

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 LITTLE COMPANY OF MARY (14-0179) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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		445,174	30,736		1
2 SUBPROVIDER - IPF		31,277			2
3 SUBPROVIDER - IRF					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		476,451	30,736		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: 2800 WEST 95TH STREET
 2 CITY: EVERGREEN PARK

STATE: IL

P.O.BOX:

ZIP CODE: 60642

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	6	7	8
3	HOSPITAL	LITTLE COMPANY OF MARY	14-0179	01600	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	LITTLE COMPANY OF MARY PSYCH	14-S179	01600	4	07/01/1984	N	P	N	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	LITTLE COMPANY OF MARY H.C.	14-7404	01600		01/11/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	LITTLE COMPANY OF MARY HOSPICE	14-1511	01600		12/30/1986				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: 07/01/2011				TO: 06/30/2012				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.								1	N 23

		IN-STATE MEDICAID		OUT-OF-STATE	OUT-OF-STATE	MEDICAID HMO	OTHER MEDICAID
		PAID	UNPAID	PAID	ELIGIBLE		
		DAYS	DAYS	DAYS	DAYS		
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.	4,647	3,626	30		726	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 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 OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	1	2	3
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	Y	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.	Y			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.	Y	Y		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
INPATIENT PSYCHIATRIC FACILITY PPS				
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
INPATIENT REHABILITATION FACILITY PPS				
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
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
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
TITLE V AND XIX INPATIENT SERVICES				
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
RURAL PROVIDERS				
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	Y Y Y 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 Y	2	140
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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 155
156	SUBPROVIDER - IPF	N	N	156
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	N	161

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			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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	
PROVIDER ORGANIZATION AND OPERATION				
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)	1 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.	1 N	2	3
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
FINANCIAL DATA AND REPORTS				
		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.	1 N	2	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	1	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	N	2
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.	Y		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
BED COMPLEMENT				
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
PS&R REPORT DATA					
		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	
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	10/05/2012	Y	10/05/2012
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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 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: LAST NAME: TITLE: 41
- 42 EMPLOYER: 42
- 43 PHONE NUMBER: E-MAIL ADDRESS: 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	80,236,869		80,236,869	2,888,715.00	27.78
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A ADMINISTRATIVE		7,000	7,000	56.00	125.00	3
4.01	PHYSICIAN-PART A - TEACHING						4
5	PHYSICIAN-PART B		660,027	660,027	7,001.00	94.28	4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						9
	OTHER WAGES & RELATED COSTS	5,106,979	-63,027	5,043,952	171,889.00	29.34	10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		870,472	870,472	11,240.00	77.44	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		474,385	474,385	3,619.00	131.08	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)	18,052,502		18,052,502			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	1,219,096		1,219,096			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		1,109	1,109			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		96,025	96,025			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS	959,346		959,346	29,843.00	32.15	26
27	ADMINISTRATIVE & GENERAL	13,547,825	-330,341	13,217,484	465,396.00	28.40	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	106,518		106,518	884.00	120.50	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	2,668,959		2,668,959	120,595.00	22.13	30
31	LAUNDRY & LINEN SERVICE	175,821		175,821	12,390.00	14.19	31
32	HOUSEKEEPING	1,379,956		1,379,956	110,715.00	12.46	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	1,427,418	-785,518	641,900	39,471.00	16.26	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		785,518	785,518	49,349.00	15.92	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	1,727,355		1,727,355	55,911.00	30.89	38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY	1,917,786		1,917,786	53,483.00	35.86	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,073,931		1,073,931	52,286.00	20.54	41
42	SOCIAL SERVICE		756,901	756,901	26,086.00	29.02	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	79,683,360		79,683,360	2,882,598.0	27.64	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,106,979	-63,027	5,043,952	171,889.00	29.34	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	74,576,381	63,027	74,639,408	2,710,709.0	27.54	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,344,857		1,344,857	14,859.00	90.51	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	18,053,611		18,053,611		24.19%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	93,974,849	63,027	94,037,876	2,725,568.0	34.50	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	24,984,915	426,560	25,411,475	1,016,409.0	25.00	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	323,541	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)	6,676,993	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	26,669	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	185,482	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	40,753	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,460,640	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	237,801	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	208,077	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	216,669	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,226,268	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	5,787,634	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	79,253	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	259,183	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	21,728,963	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 23:49

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			1
2	HOSPITAL			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			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			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.: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,390		258	1,648	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		717.00		236.00	953.00	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)			0.65	0.65	4
5 OTHER ADMINISTRATIVE PERSONNEL			10.68	10.68	5
6 DIRECT NURSING SERVICE			13.90	13.90	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			3.51	2.43	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			0.11	0.31	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE				0.11	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.37		14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			0.87		16
17 HOME HEALTH AIDE SUPERVISOR				0.87	17
18 OTHER (SPECIFY)					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	8,380	521	535	208	9,644	21
22 SKILLED NURSING VISIT CHARGES	2,005,680	124,240	128,140	49,670	2,307,730	22
23 PHYSICAL THERAPY VISITS	4,524	20	46	133	4,723	23
24 PHYSICAL THERAPY VISIT CHARGES	1,124,230	5,000	11,480	32,910	1,173,620	24
25 OCCUPATIONAL THERAPY VISITS	349	5	1	10	365	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	86,780	1,250	250	2,500	90,780	26
27 SPEECH PATHOLOGY VISITS	114				114	27
28 SPEECH PATHOLOGY VISIT CHARGES	28,350				28,350	28
29 MEDICAL SOCIAL SERVICE VISITS	128	1	4	2	135	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	41,420	325	1,285	620	43,650	30
31 HOME HEALTH AIDE VISITS	695	9	2	11	717	31
32 HOME HEALTH AIDE VISIT CHARGES	110,620	1,370	320	1,700	114,010	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	14,190	556	588	364	15,698	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,397,080	132,185	141,475	87,400	3,758,140	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	883		228	29	1,140	36
37 TOTAL NUMBER OF OUTLIER EPISODES		13			13	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	326,181	12,189	53,845	1,885	394,100	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1511

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
2	ROUTINE HOME CARE	37,072			1,757	38,829
3	INPATIENT RESPITE CARE	4				4
4	GENERAL INPATIENT CARE	192			43	235
5	TOTAL HOSPICE DAYS	37,268			1,800	39,068

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	930			44	974
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	40.07			40.91	40.11
9	UNDUPLICATED CENSUS COUNT	328			16	344

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)				0.204211	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				14,379,680	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				106,011,844	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				21,648,785	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.				7,269,105	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)				7,269,105	19
		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	26,871,308	2,846,537	29,717,845		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,487,417	581,294	6,068,711		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,284,816	224,927	1,509,743		22
23	COST OF CHARITY CARE	4,202,601	356,367	4,558,968		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)				12,073,667	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,309,746	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				10,763,921	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				2,198,111	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				6,757,079	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				14,026,184	30

