74 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,493,556 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 2,493,556 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)		2,242		220		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9,844,219	5,667	1,737.11	420	729,586	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					2,715,723	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					5,938,865	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 136,831 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 149,160 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 285,991 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 5,652,874 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,201 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S062) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,772	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,772	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,772	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	386	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	8,678,557	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,678,557	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,075,975	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,075,975	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.663702	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,930.89	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	8,678,557	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF (14-S062)  TEFRA  
 BOXES  TITLE XIX-INPT  IRF  OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,281.54 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	494,674 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	494,674 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	494,674 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	19,323 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	19,323 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		63,691,270			30
31 INTENSIVE CARE UNIT		10,265,954			31
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.159103	45,990,296	7,317,194		50
51 RECOVERY ROOM	0.252031	3,545,069	893,467		51
53 ANESTHESIOLOGY	0.037444	8,754,812	327,815		53
54 RADIOLOGY-DIAGNOSTIC	0.196787	12,688,047	2,496,843		54
54.01 ULTRASOUND	0.095771	5,176,388	495,748		54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037	21,635,493	822,949		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841	3,711,445	348,286		58
59 CARDIAC CATHETERIZATION	0.188972	9,706,628	1,834,281		59
60 LABORATORY	0.098434	59,174,442	5,824,777		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367	3,945,841	1,792,860		63
64 INTRAVENOUS THERAPY	0.309451	650,476	201,290		64
65 RESPIRATORY THERAPY	0.135863	23,570,900	3,202,413		65
66 PHYSICAL THERAPY	0.344422	5,774,754	1,988,952		66
68 SPEECH PATHOLOGY	0.221599	772,512	171,188		68
69 ELECTROCARDIOLOGY	0.097532	12,765,340	1,245,029		69
70 ELECTROENCEPHALOGRAPHY	0.206957	438,280	90,705		70
70.01 EMG	0.146182	128,284	18,753		70.01
70.03 ANGIOGRAPHY	0.242023	2,936,202	710,628		70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.178249	13,883,729	2,474,761		71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011	10,563,821	5,535,558		72
73 DRUGS CHARGED TO PATIENTS	0.322400	28,074,852	9,051,332		73
74 RENAL DIALYSIS	0.312032	1,451,002	452,759		74
76.97 CARDIAC REHABILITATION	0.482274	373,162	179,966		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT PSYCHE SERVICES	0.388300	2,721	1,057		90.01
91 EMERGENCY	0.161440	19,822,722	3,200,180		91
91.01 PCC	0.703083	45,735	32,156		91.01
92 OBSERVATION BEDS	0.580660	2,086,854	1,211,753		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		297,669,807	51,922,700		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		297,669,807			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S062) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		4,708,748		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.159103	63,202	10,056	50
51 RECOVERY ROOM	0.252031			51
53 ANESTHESIOLOGY	0.037444	1,284	48	53
54 RADIOLOGY-DIAGNOSTIC	0.196787	94,564	18,609	54
54.01 ULTRASOUND	0.095771	42,853	4,104	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037	246,876	9,390	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841	57,230	5,371	58
59 CARDIAC CATHETERIZATION	0.188972			59
60 LABORATORY	0.098434	1,137,754	111,994	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367	2,296	1,043	63
64 INTRAVENOUS THERAPY	0.309451	7,062	2,185	64
65 RESPIRATORY THERAPY	0.135863	127,235	17,287	65
66 PHYSICAL THERAPY	0.344422	80,348	27,674	66
68 SPEECH PATHOLOGY	0.221599	5,339	1,183	68
69 ELECTROCARDIOLOGY	0.097532	126,265	12,315	69
70 ELECTROENCEPHALOGRAPHY	0.206957	28,929	5,987	70
70.01 EMG	0.146182	2,030	297	70.01
70.03 ANGIOGRAPHY	0.242023			70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.178249	72,466	12,917	71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011			72
73 DRUGS CHARGED TO PATIENTS	0.322400	351,448	113,307	73
74 RENAL DIALYSIS	0.312032	9,436	2,944	74
76.97 CARDIAC REHABILITATION	0.482274			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT PSYCHE SERVICES	0.388300			90.01
91 EMERGENCY	0.161440	627,959	101,378	91
91.01 PCC	0.703083	890	626	91.01
92 OBSERVATION BEDS	0.580660			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,085,466	458,715	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,085,466		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0062) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		4,459,136		30
31 INTENSIVE CARE UNIT		930,945		31
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.159103	2,268,044	360,853	50
51 RECOVERY ROOM	0.252031	157,612	39,723	51
53 ANESTHESIOLOGY	0.037444	446,748	16,728	53
54 RADIOLOGY-DIAGNOSTIC	0.196787	656,368	129,165	54
54.01 ULTRASOUND	0.095771	282,885	27,092	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037	1,392,354	52,961	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841	165,954	15,573	58
59 CARDIAC CATHETERIZATION	0.188972	900,635	170,195	59
60 LABORATORY	0.098434	3,708,386	365,031	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367	207,705	94,374	63
64 INTRAVENOUS THERAPY	0.309451	32,542	10,070	64
65 RESPIRATORY THERAPY	0.135863	1,346,925	182,997	65
66 PHYSICAL THERAPY	0.344422	107,384	36,985	66
68 SPEECH PATHOLOGY	0.221599	26,848	5,949	68
69 ELECTROCARDIOLOGY	0.097532	597,735	58,298	69
70 ELECTROENCEPHALOGRAPHY	0.206957	44,107	9,128	70
70.01 EMG	0.146182	11,312	1,654	70.01
70.03 ANGIOGRAPHY	0.242023	219,615	53,152	70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	0.178249	960,814	171,264	71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011			72
73 DRUGS CHARGED TO PATIENTS	0.322400	2,024,155	652,588	73
74 RENAL DIALYSIS	0.312032	82,228	25,658	74
76.97 CARDIAC REHABILITATION	0.482274	26,464	12,763	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT PSYCHE SERVICES	0.388300			90.01
91 EMERGENCY	0.161440	1,378,571	222,557	91
91.01 PCC	0.703083	1,373	965	91.01
92 OBSERVATION BEDS	0.580660			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		17,046,764	2,715,723	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		17,046,764		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S062)	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.159103			50
51 RECOVERY ROOM	0.252031			51
53 ANESTHESIOLOGY	0.037444			53
54 RADIOLOGY-DIAGNOSTIC	0.196787			54
54.01 ULTRASOUND	0.095771			54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038037			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.093841			58
59 CARDIAC CATHETERIZATION	0.188504			59
60 LABORATORY	0.098434			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.454367			63
64 INTRAVENOUS THERAPY	0.309451			64
65 RESPIRATORY THERAPY	0.135184			65
66 PHYSICAL THERAPY	0.342030			66
68 SPEECH PATHOLOGY	0.221599			68
69 ELECTROCARDIOLOGY	0.097532			69
70 ELECTROENCEPHALOGRAPHY	0.206957			70
70.01 EMG	0.146182			70.01
70.03 ANGIOGRAPHY	0.242023			70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	0.178249			71
72 IMPL. DEV. CHARGED TO PATIENT	0.524011			72
73 DRUGS CHARGED TO PATIENTS	0.322400			73
74 RENAL DIALYSIS	0.312032			74
76.97 CARDIAC REHABILITATION	0.482274			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT PSYCHE SERVICES	0.388300			90.01
91 EMERGENCY	0.161440			91
91.01 PCC	0.703083			91.01
92 OBSERVATION BEDS	0.580660			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0062)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	74,337,607	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,952,307	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	316.59	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	76,289,914	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	76,289,914	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,065,725	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0062)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	82,355,639	59
60	PRIMARY PAYER PAYMENTS	41,309	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	82,314,330	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7,357,948	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	247,457	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	660,725	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	462,508	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	443,146	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	75,171,433	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP INCENTIVE PAYMENT (SEE INSTRUCTIONS)	-36,819	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-179,914	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	74,954,700	71
72	INTERIM PAYMENTS	74,998,385	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-43,685	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:         HOSPITAL (14-0062)         IPF         IRF  
                                    SUB (OTHER)                                     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	71,422	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	24,855,803	2
3	PPS PAYMENTS	21,092,607	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	53,866	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	71,422	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	221,533	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	221,533	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	221,533	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	150,111	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	71,422	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	21,146,473	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	5,041,921	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	16,175,974	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	16,175,974	30
31	PRIMARY PAYER PAYMENTS	2,814	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	16,173,160	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	337,059	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	235,941	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	235,807	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	16,409,101	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	-7,325	39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	16,401,776	40
41	INTERIM PAYMENTS	16,349,464	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	52,312	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:        [ ] HOSPITAL                                [XX] IPF (14-S062)        [ ] IRF  
                                  [ ] SUB (OTHER)                                [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0062) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		74,489,031		16,151,731
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		483,834		155,874
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 08/08/2012	25,520	08/08/2012	41,859
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51		NONE	3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		25,520		41,859
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		74,998,385		16,349,464