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		5,245,674	5,245,674	2,986,062	1
2	00200				6,433,874	2
3	00300					3
4	00400	959,346	1,296,004	2,255,350	-5,436	4
5	00500	13,547,825	26,637,313	40,185,138	-1,150,881	5
6	00600					6
7	00700	2,668,959	4,773,765	7,442,724	-286,751	7
8	00800	175,821	522,328	698,149	-1,571	8
9	00900	1,379,956	971,010	2,350,966	-30,584	9
10	01000	1,427,418	1,502,842	2,930,260	-1,660,059	10
11	01100				1,628,060	11
12	01200					12
13	01300	1,727,355	599,397	2,326,752	-27,784	13
14	01400					14
15	01500	1,917,786	9,123,790	11,041,576	-8,535,461	15
16	01600	1,073,931	1,149,067	2,222,998	-19,772	16
17	01700				929,323	17
19	01900					19
20	02000					20
21	02100					21
22	02200		415,864	415,864		22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	16,773,962	6,125,149	22,899,111	-1,151,468	30
31	03100	4,371,174	1,190,069	5,561,243	-73,462	31
34.10	02060	1,015,944	988,860	2,004,804	-16,743	34.10
40	04000	1,448,202	353,330	1,801,532	-8,606	40
43	04300				769,990	43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,332,227	9,767,615	14,099,842	-3,905,956	50
52	05200	2,042,722	896,317	2,939,039	-170,479	52
53	05300	102,433	419,413	521,846	-51,634	53
54	05400	2,709,078	2,642,200	5,351,278	-1,427,683	54
54.01	03440					54.01
55	05500	1,145,195	1,613,553	2,758,748	-519,114	55
56	05600	364,513	857,374	1,221,887	106,997	56
56.10	03630	855,110	361,154	1,216,264	158,039	56.10
57	05700	666,435	861,694	1,528,129	-120,143	57
58	05800	232,189	647,408	879,597	-257,143	58
59	05900	411,617	2,367,567	2,779,184	-2,035,504	59
60	06000	3,539,727	6,142,938	9,682,665	-280,215	60
62.30	06250					62.30
65	06500	1,688,156	921,613	2,609,769	-106,288	65
65.01	03952	141,394	87,717	229,111	-15,390	65.01
66	06600	1,328,876	567,234	1,896,110	-19,026	66
67	06700					67
68	06800	206,445	59,505	265,950	-1,181	68
69	06900	709,615	652,456	1,362,071	-212,263	69
69.01	06901					69.01
70	07000	49,660	44,923	94,583	-6,282	70
71	07100	563,378	1,174,786	1,738,164	-734,906	71
72	07200				4,862,046	72
73	07300				8,282,887	73
74	07400	473,527	287,539	761,066	-10,724	74
75.10	03340	1,003,832	1,215,432	2,219,264	-200,064	75.10
76	03951					76
76.10	03950					76.10
76.20	03290					76.20
76.30	03953		70,156	70,156		76.30
76.40	03040					76.40
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	321,471	159,066	480,537	-16,160	90
90.01	09001	229,383	141,862	371,245	-2,810	90.01
91	09100	3,721,526	2,047,557	5,769,083	-62,165	91
92	09200					92
93	04951	885,454	254,309	1,139,763	-3,829	93
93.10	04950	366,450	226,423	592,873	-29,332	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,932,332	1,030,961	2,963,293	-86,700	101

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 23:49

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	
SPECIAL PURPOSE COST CENTERS						
113	11300		2,888,443	2,888,443	-2,888,443	113
116	11600					
		1,189,237	786,975	1,976,212	-14,424	116
117	06950					
		151,246	53,650	204,896		117
118						
		79,850,907	100,142,302	179,993,209	10,842	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
191.10	19101		2,642	2,642	-2,642	191.10
192	19200					192
		385,962	377,753	763,715	-8,200	192
192.01	19201					192.01
194	07950					194
200		80,236,869	100,522,697	180,759,566		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	8,231,736	-2,804,241	5,427,495	1
2	00200	6,433,874	-10,857	6,423,017	2
3	00300				3
4	00400	2,249,914	-113,354	2,136,560	4
5	00500	39,034,257	-12,746,352	26,287,905	5
6	00600				6
7	00700	7,155,973	-33,658	7,122,315	7
8	00800	696,578	-1,607	694,971	8
9	00900	2,320,382	-4,801	2,315,581	9
10	01000	1,270,201	-17,783	1,252,418	10
11	01100	1,628,060	-659,174	968,886	11
12	01200				12
13	01300	2,298,968	-1,032	2,297,936	13
14	01400				14
15	01500	2,506,115	-66,242	2,439,873	15
16	01600	2,203,226	-7,760	2,195,466	16
17	01700	929,323		929,323	17
19	01900				19
20	02000				20
21	02100				21
22	02200	415,864		415,864	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	21,747,643	-1,599,387	20,148,256	30
31	03100	5,487,781		5,487,781	31
34.10	02060	1,988,061	-705,164	1,282,897	34.10
40	04000	1,792,926		1,792,926	40
43	04300	769,990		769,990	43
ANCILLARY SERVICE COST CENTERS					
50	05000	10,193,886	-88,905	10,104,981	50
52	05200	2,768,560	-7,038	2,761,522	52
53	05300	470,212	-1,794	468,418	53
54	05400	3,923,595	-6,402	3,917,493	54
54.01	03440				54.01
55	05500	2,239,634	-105,000	2,134,634	55
56	05600	1,328,884		1,328,884	56
56.10	03630	1,374,303		1,374,303	56.10
57	05700	1,407,986		1,407,986	57
58	05800	622,454		622,454	58
59	05900	743,680	-13,091	730,589	59
60	06000	9,402,450	-185,706	9,216,744	60
62.30	06250				62.30
65	06500	2,503,481	-56,171	2,447,310	65
65.01	03952	213,721		213,721	65.01
66	06600	1,877,084		1,877,084	66
67	06700				67
68	06800	264,769		264,769	68
69	06900	1,149,808	-20,538	1,129,270	69
69.01	06901				69.01
70	07000	88,301		88,301	70
71	07100	1,003,258		1,003,258	71
72	07200	4,862,046		4,862,046	72
73	07300	8,282,887		8,282,887	73
74	07400	750,342	-9,116	741,226	74
75.10	03340	2,019,200		2,019,200	75.10
76	03951				76
76.10	03950				76.10
76.20	03290				76.20
76.30	03953	70,156	-19,928	50,228	76.30
76.40	03040				76.40
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	464,377	18,904	483,281	90
90.01	09001	368,435		368,435	90.01
91	09100	5,706,918	-121,844	5,585,074	91
92	09200				92
93	04951	1,135,934		1,135,934	93
93.10	04950	563,541	-18,221	545,320	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	2,876,593		2,876,593	101

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		
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE			113	
116	11600	HOSPICE	1,961,788	1,961,788	116	
117	06950	MOBILE MED	204,896	204,896	117	
118		SUBTOTALS (SUM OF LINES 1-117)	180,004,051	-19,405,962	160,598,089	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			190	
191.10	19101	ADULT DAY CARE			191.10	
192	19200	PHYSICIANS' PRIVATE OFFICES	755,515	755,515	192	
192.01	19201	VACANT SPACE			192.01	
194	07950	FUND DEVELOPMENT			194	
200		TOTAL (SUM OF LINES 118-199)	180,759,566	-19,405,962	161,353,604	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 DRUGS CHGD TO PAT. 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	DRUGS CHARGED TO PATIENTS	73			8,282,887	1
						8,282,887	500
1 CAFETERIA COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B	CAFETERIA	11		785,518	842,542	1
					785,518	842,542	500
1 HHA/HOSPICE BILLING/PLANT COSTS 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	ADMINISTRATIVE & GENERAL	5		63,027	12,972	1
							2
					63,027	12,972	500
1 INTEREST EXPENSE 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	CAP REL COSTS-BLDG & FIXT	1			2,888,443	1
						2,888,443	500
1 RADIOLOGY ADMIN COSTS 2 3 4 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	RADIOISOTOPE	56		78,358	34,903	1
		ULTRASOUND	56.10		179,697	80,041	2
		COMPUTED TOMOGRAPHY (CT) SCAN	57		145,124	64,642	3
		MAGNETIC RESONANCE IMAGING (M	58		75,443	33,604	4
					478,622	213,190	500
1 NURSERY COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - J	J	NURSERY	43		623,168	146,822	1
					623,168	146,822	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 EQUIPMENT DEPRECIATION	K	CAP REL COSTS-MVBLE EQUIP	2		6,433,874	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
500 TOTAL RECLASSIFICATIONS					6,433,874	500
CODE LETTER - K						
1 UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	17	756,901	172,422	1
500 TOTAL RECLASSIFICATIONS				756,901	172,422	500
CODE LETTER - L						
1 MATERIALS MANAGEMENT COSTS	N	ADMINISTRATIVE & GENERAL	5	363,533	230,087	1
500 TOTAL RECLASSIFICATIONS				363,533	230,087	500
CODE LETTER - N						
1 PROPERTY INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1		97,619	1
500 TOTAL RECLASSIFICATIONS					97,619	500
CODE LETTER - O						
1 IMPLANT COSTS	P	IMPL. DEV. CHARGED TO PATIENT	72		4,862,046	1
2						2
500 TOTAL RECLASSIFICATIONS					4,862,046	500
CODE LETTER - P						
GRAND TOTAL (INCREASES)				3,070,769	24,182,904	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DRUGS CHGD TO PAT. 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	PHARMACY	15		8,282,887	1 500
1 CAFETERIA COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B	DIETARY	10	785,518	842,542	1 500
1 HHA/HOSPICE BILLING/PLANT COSTS 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	HOME HEALTH AGENCY HOSPICE	101 116	52,113 10,914	10,819 2,153	1 2 500
1 INTEREST EXPENSE 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	INTEREST EXPENSE	113		2,888,443	9 1 500
1 RADIOLOGY ADMIN COSTS 2 3 4 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	RADIOLOGY-DIAGNOSTIC	54	478,622	213,190	1 2 3 4 500
1 NURSERY COSTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - J	J	ADULTS & PEDIATRICS	30	623,168	146,822	1 500

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 EQUIPMENT DEPRECIATION	K	EMPLOYEE BENEFITS	4		5,436	9 1
2		ADMINISTRATIVE & GENERAL	5		793,558	2
3		OPERATION OF PLANT	7		286,751	3
4		LAUNDRY & LINEN SERVICE	8		1,571	4
5		HOUSEKEEPING	9		30,584	5
6		DIETARY	10		31,999	6
7		NURSING ADMINISTRATION	13		27,784	7
8		PHARMACY	15		252,574	8
9		MEDICAL RECORDS & LIBRARY	16		19,772	9
10		ADULTS & PEDIATRICS	30		381,478	10
11		INTENSIVE CARE UNIT	31		73,462	11
12		NICU	34.10		16,743	12
13		SUBPROVIDER - IPF	40		8,606	13
14		OPERATING ROOM	50		792,249	14
15		DELIVERY ROOM & LABOR ROOM	52		170,479	15
16		ANESTHESIOLOGY	53		51,634	16
17		RADIOLOGY-DIAGNOSTIC	54		735,871	17
18		RADIOLOGY-THERAPEUTIC	55		519,114	18
19		RADIOISOTOPE	56		6,264	19
20		ULTRASOUND	56.10		101,699	20
21		COMPUTED TOMOGRAPHY (CT) SCAN	57		329,909	21
22		MAGNETIC RESONANCE IMAGING (M	58		366,190	22
23		CARDIAC CATHETERIZATION	59		287,165	23
24		LABORATORY	60		280,215	24
25		RESPIRATORY THERAPY	65		106,288	25
26		SLEEP LAB	65.01		15,390	26
27		PHYSICAL THERAPY	66		19,026	27
28		SPEECH PATHOLOGY	68		1,181	28
29		ELECTROCARDIOLOGY	69		212,263	29
30		ELECTROENCEPHALOGRAPHY	70		6,282	30
31		MEDICAL SUPPLIES CHRGD TO PA	71		141,286	31
32		RENAL DIALYSIS	74		10,724	32
33		GI LAB	75.10		200,064	33
34		CLINIC	90		16,160	34
35		PALOS DIAGNOSTIC CENTER	90.01		2,810	35
36		EMERGENCY	91		62,165	36
37		OUTPATIENT REHAB	93		3,829	37
38		WOUND CARE CENTER	93.10		29,332	38
39		HOME HEALTH AGENCY	101		23,768	39
40		HOSPICE	116		1,357	40
41		ADULT DAY CARE	191.10		2,642	41
42		PHYSICIANS' PRIVATE OFFICES	192		8,200	42
500 TOTAL RECLASSIFICATIONS					6,433,874	500
CODE LETTER - K						
1 UTIL/QUALITY MANAGEMENT COSTS	L	ADMINISTRATIVE & GENERAL	5	756,901	172,422	1
500 TOTAL RECLASSIFICATIONS				756,901	172,422	500
CODE LETTER - L						
1 MATERIALS MANAGEMENT COSTS	N	MEDICAL SUPPLIES CHRGD TO PA	71	363,533	230,087	1
500 TOTAL RECLASSIFICATIONS				363,533	230,087	500
CODE LETTER - N						
1 PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5		97,619	9 1
500 TOTAL RECLASSIFICATIONS					97,619	500
CODE LETTER - O						
1 IMPLANT COSTS	P	OPERATING ROOM	50		3,113,707	1
2		CARDIAC CATHETERIZATION	59		1,748,339	2
500 TOTAL RECLASSIFICATIONS					4,862,046	500
CODE LETTER - P						
GRAND TOTAL (DECREASES)				3,070,769	24,182,904	

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	8,954,323					8,954,323	1
2 LAND IMPROVEMENTS	9,343,739					9,343,739	2
3 BUILDINGS AND FIXTURES	145,077,189	231,270		231,270		145,308,459	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	90,651,447	3,651,711		3,651,711	2,037,419	92,265,739	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	254,026,698	3,882,981		3,882,981	2,037,419	255,872,260	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	254,026,698	3,882,981		3,882,981	2,037,419	255,872,260	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	5,245,674						5,245,674 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	5,245,674						5,245,674 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

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	5,427,495						5,427,495 1
2 CAP REL COSTS-MVBLE EQUIP	6,423,017						6,423,017 2
3 TOTAL	11,850,512						11,850,512 3

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	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-53,448	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-72,983	ADMINISTRATIVE & GENERAL	5	7 8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					9
9 PARKING LOT (CHAPTER 21)					10
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4,967,154			11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-45,715			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS					15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-7,760	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	27
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33					33
33.03 LABORATORY REVENUES	B	-17,668	LABORATORY	60	33.03
33.04 PHARMACY MISC REVENUE	B	-66,242	PHARMACY	15	33.04
33.05 RADIOLOGY ADMIN	B	-2,720	RADIOLOGY-DIAGNOSTIC	54	33.05
33.07 RADIOLOGY SILVER	B	-3,382	RADIOLOGY-DIAGNOSTIC	54	33.07
33.09 HUMAN RESOURCES MISC REVENUE	B	-635	EMPLOYEE BENEFITS	4	33.09
33.14 OTHER REVENUE CLINIC	B	-1,650	CLINIC	90	33.14
33.15 TELE & COMM MISC REVENUE	B	-1,453	ADMINISTRATIVE & GENERAL	5	33.15
33.16 ANSWERING SVCE INCOME	B	-256,880	ADMINISTRATIVE & GENERAL	5	33.16
33.18 NURSING ADMIN OTHER REVENUE	B	-1,032	NURSING ADMINISTRATION	13	33.18
33.25 CAFETERIA REVENUE	B	-659,174	CAFETERIA	11	33.25
33.26 VENDING MACHINE REVENUE	B	-14,183	DIETARY	10	33.26
33.27 MEDICAL STAFF APPLICATION REVENUE	B	-24,500	ADMINISTRATIVE & GENERAL	5	33.27
33.28 HOUSEKEEPING	B	-4,801	HOUSEKEEPING	9	33.28
33.29 EMPLOYEE HEALTH	A	-112,719	EMPLOYEE BENEFITS	4	33.29
33.30 BUS OFFICE/ADMITTING REVENUE	B	-4,651	ADMINISTRATIVE & GENERAL	5	33.30
33.32 MOTHER BABY	B	-6,081	ADULTS & PEDIATRICS	30	33.32
33.33 SECURITY PURCH SERVICES REVENUE	B	-33,658	OPERATION OF PLANT	7	33.33
33.39 LINEN OTHER REVENUE	B	-1,607	LAUNDRY & LINEN SERVICE	8	33.39
33.41 HEALTH EDUCATION CENTER REVENUE	B	-45,353	ADMINISTRATIVE & GENERAL	5	33.41
33.43 AFFILIATES REVENUE	B	-494,423	ADMINISTRATIVE & GENERAL	5	33.43
33.44 ACCTG REVENUE	B	-43,645	ADMINISTRATIVE & GENERAL	5	33.44
33.45 MISCELLANEOUS REVENUE	B	-46,649	ADMINISTRATIVE & GENERAL	5	33.45
33.46 REAL ESTATE TAXES	A	-96,709	ADMINISTRATIVE & GENERAL	5	33.46
33.50 EKG OTHER REVENUE	B	-2,674	ELECTROCARDIOLOGY	69	33.50
33.51 INTEREST INCOME NETTED FROM EXPENS	A	26,671	CAP REL COSTS-BLDG & FIXT	1	9 33.51
33.52 NON-ALLOWABLE ADMIN COSTS	A	-408,918	ADMINISTRATIVE & GENERAL	5	9 33.52
33.53 MATERIALS MANAGEMENT REVENUE	B	-52,762	ADMINISTRATIVE & GENERAL	5	33.53
33.58 DIETARY OTHER REVENUE	B	-3,600	DIETARY	10	33.58