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			52,312	6.01
	TO .02				
	PROVIDER .03				
	TO .04				
	PROGRAM .05	-43,685			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		74,954,700		16,401,776	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8



PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  HOSPITAL (14-0062)  CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	16,421	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	46,499	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,352	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	71,016	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,193,389,516	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	26,694,719	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IPF (14-S062)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,985,196	1
2	NET IPF PPS OUTLIER PAYMENT	321,668	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.502732	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,306,864	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,306,864	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,306,864	18
19	DEDUCTIBLES	240,352	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,066,512	20
21	COINSURANCE	8,959	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,057,553	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	48,054	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	33,638	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	48,054	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,091,191	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,091,191	31
32	INTERIM PAYMENTS	2,057,553	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	33,638	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0062) [ ] SNF [XX] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES		1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)		4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES	17,046,764	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	17,046,764	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	17,046,764	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17,046,764	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S062) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	494,674	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	494,674	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	494,674	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	494,674	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,007,000			1
2	TEMPORARY INVESTMENTS	23,519,000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	44,484,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13,431,000			6
7	INVENTORY	1,581,000			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	40,771,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	100,931,000			11
FIXED ASSETS					
12	LAND	7,365,000			12
13	LAND IMPROVEMENTS	6,547,000			13
14	ACCUMULATED DEPRECIATION	-5,446,000			14
15	BUILDINGS	202,342,000			15
16	ACCUMULATED DEPRECIATION	-103,543,000			16
17	LEASEHOLD IMPROVEMENTS	211,543,000			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	158,301,000			23
24	ACCUMULATED DEPRECIATION	-119,852,000			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	357,257,000			30
OTHER ASSETS					
31	INVESTMENTS	273,256,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	10,992,733			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	284,248,733			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	742,436,733			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	18,157,000			37
38	SALARIES, WAGES & FEES PAYABLE	23,166,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	80,024,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	121,347,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	286,643,000			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	43,170,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	329,813,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	451,160,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	291,276,733			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	291,276,733			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	742,436,733			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		258,389,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		19,862,733							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		278,251,733							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS		489,000							5
6 UNREALIZED GAINS		12,536,000							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		13,025,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		291,276,733							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNREALIZED LOSSES									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		291,276,733							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	112,108,000		112,108,000	2
3 SUBPROVIDER IPF	12,252,000		12,252,000	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	124,360,000		124,360,000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	124,360,000		124,360,000	18
19 ANCILLARY SERVICES	488,621,000		488,621,000	19
20 OUTPATIENT SERVICES		558,393,000	558,393,000	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		15,330,000	15,330,000	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
27.01 OTHER (SPECIFY)				27.01
27.02 PHYSICIAN SERVICES	3,226,000		3,226,000	27.02
27.03 HOSPICE		9,445,000	9,445,000	27.03
28 PRIVATE DUTY		1,013,000	1,013,000	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	616,207,000	584,181,000	1,200,388,000	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		315,872,267	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		315,872,267	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,200,388,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	889,044,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	311,344,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	315,872,267	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-4,528,267	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	18,698,000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	42,000	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,086,000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	214,000	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	17,000	21
22	RENTAL OF HOSPITAL SPACE	1,326,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (COMMUNITY EDUCATION)	39,000	24
24.01	OTHER (MISCELLANEOUS)	880,000	24.01
24.02	OTHER (HOME DELIVERED MEALS)	57,000	24.02
24.03	OTHER (LIFELINE)	58,000	24.03
24.05	OTHER (BABY PHOTO)	2,000	24.05
24.06	OTHER (OTHER)	2,061,000	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	24,480,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	19,951,733	26
27	OTHER EXPENSES (JOINT VENTURE LOSS)	89,000	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	89,000	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	19,862,733	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						3
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	2,179,811		309,335		434,861	2,924,007 5
7 SKILLED NURSING CARE	3,915,280				179,432	4,094,712 6
8 PHYSICAL THERAPY	954,450			633,089		1,587,539 7
9 OCCUPATIONAL THERAPY	210,417			57,632		268,049 8
10 SPEECH PATHOLOGY	83,671			17,570		101,241 9
11 MEDICAL SOCIAL SERVICES	84,798					84,798 10
12 HOME HEALTH AIDE	760,799					760,799 11
13 SUPPLIES (SEE INSTRUCTIONS)					60,904	60,904 12
14 DRUGS					3,068	3,068 13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS						24
26 TOTAL (SUM OF LINES 1-23)	8,189,226		309,335	708,291	678,265	9,885,117 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	28,998	2,953,005	-775	2,952,230	5
6					
7		4,094,712		4,094,712	6
8		1,587,539		1,587,539	7
9		268,049		268,049	8
10		101,241		101,241	9
11		84,798		84,798	10
12		760,799		760,799	11
13		60,904		60,904	12
14		3,068		3,068	13
15					14
16					
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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7470