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	
33.59 MALPRACTICE SELF INSURANCE	A	-5,017,912	ADMINISTRATIVE & GENERAL	5	33.59
34 CARE DEPOT OTHER REV	B	-865	ADULTS & PEDIATRICS	30	34
34.02 VOLUNTEER SERVICES	A	-755,047	ADMINISTRATIVE & GENERAL	5	34.02
34.04 OAK LAWN LAB COSTS	A	-137,786	LABORATORY	60	34.04
34.05 NON-ALLOWABLE DUES	A	-11,159	ADMINISTRATIVE & GENERAL	5	9 34.05
34.06 DEPR TELEPHONES, PATIENT PORTION	A	-10,857	CAP REL COSTS-MVBLE EQUIP	2	9 34.06
34.07 NON-ALLOWABLE INTEREST EXPENSE	A	-2,563,997	CAP REL COSTS-BLDG & FIXT	1	9 34.07
34.08 MARKETING COSTS	A	-570,285	ADMINISTRATIVE & GENERAL	5	9 34.08
34.24 EMPLOYEE HEALTH COSTS	A	-2,160,692	ADMINISTRATIVE & GENERAL	5	34.24
34.26 PHYSICIAN MATCH EXPENSES	A	-88,734	ADMINISTRATIVE & GENERAL	5	34.26
34.40 NON-ALLOWABLE DEPRECIATION	A	-138,281	CAP REL COSTS-BLDG & FIXT	1	9 34.40
34.56 RENTAL REVENUE	B	-101,006	CAP REL COSTS-BLDG & FIXT	1	9 34.56
34.64 CHICAGO RIDGE HEALTH EDUCATION COS	A	-315,503	ADMINISTRATIVE & GENERAL	5	34.64
34.65 SURGERY OTHER REV	B	-5,556	OPERATING ROOM	50	34.65
34.67 LABOR DEL RM OTHER REV	B	-124	DELIVERY ROOM & LABOR ROOM	52	34.67
35					35
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,405,962			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	76.30 OS SVCS	MRI PROCEDURES	50,228	70,156	-19,928	1
2						2
3	1 CAP REL COSTS-BLDG & FIXT	POTTER PAV DEPR COSTS	25,820		25,820	9 3
4	5 ADMINISTRATIVE & GENERAL	POTTER PAV ADMIN COS	19,376	91,537	-72,161	4
4.01	90 CLINIC	POTTER PAV COSTS	20,554		20,554	4.01
5	TOTALS (SUM OF LINES 1-4)		115,978	161,693	-45,715	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	C SW HOSPITAL MRI					6
7	C LCM INC.					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	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT			
LINE NO.	1	2	3	4	5	6	7	8	9		
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE	2,224,568	1,880,558	344,010	177,800	218	18,635	932	1
2	30	ADULTS & PEDIATRICS	AGGREGATE	1,649,542	1,570,775	78,767	177,800	668	57,101	2,855	2
3	34.10	NICU		705,250		705,250	177,800	1	86	4	3
4	40	SUBPROVIDER - IPF		33,560		33,560	177,800	397	33,936	1,697	4
5	50	OPERATING ROOM		83,435		83,435	177,800	1	86	4	5
6	52	DELIVERY ROOM & LABOR RO		7,000		7,000	177,800	1	86	4	6
7	53	ANESTHESIOLOGY		10,000		10,000	177,800	96	8,206	410	7
9	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	105,000	105,000						9
10	59	CARDIAC CATHETERIZATION		36,855		36,855	177,800	278	23,764	1,188	10
11	60	LABORATORY	AGGREGATE	30,252	30,252						11
12	65	RESPIRATORY THERAPY		97,800		97,800	177,800	487	41,629	2,081	12
13	69	ELECTROCARDIOLOGY		131,040		131,040	177,800	1,324	113,176	5,659	13
14	74	RENAL DIALYSIS		20,400		20,400	177,800	132	11,284	564	14
16	91	EMERGENCY		168,858		168,858	177,800	550	47,014	2,351	16
17	93	OUTPATIENT REHAB		10,400		10,400	177,800	123	10,514	526	17
18	93.10	WOUND CARE CENTER		42,840		42,840	177,800	288	24,619	1,231	18
200		TOTAL		5,356,800	3,586,585	1,770,215		4,564	390,136	19,506	200

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	5	ADMINISTRATIVE & GENERAL	AGGREGATE			18,635	325,375	2,205,933	1
2	30	ADULTS & PEDIATRICS	AGGREGATE			57,101	21,666	1,592,441	2
3	34.10	NICU				86	705,164	705,164	3
4	40	SUBPROVIDER - IPF				33,936			4
5	50	OPERATING ROOM				86	83,349	83,349	5
6	52	DELIVERY ROOM & LABOR RO				86	6,914	6,914	6
7	53	ANESTHESIOLOGY				8,206	1,794	1,794	7
9	55	RADIOLOGY-THERAPEUTIC	AGGREGATE					105,000	9
10	59	CARDIAC CATHETERIZATION				23,764	13,091	13,091	10
11	60	LABORATORY	AGGREGATE					30,252	11
12	65	RESPIRATORY THERAPY				41,629	56,171	56,171	12
13	69	ELECTROCARDIOLOGY				113,176	17,864	17,864	13
14	74	RENAL DIALYSIS				11,284	9,116	9,116	14
16	91	EMERGENCY				47,014	121,844	121,844	16
17	93	OUTPATIENT REHAB				10,514			17
18	93.10	WOUND CARE CENTER				24,619	18,221	18,221	18
200		TOTAL				390,136	1,380,569	4,967,154	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL. 7) 0	NEW CAP-REL COSTS BLDG&FIXT 1	NEW CAP-REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,427,495	5,427,495				1
2 CAP REL COSTS-MVBLE EQUIP	6,423,017		6,423,017			2
4 EMPLOYEE BENEFITS	2,136,560	60,140	5,427	2,202,127		4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	26,287,905	582,801	792,218	357,159	28,020,083	5
7 OPERATION OF PLANT	7,122,315	1,349,605	286,267	92,548	8,850,735	7
8 LAUNDRY & LINEN SERVICE	694,971	75,393	1,568	9,508	781,440	8
9 HOUSEKEEPING	2,315,581	97,471	30,532	84,966	2,528,550	9
10 DIETARY	1,252,418	88,927	31,945	30,291	1,403,581	10
11 CAFETERIA	968,886	95,703		37,872	1,102,461	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,297,936	18,383	27,737	42,908	2,386,964	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,439,873	46,556	252,148	41,045	2,779,622	15
16 MEDICAL RECORDS & LIBRARY	2,195,466	56,869	19,739	40,126	2,312,200	16
17 SOCIAL SERVICE	929,323	16,822		20,019	966,164	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	415,864	25,458			441,322	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,148,256	886,789	380,834	445,808	21,861,687	30
31 INTENSIVE CARE UNIT	5,487,781	93,917	73,338	100,833	5,755,869	31
34.10 NICU	1,282,897	8,702	16,715	20,144	1,328,458	34.10
40 SUBPROVIDER - IPF	1,792,926	114,501	8,591	35,645	1,951,663	40
43 NURSERY	769,990	9,001		13,889	792,880	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,104,981	268,176	790,912	113,300	11,277,369	50
52 DELIVERY ROOM & LABOR ROOM	2,761,522	93,295	170,191	50,802	3,075,810	52
53 ANESTHESIOLOGY	468,418	1,744	51,547	3,663	525,372	53
54 RADIOLOGY-DIAGNOSTIC	3,917,493	177,896	734,630	54,415	4,884,434	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	2,134,634	270,194	518,238	24,072	2,947,138	55
56 RADIOISOTOPE	1,328,884	50,351	6,253	9,875	1,395,363	56
56.10 ULTRASOUND	1,374,303	8,752	101,527	22,647	1,507,229	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,407,986	15,577	329,352	18,290	1,771,205	57
58 MAGNETIC RESONANCE IMAGING (MRI)	622,454		365,572	9,508	997,534	58
59 CARDIAC CATHETERIZATION	730,589	5,314	286,681	8,683	1,031,267	59
60 LABORATORY	9,216,744	109,228	279,742	113,309	9,719,023	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,447,310	64,898	106,109	46,195	2,664,512	65
65.01 SLEEP LAB	213,721		15,364	5,297	234,382	65.01
66 PHYSICAL THERAPY	1,877,084	60,705	18,994	30,994	1,987,777	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	264,769	5,928	1,179	4,287	276,163	68
69 ELECTROCARDIOLOGY	1,129,270	42,678	211,905	22,387	1,406,240	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	88,301	12,953	6,271	1,998	109,523	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	1,003,258	64,483	141,048	10,673	1,219,462	71
72 IMPL. DEV. CHARGED TO PATIENT	4,862,046				4,862,046	72
73 DRUGS CHARGED TO PATIENTS	8,282,887				8,282,887	73
74 RENAL DIALYSIS	741,226	3,139	10,706	8,376	763,447	74
75.10 GI LAB	2,019,200	35,920	199,726	24,918	2,279,764	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	50,228				50,228	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	483,281	37,954	16,133	9,292	546,660	90
90.01 PALOS DIAGNOSTIC CENTER	368,435		2,805	9,003	380,243	90.01
91 EMERGENCY	5,585,074	98,144	62,060	99,777	5,845,055	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	1,135,934	128,915	3,823	22,866	1,291,538	93
93.10 WOUND CARE CENTER	545,320	9,964	29,283	8,470	593,037	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	2,876,593	33,835	23,728	47,191	2,981,347	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,961,788	9,192	1,355	34,498	2,006,833	116
117 MOBILE MED	204,896			3,583	208,479	117
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	160,598,089	5,236,273	6,412,193	2,191,130	160,385,046	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,372			28,372	190
191.10 ADULT DAY CARE			2,638		2,638	191.10
192 PHYSICIANS' PRIVATE OFFICES	755,515	39,606	8,186	10,997	814,304	192
192.01 VACANT SPACE		119,383			119,383	192.01
194 FUND DEVELOPMENT		3,861			3,861	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	161,353,604	5,427,495	6,423,017	2,202,127	161,353,604	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	28,020,083					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,859,982	10,710,717				7
8 LAUNDRY & LINEN SERVICE	164,220	235,087	1,180,747			8
9 HOUSEKEEPING	531,375	303,931	4,354	3,368,210		9
10 DIETARY	294,963	277,289	6	91,820	2,067,659	10
11 CAFETERIA	231,682	298,416		98,816		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	501,620	57,322		18,981		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	584,138	145,169	46	48,071		15
16 MEDICAL RECORDS & LIBRARY	485,909	177,325		58,719		16
17 SOCIAL SERVICE	203,039	52,455		17,370		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	92,744	79,381		26,286		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,594,278	2,765,149	277,837	915,639	1,660,450	30
31 INTENSIVE CARE UNIT	1,209,596	292,850	50,831	96,973	230,736	31
34.10 NICU	279,175	27,133	2,333	8,985		34.10
40 SUBPROVIDER - IPF	410,142	357,033	11,294	118,226	176,473	40
43 NURSERY	166,624	28,066		9,293		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,369,939	836,217	566,282	276,901		50
52 DELIVERY ROOM & LABOR ROOM	646,381	290,908	82,101	96,330		52
53 ANESTHESIOLOGY	110,407	5,437		1,800		53
54 RADIOLOGY-DIAGNOSTIC	1,026,464	554,708	32,628	183,683		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	619,341	842,509	9,186	278,985		55
56 RADIOISOTOPE	293,236	157,001	4,089	51,989		56
56.10 ULTRASOUND	316,744	27,289	12,905	9,036		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	372,219	48,571	9,267	16,084		57
58 MAGNETIC RESONANCE IMAGING (MRI)	209,632		2,026			58
59 CARDIAC CATHETERIZATION	216,721	16,570	1,650	5,487		59
60 LABORATORY	2,042,453	340,592	2,349	112,782		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	559,947	202,362	61	67,009		65
65.01 SLEEP LAB	49,255		1,208			65.01
66 PHYSICAL THERAPY	417,731	189,287	9,125	62,680		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	58,036	18,486		6,121		68
69 ELECTROCARDIOLOGY	295,521	133,078	3,971	44,067		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	23,016	40,389	646	13,374		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	256,270	201,067		66,580		71
72 IMPL. DEV. CHARGED TO PATIENT	1,021,759					72
73 DRUGS CHARGED TO PATIENTS	1,740,649					73
74 RENAL DIALYSIS	160,438	9,787	4,835	3,241		74
75.10 GI LAB	479,092	112,003	14,803	37,088		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	10,555					76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	114,881	118,346	1,344	39,189		90
90.01 PALOS DIAGNOSTIC CENTER	79,908		35			90.01
91 EMERGENCY	1,228,338	306,028	69,541	101,337		91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	271,417	401,979	143	133,109		93
93.10 WOUND CARE CENTER	124,627	31,069	5,850	10,288		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
101	HOME HEALTH AGENCY	626,530	105,505		34,936		101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	421,736	28,661		9,491		116
117	MOBILE MED	43,812					117
118	SUBTOTALS (SUM OF LINES 1-117)	27,816,542	10,114,455	1,180,746	3,170,766	2,067,659	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,962	88,468		29,295		190
191.10	ADULT DAY CARE	554					191.10
192	PHYSICIANS' PRIVATE OFFICES	171,126	123,499	1	40,895		192
192.01	VACANT SPACE	25,088	372,256		123,267		192.01
194	FUND DEVELOPMENT	811	12,039		3,987		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	28,020,083	10,710,717	1,180,747	3,368,210	2,067,659	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,731,375					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	50,538	3,015,425				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	48,343		3,605,389			15
16 MEDICAL RECORDS & LIBRARY	4,778			3,038,931		16
17 SOCIAL SERVICE	23,579				1,262,607	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	525,083	1,155,482	2,374	336,327	1,032,254	30
31 INTENSIVE CARE UNIT	118,763	261,348	223	67,919	143,442	31
34.10 NICU	23,726	52,212	542	16,537	23,791	34.10
40 SUBPROVIDER - IPF	41,983	92,388	195	30,725		40
43 NURSERY	16,359	35,999		11,350		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	133,448	293,663	1,642	255,035		50
52 DELIVERY ROOM & LABOR ROOM	59,836	131,674	144	63,510		52
53 ANESTHESIOLOGY	4,314	9,494	29,612	75,575		53
54 RADIOLOGY-DIAGNOSTIC	64,092	141,039	721	139,278		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	28,353	62,392	110	73,591		55
56 RADIOISOTOPE	11,631		87	45,138		56
56.10 ULTRASOUND	26,674		195	62,928		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	21,543		33	210,871		57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,198		15	37,883		58
59 CARDIAC CATHETERIZATION	10,228		998	70,222		59
60 LABORATORY	133,458		28	453,637		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	54,409	119,732	1,908	88,370		65
65.01 SLEEP LAB	6,239		3	5,765		65.01
66 PHYSICAL THERAPY	36,506		8	32,229		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	5,049			7,730		68
69 ELECTROCARDIOLOGY	26,369		40	75,763		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	2,354	5,180	14	4,991		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	12,571			9,250		71
72 IMPL. DEV. CHARGED TO PATIENT				72,530		72
73 DRUGS CHARGED TO PATIENTS			3,518,897	347,637		73
74 RENAL DIALYSIS	9,865		1,742	11,218		74
75.10 GI LAB	29,349	64,584	3,188	78,688		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS				578		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	10,944	24,084	511	5,943		90
90.01 PALOS DIAGNOSTIC CENTER	10,604			4,281		90.01
91 EMERGENCY	117,520	258,611	5,040	308,262	63,120	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	26,933	59,267		16,810		93
93.10 WOUND CARE CENTER	9,976	21,954	1,820	18,360		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	15	16	17	
101	HOME HEALTH AGENCY		122,314	619			101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		89,414	33,965			116
117	MOBILE MED	4,220	9,287	715			117
118	SUBTOTALS (SUM OF LINES 1-117)	1,720,835	3,010,118	3,605,389	3,038,931	1,262,607	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10	ADULT DAY CARE		5,307				191.10
192	PHYSICIANS' PRIVATE OFFICES	10,540					192
192.01	VACANT SPACE						192.01
194	FUND DEVELOPMENT						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,731,375	3,015,425	3,605,389	3,038,931	1,262,607	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
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 APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	639,733				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	470,883	35,597,443	-470,883	35,126,560	30
31 INTENSIVE CARE UNIT		8,228,550		8,228,550	31
34.10 NICU		1,762,892		1,762,892	34.10
40 SUBPROVIDER - IPF		3,190,122		3,190,122	40
43 NURSERY		1,060,571		1,060,571	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	168,850	16,179,346	-168,850	16,010,496	50
52 DELIVERY ROOM & LABOR ROOM		4,446,694		4,446,694	52
53 ANESTHESIOLOGY		762,011		762,011	53
54 RADIOLOGY-DIAGNOSTIC		7,027,047		7,027,047	54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC		4,861,605		4,861,605	55
56 RADIOISOTOPE		1,958,534		1,958,534	56
56.10 ULTRASOUND		1,963,000		1,963,000	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,449,793		2,449,793	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,258,288		1,258,288	58
59 CARDIAC CATHETERIZATION		1,353,143		1,353,143	59
60 LABORATORY		12,804,322		12,804,322	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		3,758,310		3,758,310	65
65.01 SLEEP LAB		296,852		296,852	65.01
66 PHYSICAL THERAPY		2,735,343		2,735,343	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		371,585		371,585	68
69 ELECTROCARDIOLOGY		1,985,049		1,985,049	69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY		199,487		199,487	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		1,765,200		1,765,200	71
72 IMPL. DEV. CHARGED TO PATIENT		5,956,335		5,956,335	72
73 DRUGS CHARGED TO PATIENTS		13,890,070		13,890,070	73
74 RENAL DIALYSIS		964,573		964,573	74
75.10 GI LAB		3,098,559		3,098,559	75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS		61,361		61,361	76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		861,902		861,902	90
90.01 PALOS DIAGNOSTIC CENTER		475,071		475,071	90.01
91 EMERGENCY		8,302,852		8,302,852	91
92 OBSERVATION BEDS					92
93 OUTPATIENT REHAB		2,201,196		2,201,196	93
93.10 WOUND CARE CENTER		816,981		816,981	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
101	HOME HEALTH AGENCY		3,871,251		3,871,251	101
	SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE					113
116	HOSPICE		2,590,100		2,590,100	116
117	MOBILE MED		266,513		266,513	117
118	SUBTOTALS (SUM OF LINES 1-117)	639,733	159,371,951	-639,733	158,732,218	118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		152,097		152,097	190
191.10	ADULT DAY CARE		8,499		8,499	191.10
192	PHYSICIANS' PRIVATE OFFICES		1,160,365		1,160,365	192
192.01	VACANT SPACE		639,994		639,994	192.01
194	FUND DEVELOPMENT		20,698		20,698	194
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	639,733	161,353,604	-639,733	160,713,871	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 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	540	60,140	5,427	66,107	66,107	4
5 ADMINISTRATIVE & GENERAL	88,744	582,801	792,218	1,463,763	10,722	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,509	1,349,605	286,267	1,642,381	2,778	7
8 LAUNDRY & LINEN SERVICE		75,393	1,568	76,961	285	8
9 HOUSEKEEPING	5,946	97,471	30,532	133,949	2,551	9
10 DIETARY	904	88,927	31,945	121,776	909	10
11 CAFETERIA	1,130	95,703		96,833	1,137	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	20,782	18,383	27,737	66,902	1,288	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	6,102	46,556	252,148	304,806	1,232	15
16 MEDICAL RECORDS & LIBRARY	421	56,869	19,739	77,029	1,205	16
17 SOCIAL SERVICE		16,822		16,822	601	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		25,458		25,458		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,178	886,789	380,834	1,269,801	13,384	30
31 INTENSIVE CARE UNIT	756	93,917	73,338	168,011	3,027	31
34.10 NICU	432	8,702	16,715	25,849	605	34.10
40 SUBPROVIDER - IPF	297	114,501	8,591	123,389	1,070	40
43 NURSERY		9,001		9,001	417	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,925	268,176	790,912	1,062,013	3,401	50
52 DELIVERY ROOM & LABOR ROOM	1,450	93,295	170,191	264,936	1,525	52
53 ANESTHESIOLOGY	108	1,744	51,547	53,399	110	53
54 RADIOLOGY-DIAGNOSTIC	35,622	177,896	734,630	948,148	1,634	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	864	270,194	518,238	789,296	723	55
56 RADIOISOTOPE	648	50,351	6,253	57,252	296	56
56.10 ULTRASOUND	108	8,752	101,527	110,387	680	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		15,577	329,352	344,929	549	57
58 MAGNETIC RESONANCE IMAGING (MRI)			365,572	365,572	285	58
59 CARDIAC CATHETERIZATION		5,314	286,681	291,995	261	59
60 LABORATORY	3,194	109,228	279,742	392,164	3,401	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	25,528	64,898	106,109	196,535	1,387	65
65.01 SLEEP LAB	2,439		15,364	17,803	159	65.01
66 PHYSICAL THERAPY	1,080	60,705	18,994	80,779	930	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	19,416	5,928	1,179	26,523	129	68
69 ELECTROCARDIOLOGY	2,762	42,678	211,905	257,345	672	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY		12,953	6,271	19,224	60	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	42,616	64,483	141,048	248,147	320	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	756	3,139	10,706	14,601	251	74
75.10 GI LAB	216	35,920	199,726	235,862	748	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	6,381			6,381		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	198	37,954	16,133	54,285	279	90
90.01 PALOS DIAGNOSTIC CENTER	42,720		2,805	45,525	270	90.01
91 EMERGENCY	558	98,144	62,060	160,762	2,995	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	329	128,915	3,823	133,067	686	93
93.10 WOUND CARE CENTER	432	9,964	29,283	39,679	254	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