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
1									1
2									2
3									3
4									4
5	2,952,230					2,952,230	2,952,230		5
6	4,094,712					4,094,712	1,736,582	5,831,294	6
7	1,587,539					1,587,539	673,280	2,260,819	7
8	268,049					268,049	113,680	381,729	8
9	101,241					101,241	42,937	144,178	9
10	84,798					84,798	35,963	120,761	10
11	760,799					760,799	322,657	1,083,456	11
12	60,904					60,904	25,830	86,734	12
13	3,068					3,068	1,301	4,369	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	9,913,340					9,913,340		9,913,340	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-2,952,230	6,961,110	5
6 SKILLED NURSING CARE						4,094,712	6
7 PHYSICAL THERAPY						1,587,539	7
8 OCCUPATIONAL THERAPY						268,049	8
9 SPEECH PATHOLOGY						101,241	9
10 MEDICAL SOCIAL SERVICES						84,798	10
11 HOME HEALTH AIDE						760,799	11
12 SUPPLIES (SEE INSTRUCTIONS)						60,904	12
13 DRUGS						3,068	13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-2,952,230	6,961,110	24
25 COST TO BE ALLOC (PER W/S H)						2,952,230	25
26 UNIT COST MULTIPLIER						0.424103	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7470

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	3,410,380			1
2 SKILLED NURSING CARE	6,341,841	2,006,078	8,347,919	2
3 PHYSICAL THERAPY	2,458,760	777,765	3,236,525	3
4 OCCUPATIONAL THERAPY	415,151	131,322	546,473	4
5 SPEECH PATHOLOGY	156,801	49,600	206,401	5
6 MEDICAL SOCIAL SERVICES	131,334	41,544	172,878	6
7 HOME HEALTH AIDE	1,178,316	372,730	1,551,046	7
8 SUPPLIES	94,328	29,838	124,166	8
9 DRUGS	4,752	1,503	6,255	9
10 DME				10
11 HOME DIALYSIS AIDE SERVICES				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIES				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGRAM				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
20 TOTAL (SUM OF LINES 1-19)	14,191,663	3,410,380	14,191,663	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.		0.316324		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS FTES 4	COMMUNI-CATIONS # OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	PURCH & STORES # OF REQUISIT. 5.03	ADMITTING INPATIENT REVENUES 5.04
1 ADMINISTRATIVE AND GENERAL	451	70,829		121	4	42	877	1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	451	70,829		121	4	42	877	20
21 TOTAL COST TO BE ALLOCATED	3,049	70,661		2,707,660	2,956	197,144	21,025	21
22 UNIT COST MULTIPLIER	6.760532			739.000000			23.973774	22
22 UNIT COST MULTIPLIER		0.997628		22,377.355372		4,693.904762		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2  
 PART II

HHA COST CENTER	CASHIERING INPATIENT REVENUES 5.05	RECON- CILIATION 4A.06	ADMINIS- TRATIVE & GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	CLINICAL ENGINEER TIME SPENT 6.01	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9
1 ADMINISTRATIVE AND GENERAL			3,002,495	451	7			1
2 SKILLED NURSING CARE			5,831,294					2
3 PHYSICAL THERAPY			2,260,819					3
4 OCCUPATIONAL THERAPY			381,729					4
5 SPEECH PATHOLOGY			144,178					5
6 MEDICAL SOCIAL SERVICES			120,761					6
7 HOME HEALTH AIDE			1,083,456					7
8 SUPPLIES			86,734					8
9 DRUGS			4,369					9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)			12,915,835	451	7			20
21 TOTAL COST TO BE ALLOCATED			1,130,820	10,498	1,181			21
22 UNIT COST MULTIPLIER			0.087553		168.714286			22
22 UNIT COST MULTIPLIER				23.277162				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2  
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL			2		179,432	3,068		1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		2			179,432	3,068		20
21 TOTAL COST TO BE ALLOCATED		1,967			128,633	2,729		21
22 UNIT COST MULTIPLIER					0.716890			22
22 UNIT COST MULTIPLIER		983.500000				0.889505		22

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-2  
 PART II

HHA COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19	20	21	22	23	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTAL (SUM OF LINES 1-19)						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-3  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	
			1	2	3		5	
1	SKILLED NURSING CARE	2	8,347,919		8,347,919	48,700	171.42	1
2	PHYSICAL THERAPY	3	3,236,525		3,236,525	21,238	152.39	2
3	OCCUPATIONAL THERAPY	4	546,473		546,473	3,308	165.20	3
4	SPEECH PATHOLOGY	5	206,401		206,401	958	215.45	4
5	MEDICAL SOCIAL SERVICES	6	172,878		172,878	670	258.03	5
6	HOME HEALTH AIDE	7	1,551,046		1,551,046	13,213	117.39	6
7	TOTAL (SUM OF LINES 1-6)		14,061,242		14,061,242	88,087		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	5	
			1	2	3			
15	COST OF MEDICAL SUPPLIES	8	124,166		124,166			15
16	COST OF DRUGS	9	6,255		6,255	1,670	3.745509	16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	21,501	19,032		3,685,701	3,262,465		6,948,166
2 PHYSICAL THERAPY	10,458	6,792		1,593,695	1,035,033		2,628,728
3 OCCUPATIONAL THERAPY	1,865	990		308,098	163,548		471,646
4 SPEECH PATHOLOGY	551	251		118,713	54,078		172,791
5 MEDICAL SOCIAL SERVICES	296	307		76,377	79,215		155,592
6 HOME HEALTH AIDE	4,026	8,411		472,612	987,367		1,459,979
7 TOTAL (SUM OF LINES 1-6)	38,697	35,783		6,255,196	5,581,706		11,836,902

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	16974	21,501	19,032	8
9 PHYSICAL THERAPY	16974	10,458	6,792	9
10 OCCUPATIONAL THERAPY	16974	1,865	990	10
11 SPEECH PATHOLOGY	16974	551	251	11
12 MEDICAL SOCIAL SERVICES	16974	296	307	12
13 HOME HEALTH AIDE	16974	4,026	8,411	13
14 TOTAL (SUM OF LINES 8-13)		38,697	35,783	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS			1,670		6,255		16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED
			2	3	
1 PHYSICAL THERAPY	66	0.342030			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3
3 SPEECH PATHOLOGY	68	0.221599			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.178249			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.322400			COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7470

WORKSHEET H-4  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PART A & PART B SERVICES			
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)		6,255	1
2 TOTAL CHARGES		1,670	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		1,670	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)		4,585	8
9 PRIMARY PAYER PAYMENTS		594	9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B	
	SERVICES 1		SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			5,661	10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	5,521,313		4,397,231	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	128,766		168,785	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	85,272		68,478	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	62,347		40,091	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	28,052		47,384	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	5,206		456	16
17 TOTAL OTHER PAYMENTS				17
18 DME PAYMENTS				18
19 OXYGEN PAYMENTS				19
20 PROSTHETIC AND ORTHOTIC PAYMENTS				20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)				21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	5,830,956		4,728,086	22
23 EXCESS REASONABLE COST (FROM LINE 8)			4,585	23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	5,830,956		4,723,501	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)				25
26 NET COST (LINE 24 MINUS LINE 25)	5,830,956		4,723,501	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)				27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	5,830,956		4,723,501	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)				30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	5,830,956		4,723,501	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	5,830,956		4,723,501	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)				33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)				34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				35



ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF			98,628			98,628	4
5 VOLUNTEER SERVICE COORDINATION	69,189					69,189	5
6 ADMINISTRATIVE AND GENERAL	329,953				823,077	1,153,030	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES					24,000	24,000	9
10 NURSING CARE	1,510,784					1,510,784	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY	53,595			732		54,327	12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	200,439					200,439	15
16 SPIRITUAL COUNSELING	33,552					33,552	16
17 DIETARY COUNSELING	22,641					22,641	17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	266,556					266,556	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					406,263	406,263	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN							26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES					24,140	24,140	30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							31
32 RADIATION THERAPY							32
33 CHEMOTHERAPY							33
34 OTHER							34
HOSPICE NONREIMBURSABLE SERVICE							
35 BEREAVEMENT PROGRAM COSTS	41,746					41,746	35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	2,528,455		98,628	732	1,277,480	3,905,295	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4		98,628		98,628	4
5		69,189		69,189	5
6	7,733	1,160,763	-518	1,160,245	6
7					7
8					8
9					9
10		24,000		24,000	10
11		1,510,784		1,510,784	11
12					12
13		54,327		54,327	13
14					14
15					15
16		200,439		200,439	16
17		33,552		33,552	17
18		22,641		22,641	18
19					19
20		266,556		266,556	20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30		24,140		24,140	30
31					31
32					32
33					33
34					34
35					35
36		41,746		41,746	36
37					37
38					38
39	15,466	3,913,028	-1,036	3,912,510	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1591