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WORKSHEET B
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COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL	REL COSTS	REL COSTS		BENEFITS	
	COSTS	BLDG&FIXT	MOV EQUIP	2A	4	
	0	1	2			
101 HOME HEALTH AGENCY	2,127	33,835	23,728	59,690	1,417	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	161,466	9,192	1,355	172,013	1,036	116
117 MOBILE MED					108	117
118 SUBTOTALS (SUM OF LINES 1-117)	488,684	5,236,273	6,412,193	12,137,150	65,777	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,372		28,372		190
191.10 ADULT DAY CARE	108		2,638	2,746		191.10
192 PHYSICIANS' PRIVATE OFFICES	900	39,606	8,186	48,692	330	192
192.01 VACANT SPACE		119,383		119,383		192.01
194 FUND DEVELOPMENT		3,861		3,861		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	489,692	5,427,495	6,423,017	12,340,204	66,107	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,474,485					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	97,880	1,743,039				7
8 LAUNDRY & LINEN SERVICE	8,642	38,258	124,146			8
9 HOUSEKEEPING	27,963	49,461	458	214,382		9
10 DIETARY	15,522	45,125	1	5,844	189,177	10
11 CAFETERIA	12,192	48,564		6,290		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	26,397	9,328		1,208		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	30,740	23,625	5	3,060		15
16 MEDICAL RECORDS & LIBRARY	25,571	28,858		3,737		16
17 SOCIAL SERVICE	10,685	8,536		1,106		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	4,881	12,918		1,673		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	241,721	449,995	29,212	58,278	151,920	30
31 INTENSIVE CARE UNIT	63,654	47,658	5,344	6,172	21,111	31
34.10 NICU	14,691	4,416	245	572		34.10
40 SUBPROVIDER - IPF	21,583	58,103	1,187	7,525	16,146	40
43 NURSERY	8,768	4,567		592		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	124,716	136,084	59,541	17,624		50
52 DELIVERY ROOM & LABOR ROOM	34,015	47,342	8,632	6,131		52
53 ANESTHESIOLOGY	5,810	885		115		53
54 RADIOLOGY-DIAGNOSTIC	54,017	90,272	3,431	11,691		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	32,592	137,108	966	17,757		55
56 RADIOISOTOPE	15,431	25,550	430	3,309		56
56.10 ULTRASOUND	16,668	4,441	1,357	575		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	19,588	7,904	974	1,024		57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,032		213			58
59 CARDIAC CATHETERIZATION	11,405	2,697	174	349		59
60 LABORATORY	107,483	55,427	247	7,178		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	29,467	32,932	6	4,265		65
65.01 SLEEP LAB	2,592		127			65.01
66 PHYSICAL THERAPY	21,983	30,804	959	3,989		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	3,054	3,008		390		68
69 ELECTROCARDIOLOGY	15,552	21,657	418	2,805		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,211	6,573	68	851		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	13,486	32,721		4,238		71
72 IMPL. DEV. CHARGED TO PATIENT	53,769					72
73 DRUGS CHARGED TO PATIENTS	91,600					73
74 RENAL DIALYSIS	8,443	1,593	508	206		74
75.10 GI LAB	25,212	18,227	1,556	2,361		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	555					76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,046	19,259	141	2,494		90
90.01 PALOS DIAGNOSTIC CENTER	4,205		4			90.01
91 EMERGENCY	64,640	49,802	7,312	6,450		91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	14,283	65,417	15	8,472		93
93.10 WOUND CARE CENTER	6,558	5,056	615	655		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