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7		29,353		9,314				69,189	69,189
8	ADMINISTRATIVE AND GENERAL								
9	INPATIENT CARE SERVICE								
10	INPATIENT - GENERAL CARE								
11	INPATIENT - RESPITE CARE								
12	VISITING SERVICES								
13	PHYSICIAN SERVICES								
14	NURSING CARE								
15				288,111	1,222,673				1,510,784
16	NURSING CARE-CONT.HOME CARE								
17	PHYSICAL THERAPY								
18	OCCUPATIONAL THERAPY								
19	SPEECH/LANGUAGE PATHOLOGY								
20	MEDICAL SOCIAL SERVICES								
21	SPIRITUAL COUNSELING								
22	DIETARY COUNSELING								
23	COUNSELING - OTHER								
24	HH AIDE AND HOMEMAKER								
25	HH AIDE & HMKR-CONT.HME CARE								
26	OTHER								
27	OTHER HOSPICE SERVICE COSTS								
28	DRUGS, BIOL. & INFUS. THER.								
29	ANALGESICS								
30	SEDATIVES / HYPNOTICS								
31	OTHER - SPECIFY								
32	DURABLE MED. EQUIP./OXYGEN								
33	PATIENT TRANSPORTATION								
34	IMAGING SERVICES								
35	LABS AND DIAGNOSTICS								
36	MEDICAL SUPPLIES								
37	OUTPAT.SERV.(INCL.E/R DEPT.)								
38	RADIATION THERAPY								
39	CHEMOTHERAPY								
40	OTHER								
41	HOSPICE NONREIMBURSABLE SERVICE								
42	BEREAVEMENT PROGRAM COSTS								
43	VOLUNTEER PROGRAM COSTS								
44	FUNDRAISING								
45	OTHER PROGRAM COSTS								
46		29,353		297,425	1,222,673	53,595		925,409	2,528,455
47	TOTAL (SUM OF LINES 1-38)								



HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1591 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY					732			732 12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)					732			732 39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1591

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									
2	CAP REL COSTS-BLDG AND FIXT.									1
3	CAP REL COSTS-MOVABLE EQUIP.									2
4	PLANT OPERATION & MAINT.									3
5	TRANSPORTATION - STAFF	98,628				98,628				4
6	VOLUNTEER SERVICE COORD.	69,189					69,189			5
7	ADMINISTRATIVE AND GENERAL	1,160,245				98,628	69,189	1,328,062	1,328,062	6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE									7
10	INPATIENT - RESPITE CARE									8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	24,000						24,000	12,333	36,333
13	NURSING CARE	1,510,784						1,510,784	776,342	2,287,126
14	NURSING CARE-CONTINUOUS HOME									
15	PHYSICAL THERAPY	54,327						54,327	27,917	82,244
16	OCCUPATIONAL THERAPY									
17	SPEECH/LANGUAGE PATHOLOGY									
18	MEDICAL SOCIAL SERVICES	200,439						200,439	102,999	303,438
19	SPIRITUAL COUNSELING	33,552						33,552	17,241	50,793
20	DIETARY COUNSELING	22,641						22,641	11,634	34,275
21	COUNSELING - OTHER									
22	HH AIDE AND HOMEMAKER	266,556						266,556	136,974	403,530
23	HH AIDE & HMKR-CONT. HOME CA									
24	OTHER									
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	406,263						406,263	208,765	615,028
27	ANALGESICS									
28	SEDATIVES / HYPNOTICS									
29	OTHER - SPECIFY									
30	DURABLE MED. EQUIP./OXYGEN									
31	PATIENT TRANSPORTATION									
32	IMAGING SERVICES									
33	LABS AND DIAGNOSTICS									
34	MEDICAL SUPPLIES	24,140						24,140	12,405	36,545
35	OUTPAT.SERV.(INCL.E/R DEPT.)									
36	RADIATION THERAPY									
37	CHEMOTHERAPY									
38	OTHER									
39	HOSPICE NONREIMBURSABLE SERV.									
40	BEREAVEMENT PROGRAM COSTS	41,746						41,746	21,452	63,198
41	VOLUNTEER PROGRAM COSTS									
42	FUNDRAISING									
43	OTHER PROGRAM COSTS									
44	TOTAL (SUM OF LINES 1-38)	3,912,510				98,628	69,189	3,912,510		3,912,510

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-4  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
1								1
2								2
3								3
4								4
5								5
6				100	100	-1,328,062	2,584,448	6
7								7
8								8
9							24,000	9
10							1,510,784	10
11								11
12							54,327	12
13								13
14								14
15							200,439	15
16							33,552	16
17							22,641	17
18								18
19							266,556	19
20								20
21								21
22							406,263	22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30							24,140	30
31								31
32								32
33								33
34								34
35							41,746	35
36								36
37								37
38								38
39				98,628	69,189		1,328,062	39
40				986.280000	691.890000		0.513867	40









ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	1,241,615			1
2 INPATIENT - GENERAL CARE				2
3 INPATIENT - RESPITE CARE				3
4 PHYSICIAN SERVICES	39,514	11,530	51,044	4
5 NURSING CARE	2,487,370	725,809	3,213,179	5
6 NURSING CARE-CONTINUOUS HOM				6
7 PHYSICAL THERAPY	89,445	26,100	115,545	7
8 OCCUPATIONAL THERAPY				8
9 SPEECH/LANGUAGE PATHOLOGY				9
10 MEDICAL SOCIAL SERV. - DIRE	330,005	96,294	426,299	10
11 SPIRITUAL COUNSELING	55,240	16,119	71,359	11
12 DIETARY COUNSELING	37,276	10,877	48,153	12
13 COUNSELING - OTHER				13
14 HOME HLTH AIDE & HOMEMAKERS	438,860	128,058	566,918	14
15 HH AIDE & HMKR-CONT. HOME C				15
16 OTHER				16
17 DRUGS,BIOLOGICALS & INFUSIO	668,876	195,176	864,052	17
18 ANALGESICS				18
19 SEDATIVES / HYPNOTICS				19
20 OTHER - SPECIFY				20
21 DURABLE MED. EQUIP./OXYGEN				21
22 PATIENT TRANSPORTATION				22
23 IMAGING SERVICES				23
24 LABS AND DIAGNOSTICS				24
25 MEDICAL SUPPLIES	39,745	11,597	51,342	25
26 OUTPAT. SERV.(INCL.E/R DEPT				26
27 RADIATION THERAPY				27
28 CHEMOTHERAPY				28
29 OTHER				29
30 BEREAVEMENT PROGRAM COSTS	68,731	20,055	88,786	30
31 VOLUNTEER PROGRAM COSTS				31
32 FUNDRAISING				32
33 OTHER PROGRAM COSTS				33
34 TOTALS (SUM OF LINES 1-33)	5,496,677		5,496,677	34
35 UNIT COST MULTIPLIER		0.291797		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS FTES 4	COMMUNI-CATIONS # OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	PURCH & STORES # OF REQUISIT. 5.03	ADMITTING INPATIENT REVENUES 5.04
1 ADMINISTRATIVE AND GENERAL		278		36			35	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		278		36			35	34
35 TOTAL COST TO BE ALLOCATED		277		805,585			839	35
36 UNIT COST MULTIPLIER		0.996403		22,377.3611			23.971429	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CASHIERING INPATIENT REVENUES 5.05	RECON- CILIATION 4A.06	ADMINIS- TRATIVE & GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	CLINICAL ENGINEER TIME SPENT 6.01	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9
1 ADMINISTRATIVE AND GENERAL			806,701					1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES			36,333					4
5 NURSING CARE			2,287,126					5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY			82,244					7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			303,438					10
11 SPIRITUAL COUNSELING			50,793					11
12 DIETARY COUNSELING			34,275					12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			403,530					14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO			615,028					17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES			36,545					25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS			63,198					30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			4,719,211					34
35 TOTAL COST TO BE ALLOCATED			413,181					35
36 UNIT COST MULTIPLIER			0.087553					36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL					4,154	406,263		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)					4,154	406,263		34
35 TOTAL COST TO BE ALLOCATED					2,978	361,307		35
36 UNIT COST MULTIPLIER					0.716899	0.889343		36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591  
 STATISTICAL BASIS

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	19	20	21	22	23	
1 ADMINISTRATIVE AND GENERAL						1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES						4
5 NURSING CARE						5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE						10
11 SPIRITUAL COUNSELING						11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS						14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO						17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)						34
35 TOTAL COST TO BE ALLOCATED						35
36 UNIT COST MULTIPLIER						36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1591

WORKSHEET K-5  
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3		
ANCILLARY SERVICE COST CENTERS						
1	PHYSICAL THERAPY	66	0.342030	358	122	1
2	OCCUPATIONAL THERAPY	67				2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.221599			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.322400	191,809	61,839	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.098434	13,293	1,308	6
7	MEDICAL SUPPLIES	71	0.178249	43,198	7,700	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93		7,386		8
9	RADIATION THERAPY	55				9
10	OTHER ANCILLARY (SPECIFY)	76				10
10.97	CARDIAC REHABILITATION	76.97	0.482274			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	TOTALS (SUM OF LINES 1-10)				70,969	11

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/29/2013 07:31

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1591

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				5,567,646	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				38,137	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				145.99	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	36,920				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,389,951				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		65			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		9,489			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	8,949				8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,306,465				9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		38			10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)		5,548			11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			1,152		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			168,180		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,987,370	1
2	CAPITAL DRG OUTLIER PAYMENTS	30,456	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	194.03	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.0393	8
9	SUM OF LINES 7 AND 8	0.0393	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0080	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	47,899	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,065,725	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT	
1 CAPITAL DRG OTHER THAN OUTLIER	1
2 CAPITAL DRG OUTLIER PAYMENTS	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9 SUM OF LINES 7 AND 8	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING & STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
6.01 CLINICAL ENGINEERING						6.01
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
40 SUBPROVIDER - IPF						40
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
63 BLOOD STORING, PROCESSING & TR						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 EMG						70.01
70.03 ANGIOGRAPHY						70.03
71 MEDICAL SUPPLIES CHRGD TO PAT						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES						90.01
91 EMERGENCY						91
91.01 PCC						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
192 PHYSICIANS' PRIVATE OFFICES						192
194 NEW DIRECTION						194

PROVIDER CCN: 14-0062 PALOS COMMUNITY HOSPITAL  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/29/2013 07:31

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.01 PRIVATE DUTY NURSING						194.01
194.02 PHYSICIAN REFERRAL CENTER						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	57.16		3.06				60.22 30
31 INTENSIVE CARE UNIT	78.61		7.41				86.02 31
43 NURSERY			9.81				9.81 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	26.15	15.36	1.29				42.80 50
51 RECOVERY ROOM	31.39	9.95	1.40				42.74 51
53 ANESTHESIOLOGY	29.21	11.43	1.49				42.13 53
54 RADIOLOGY-DIAGNOSTIC	16.56	25.40	0.86				42.82 54
54.01 ULTRASOUND	21.10	21.64	1.15				43.89 54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	19.69	24.86	1.27				45.82 57
58 MAGNETIC RESONANCE IMAGING (MRI)	25.80	20.53	1.15				47.48 58
59 CARDIAC CATHETERIZATION	35.77	18.28	3.32				57.37 59
60 LABORATORY	30.66	5.66	1.92				38.24 60
63 BLOOD STORING, PROCESSING & TRA	47.36	14.60	2.49				64.45 63
64 INTRAVENOUS THERAPY	8.08	36.24	0.40				44.72 64
65 RESPIRATORY THERAPY	64.34	5.80	3.68				73.82 65
66 PHYSICAL THERAPY	23.01		0.43				23.44 66
68 SPEECH PATHOLOGY	52.86		1.84				54.70 68
69 ELECTROCARDIOLOGY	30.69	19.51	1.44				51.64 69
70 ELECTROENCEPHALOGRAPHY	18.42	28.32	1.85				48.59 70
70.01 EMG	5.92	35.12	0.52				41.56 70.01
70.03 ANGIOGRAPHY	47.47	22.26	3.55				73.28 70.03
71 MEDICAL SUPPLIES CHRGED TO PATI	41.88	9.62	2.90				54.40 71
72 IMPL. DEV. CHARGED TO PATIENT	45.40	7.57					52.97 72
73 DRUGS CHARGED TO PATIENTS	51.85	8.10	3.74				63.69 73
74 RENAL DIALYSIS	75.64	2.48	4.29				82.41 74
76.97 CARDIAC REHABILITATION	12.42	35.96	0.88				49.26 76.97
90.01 OUTPATIENT PSYCHE SERVICES	0.05						0.05 90.01
91 EMERGENCY	21.23	16.48	1.48				39.19 91
91.01 PCC	0.57	15.00	0.02				15.59 91.01
92 OBSERVATION BEDS	13.33	29.33					42.66 92
200 TOTAL CHARGES	28.84	14.66	1.65				45.15 200

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	33.45		5.70				39.15 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.04						0.04 50
54 RADIOLOGY-DIAGNOSTIC	0.12						0.12 54
54.01 ULTRASOUND	0.17						0.17 54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.22						0.22 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.40						0.40 58
60 LABORATORY	0.59						0.59 60
63 BLOOD STORING, PROCESSING & TRA	0.03						0.03 63
64 INTRAVENOUS THERAPY	0.09						0.09 64
65 RESPIRATORY THERAPY	0.35						0.35 65
66 PHYSICAL THERAPY	0.32						0.32 66
68 SPEECH PATHOLOGY	0.37						0.37 68
69 ELECTROCARDIOLOGY	0.30						0.30 69
70 ELECTROENCEPHALOGRAPHY	1.22						1.22 70
70.01 EMG	0.09						0.09 70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.22						0.22 71
73 DRUGS CHARGED TO PATIENTS	0.65						0.65 73
74 RENAL DIALYSIS	0.49						0.49 74
91 EMERGENCY	0.67						0.67 91
91.01 PCC	0.01						0.01 91.01
200 TOTAL CHARGES	0.30						0.30 200

COST CENTER		--- DIRECT COSTS ---	---	ALLOCATED OVERHEAD --	---	TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	3,798,999	1.31	-3,798,999	-3.02		1
2	CAP REL COSTS-MVBLE EQUIP	9,905,757	3.43	-9,905,757	-7.88		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	51,620,974	17.86	-51,620,974	-41.04		4
5.01	COMMUNICATIONS	628,894	0.22	-628,894	-0.50		5.01
5.02	DATA PROCESSING	6,196,847	2.14	-6,196,847	-4.93		5.02
5.03	PURCHASING & STORES	614,755	0.21	-614,755	-0.49		5.03
5.04	ADMITTING	2,556,509	0.88	-2,556,509	-2.03		5.04
5.05	CASHIERING	3,501,485	1.21	-3,501,485	-2.78		5.05
5.06	ADMINISTRATIVE & GENERAL	17,072,669	5.91	-17,072,669	-13.57		5.06
6	MAINTENANCE & REPAIRS	5,308,349	1.84	-5,308,349	-4.22		6
6.01	CLINICAL ENGINEERING	668,313	0.23	-668,313	-0.53		6.01
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE	1,417,384	0.49	-1,417,384	-1.13		8
9	HOUSEKEEPING	3,437,435	1.19	-3,437,435	-2.73		9
10	DIETARY	2,954,631	1.02	-2,954,631	-2.35		10
11	CAFETERIA	1,160,819	0.40	-1,160,819	-0.92		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,874,752	0.99	-2,874,752	-2.29		13
14	CENTRAL SERVICES & SUPPLY	3,287,829	1.14	-3,287,829	-2.61		14
15	PHARMACY	4,691,920	1.62	-4,691,920	-3.73		15
16	MEDICAL RECORDS & LIBRARY	3,096,177	1.07	-3,096,177	-2.46		16
17	SOCIAL SERVICE	975,332	0.34	-975,332	-0.78		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	39,449,769	13.65	42,003,847	33.40	81,453,616	28.18
31	INTENSIVE CARE UNIT	5,597,257	1.94	4,246,962	3.38	9,844,219	3.41
40	SUBPROVIDER - IPF	4,577,220	1.58	4,101,337	3.26	8,678,557	3.00
43	NURSERY						43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,309,080	5.64	11,673,429	9.28	27,982,509	9.68
51	RECOVERY ROOM	1,613,897	0.56	1,232,840	0.98	2,846,737	0.98
53	ANESTHESIOLOGY	434,877	0.15	687,437	0.55	1,122,314	0.39
54	RADIOLOGY-DIAGNOSTIC	8,363,117	2.89	6,717,111	5.34	15,080,228	5.22
54.01	ULTRASOUND	1,400,274	0.48	949,621	0.76	2,349,895	0.81
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,248,974	0.78	1,930,288	1.53	4,179,262	1.45
58	MAGNETIC RESONANCE IMAGING (MRI)	623,885	0.22	726,284	0.58	1,350,169	0.47
59	CARDIAC CATHETERIZATION	2,748,830	0.95	2,366,853	1.88	5,115,683	1.77
60	LABORATORY	11,067,538	3.83	7,930,638	6.31	18,998,176	6.57
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	3,142,344	1.09	643,306	0.51	3,785,650	1.31
64	INTRAVENOUS THERAPY	1,645,453	0.57	846,645	0.67	2,492,098	0.86
65	RESPIRATORY THERAPY	2,884,376	1.00	2,068,276	1.64	4,952,652	1.71
66	PHYSICAL THERAPY	5,059,623	1.75	3,525,215	2.80	8,584,838	2.97
68	SPEECH PATHOLOGY	212,422	0.07	111,448	0.09	323,870	0.11
69	ELECTROCARDIOLOGY	2,002,556	0.69	2,054,403	1.63	4,056,959	1.40
70	ELECTROENCEPHALOGRAPHY	345,517	0.12	146,796	0.12	492,313	0.17
70.01	EMG	169,906	0.06	146,764	0.12	316,670	0.11
70.03	ANGIOGRAPHY	1,014,016	0.35	483,098	0.38	1,497,114	0.52
71	MEDICAL SUPPLIES CHRGD TO PATI	3,140,369	1.09	2,768,269	2.20	5,908,638	2.04
72	IMPL. DEV. CHARGED TO PATIENT	10,915,426	3.78	1,277,578	1.02	12,193,004	4.22
73	DRUGS CHARGED TO PATIENTS	9,095,993	3.15	8,360,666	6.65	17,456,659	6.04
74	RENAL DIALYSIS	494,921	0.17	103,620	0.08	598,541	0.21
76.97	CARDIAC REHABILITATION	990,134	0.34	458,778	0.36	1,448,912	0.50
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90.01	OUTPATIENT PSYCHE SERVICES	1,290,735	0.45	689,127	0.55	1,979,862	0.68