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COST CENTER DESCRIPTION		ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
101	HOME HEALTH AGENCY	32,971	17,170		2,224		101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	22,194	4,664		604		116
117	MOBILE MED	2,306					117
118	SUBTOTALS (SUM OF LINES 1-117)	1,463,774	1,646,005	124,146	201,814	189,177	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	314	14,397		1,865		190
191.10	ADULT DAY CARE	29					191.10
192	PHYSICIANS' PRIVATE OFFICES	9,005	20,098		2,603		192
192.01	VACANT SPACE	1,320	60,580		7,846		192.01
194	FUND DEVELOPMENT	43	1,959		254		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,474,485	1,743,039	124,146	214,382	189,177	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	165,016					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,817	109,940				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,608		368,076			15
16 MEDICAL RECORDS & LIBRARY	455			136,855		16
17 SOCIAL SERVICE	2,247				39,997	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	50,046	42,128	242	15,139	32,699	30
31 INTENSIVE CARE UNIT	11,319	9,529	23	3,057	4,544	31
34.10 NICU	2,261	1,904	55	744	754	34.10
40 SUBPROVIDER - IPF	4,001	3,368	20	1,383		40
43 NURSERY	1,559	1,312		511		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,719	10,707	168	11,480		50
52 DELIVERY ROOM & LABOR ROOM	5,703	4,801	15	2,859		52
53 ANESTHESIOLOGY	411	346	3,023	3,402		53
54 RADIOLOGY-DIAGNOSTIC	6,109	5,142	74	6,269		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	2,702	2,275	11	3,313		55
56 RADIOISOTOPE	1,109		9	2,032		56
56.10 ULTRASOUND	2,542		20	2,833		56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,053		3	9,492		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,067		2	1,705		58
59 CARDIAC CATHETERIZATION	975		102	3,161		59
60 LABORATORY	12,720		3	20,482		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,186	4,365	195	3,978		65
65.01 SLEEP LAB	595			259		65.01
66 PHYSICAL THERAPY	3,479		1	1,451		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	481			348		68
69 ELECTROCARDIOLOGY	2,513		4	3,410		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	224	189	1	225		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	1,198			416		71
72 IMPL. DEV. CHARGED TO PATIENT				3,265		72
73 DRUGS CHARGED TO PATIENTS			359,244	15,648		73
74 RENAL DIALYSIS	940		178	505		74
75.10 GI LAB	2,797	2,355	326	3,542		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS				26		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,043	878	52	268		90
90.01 PALOS DIAGNOSTIC CENTER	1,011			193		90.01
91 EMERGENCY	11,201	9,429	515	13,876	2,000	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	2,567	2,161		757		93
93.10 WOUND CARE CENTER	951	800	186	826		93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

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COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	15	16	17	
101	HOME HEALTH AGENCY		4,459	63			101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		3,260	3,468			116
117	MOBILE MED	402	339	73			117
118	SUBTOTALS (SUM OF LINES 1-117)	164,011	109,747	368,076	136,855	39,997	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10	ADULT DAY CARE		193				191.10
192	PHYSICIANS' PRIVATE OFFICES	1,005					192
192.01	VACANT SPACE						192.01
194	FUND DEVELOPMENT						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	165,016	109,940	368,076	136,855	39,997	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
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 APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	44,930				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		2,354,565		2,354,565	30
31 INTENSIVE CARE UNIT		343,449		343,449	31
34.10 NICU		52,096		52,096	34.10
40 SUBPROVIDER - IPF		237,775		237,775	40
43 NURSERY		26,727		26,727	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,438,453		1,438,453	50
52 DELIVERY ROOM & LABOR ROOM		375,959		375,959	52
53 ANESTHESIOLOGY		67,501		67,501	53
54 RADIOLOGY-DIAGNOSTIC		1,126,787		1,126,787	54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC		986,743		986,743	55
56 RADIOISOTOPE		105,418		105,418	56
56.10 ULTRASOUND		139,503		139,503	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		386,516		386,516	57
58 MAGNETIC RESONANCE IMAGING (MRI)		379,876		379,876	58
59 CARDIAC CATHETERIZATION		311,119		311,119	59
60 LABORATORY		599,105		599,105	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		278,316		278,316	65
65.01 SLEEP LAB		21,535		21,535	65.01
66 PHYSICAL THERAPY		144,375		144,375	66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY		33,933		33,933	68
69 ELECTROCARDIOLOGY		304,376		304,376	69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY		28,626		28,626	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		300,526		300,526	71
72 IMPL. DEV. CHARGED TO PATIENT		57,034		57,034	72
73 DRUGS CHARGED TO PATIENTS		466,492		466,492	73
74 RENAL DIALYSIS		27,225		27,225	74
75.10 GI LAB		292,986		292,986	75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS		6,962		6,962	76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		84,745		84,745	90
90.01 PALOS DIAGNOSTIC CENTER		51,208		51,208	90.01
91 EMERGENCY		328,982		328,982	91
92 OBSERVATION BEDS					92
93 OUTPATIENT REHAB		227,425		227,425	93
93.10 WOUND CARE CENTER		55,580		55,580	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40