91	EMERGENCY	7,434,939	2.57	7,635,637	6.07	15,070,576	5.21
91.01	PCC	3,234,197	1.12	2,388,690	1.90	5,622,887	1.95
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
101	HOME HEALTH AGENCY	9,913,340	3.43	4,278,323	3.40	14,191,663	4.91
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	3,912,510	1.35	1,584,167	1.26	5,496,677	1.90
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	293,256	0.10	148,062	0.12	441,318	0.15
192	PHYSICIANS' PRIVATE OFFICES	629,450	0.22	736,536	0.59	1,365,986	0.47
194	NEW DIRECTION						194
194.01	PRIVATE DUTY NURSING	920,580	0.32	689,230	0.55	1,609,810	0.56
194.02	PHYSICIAN REFERRAL CENTER	101,251	0.04	58,549	0.05	159,800	0.06
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	289,047,862	100.00			289,047,862	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,667,464	175,876,778	0.009481	45,990,296	436,034	50
51 RECOVERY ROOM	102,357	11,295,195	0.009062	3,545,069	32,125	51
53 ANESTHESIOLOGY	136,163	29,972,935	0.004543	8,754,812	39,773	53
54 RADIOLOGY-DIAGNOSTIC	2,003,283	76,632,391	0.026141	12,688,047	331,678	54
54.01 ULTRASOUND	211,881	24,536,497	0.008635	5,176,388	44,698	54.01
57 COMPUTED TOMOGRAPHY (CT) SCAN	467,283	109,874,461	0.004253	21,635,493	92,016	57
58 MAGNETIC RESONANCE IMAGING (MRI)	371,072	14,387,839	0.025791	3,711,445	95,722	58
59 CARDIAC CATHETERIZATION	438,693	27,138,344	0.016165	9,706,628	156,908	59
60 LABORATORY	891,174	193,004,342	0.004617	59,174,442	273,208	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	51,403	8,331,698	0.006170	3,945,841	24,346	63
64 INTRAVENOUS THERAPY	51,074	8,053,289	0.006342	650,476	4,125	64
65 RESPIRATORY THERAPY	197,956	36,636,470	0.005403	23,570,900	127,354	65
66 PHYSICAL THERAPY	404,922	25,099,695	0.016133	5,774,754	93,164	66
68 SPEECH PATHOLOGY	4,634	1,461,511	0.003171	772,512	2,450	68
69 ELECTROCARDIOLOGY	321,406	41,596,078	0.007727	12,765,340	98,638	69
70 ELECTROENCEPHALOGRAPHY	35,077	2,378,821	0.014746	438,280	6,463	70
70.01 EMG	14,804	2,166,265	0.006834	128,284	877	70.01
70.03 ANGIOGRAPHY	130,075	6,185,825	0.021028	2,936,202	61,742	70.03
71 MEDICAL SUPPLIES CHRGD TO PATI	387,640	33,148,213	0.011694	13,888,729	162,356	71
72 IMPL. DEV. CHARGED TO PATIENT	95,752	23,268,597	0.004115	10,563,821	43,470	72
73 DRUGS CHARGED TO PATIENTS	502,936	54,145,936	0.009289	28,074,852	260,787	73
74 RENAL DIALYSIS	14,521	1,918,204	0.007570	1,451,002	10,984	74
76.97 CARDIAC REHABILITATION	36,398	3,004,336	0.012115	373,162	4,521	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT PSYCHE SERVICES	20,047	5,098,790	0.003932	2,721	11	90.01
91 EMERGENCY	754,981	93,351,188	0.008088	19,822,722	160,326	91
91.01 PCC	222,172	7,997,475	0.027780	45,735	1,271	91.01
92 OBSERVATION BEDS	404,974	15,659,381	0.025861	2,086,854	53,968	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	9,940,142	1,032,220,554		297,669,807	2,619,015	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	3,631,994		3,631,994	73,550	49.38	42,044	2,076,133 30
31	INTENSIVE CARE UNIT	347,780		347,780	5,667	61.37	4,455	273,403 31
200	TOTAL	3,979,774		3,979,774	79,217		46,499	2,349,536 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2,349,536	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,619,015	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4,968,551	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							9,260	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							46,499	
PER DISCHARGE CAPITAL COSTS							536.56	
PER DIEM CAPITAL COSTS							106.85	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	101,308,839
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	371,627,031
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.273

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 40 + WKST D PART IV COL 11 LINE 200))	3,361,403
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	7,794,214
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.431

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	4,968,551
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	24,840,976
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	151,046,357
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.164

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19