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COST CENTER DESCRIPTION		I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
101	HOME HEALTH AGENCY		117,994		117,994	101
	SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE					113
116	HOSPICE		207,239		207,239	116
117	MOBILE MED		3,228		3,228	117
118	SUBTOTALS (SUM OF LINES 1-117)		11,970,379		11,970,379	118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		44,948		44,948	190
191.10	ADULT DAY CARE		2,968		2,968	191.10
192	PHYSICIANS' PRIVATE OFFICES		81,733		81,733	192
192.01	VACANT SPACE		189,129		189,129	192.01
194	FUND DEVELOPMENT		6,117		6,117	194
200	CROSS FOOT ADJUSTMENTS	44,930	44,930		44,930	200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	44,930	12,340,204		12,340,204	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	653,664					1
2 CAP REL COSTS-MVBLE EQUIP		6,433,874				2
4 EMPLOYEE BENEFITS	7,243	5,436	2,869,479			4
5 ADMINISTRATIVE & GENERAL	70,190	793,558	465,396	-28,020,083	133,333,521	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	162,541	286,751	120,595		8,850,735	7
8 LAUNDRY & LINEN SERVICE	9,080	1,571	12,390		781,440	8
9 HOUSEKEEPING	11,739	30,584	110,715		2,528,550	9
10 DIETARY	10,710	31,999	39,471		1,403,581	10
11 CAFETERIA	11,526		49,349		1,102,461	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,214	27,784	55,911		2,386,964	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,607	252,574	53,483		2,779,622	15
16 MEDICAL RECORDS & LIBRARY	6,849	19,772	52,286		2,312,200	16
17 SOCIAL SERVICE	2,026		26,086		966,164	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	3,066				441,322	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	106,801	381,478	580,908		21,861,687	30
31 INTENSIVE CARE UNIT	11,311	73,462	131,390		5,755,869	31
34.10 NICU	1,048	16,743	26,249		1,328,458	34.10
40 SUBPROVIDER - IPF	13,790	8,606	46,447		1,951,663	40
43 NURSERY	1,084		18,098		792,880	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,298	792,249	147,636		11,277,369	50
52 DELIVERY ROOM & LABOR ROOM	11,236	170,479	66,198		3,075,810	52
53 ANESTHESIOLOGY	210	51,634	4,773		525,372	53
54 RADIOLOGY-DIAGNOSTIC	21,425	735,871	70,906		4,884,434	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	32,541	519,114	31,367		2,947,138	55
56 RADIOISOTOPE	6,064	6,264	12,868		1,395,363	56
56.10 ULTRASOUND	1,054	101,699	29,510		1,507,229	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,876	329,909	23,833		1,771,205	57
58 MAGNETIC RESONANCE IMAGING (MRI)		366,190	12,389		997,534	58
59 CARDIAC CATHETERIZATION	640	287,165	11,315		1,031,267	59
60 LABORATORY	13,155	280,215	147,647		9,719,023	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,816	106,288	60,194		2,664,512	65
65.01 SLEEP LAB		15,390	6,902		234,382	65.01
66 PHYSICAL THERAPY	7,311	19,026	40,387		1,987,777	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	714	1,181	5,586		276,163	68
69 ELECTROCARDIOLOGY	5,140	212,263	29,172		1,406,240	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,560	6,282	2,604		109,523	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,766	141,286	13,907		1,219,462	71
72 IMPL. DEV. CHARGED TO PATIENT					4,862,046	72
73 DRUGS CHARGED TO PATIENTS					8,282,887	73
74 RENAL DIALYSIS	378	10,724	10,914		763,447	74
75.10 GI LAB	4,326	200,064	32,469		2,279,764	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS					50,228	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,571	16,160	12,108		546,660	90
90.01 PALOS DIAGNOSTIC CENTER		2,810	11,731		380,243	90.01
91 EMERGENCY	11,820	62,165	130,014		5,845,055	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	15,526	3,829	29,796		1,291,538	93
93.10 WOUND CARE CENTER	1,200	29,332	11,037		593,037	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,075	23,768	61,492		2,981,347	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,107	1,357	44,952		2,006,833	116
117 MOBILE MED			4,669		208,479	117
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	630,634	6,423,032	2,855,150	-28,020,083	132,364,963	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,417				28,372	190
191.10 ADULT DAY CARE		2,642			2,638	191.10
192 PHYSICIANS' PRIVATE OFFICES	4,770	8,200	14,329		814,304	192
192.01 VACANT SPACE	14,378				119,383	192.01
194 FUND DEVELOPMENT	465				3,861	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,427,495	6,423,017	2,202,127		28,020,083	202
203 UNIT COST MULT-WS B PT I	8.303188	0.998313	0.767431		0.210150	203
204 COST TO BE ALLOC PER B PT II			66,107		1,474,485	204
205 UNIT COST MULT-WS B PT II			0.023038		0.011059	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET) 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	413,690					7
8 LAUNDRY & LINEN SERVICE	9,080	1,006,689				8
9 HOUSEKEEPING	11,739	3,712	392,871			9
10 DIETARY	10,710		10,710	55,595		10
11 CAFETERIA	11,526		11,526		1,915,451	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,214		2,214		55,911	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,607	39	5,607		53,483	15
16 MEDICAL RECORDS & LIBRARY	6,849		6,849		5,286	16
17 SOCIAL SERVICE	2,026		2,026		26,086	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	3,066		3,066			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	106,801	236,880	106,801	44,646	580,908	30
31 INTENSIVE CARE UNIT	11,311	43,338	11,311	6,204	131,390	31
34.10 NICU	1,048	1,989	1,048		26,249	34.10
40 SUBPROVIDER - IPF	13,790	9,629	13,790	4,745	46,447	40
43 NURSERY	1,084		1,084		18,098	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,298	482,803	32,298		147,636	50
52 DELIVERY ROOM & LABOR ROOM	11,236	69,998	11,236		66,198	52
53 ANESTHESIOLOGY	210		210		4,773	53
54 RADIOLOGY-DIAGNOSTIC	21,425	27,818	21,425		70,906	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	32,541	7,832	32,541		31,367	55
56 RADIOISOTOPE	6,064	3,486	6,064		12,868	56
56.10 ULTRASOUND	1,054	11,003	1,054		29,510	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,876	7,901	1,876		23,833	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,727			12,389	58
59 CARDIAC CATHETERIZATION	640	1,407	640		11,315	59
60 LABORATORY	13,155	2,003	13,155		147,647	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,816	52	7,816		60,194	65
65.01 SLEEP LAB		1,030			6,902	65.01
66 PHYSICAL THERAPY	7,311	7,780	7,311		40,387	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	714		714		5,586	68
69 ELECTROCARDIOLOGY	5,140	3,386	5,140		29,172	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,560	551	1,560		2,604	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,766		7,766		13,907	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	378	4,122	378		10,914	74
75.10 GI LAB	4,326	12,621	4,326		32,469	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,571	1,146	4,571		12,108	90
90.01 PALOS DIAGNOSTIC CENTER		30			11,731	90.01
91 EMERGENCY	11,820	59,290	11,820		130,014	91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	15,526	122	15,526		29,796	93
93.10 WOUND CARE CENTER	1,200	4,988	1,200		11,037	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET) 7	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING (SQUARE FEET) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,075		4,075			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,107		1,107			116
117 MOBILE MED					4,669	117
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	390,660	1,006,688	369,841	55,595	1,903,790	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,417		3,417			190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	4,770	1	4,770		11,661	192
192.01 VACANT SPACE	14,378		14,378			192.01
194 FUND DEVELOPMENT	465		465			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	10,710,717	1,180,747	3,368,210	2,067,659	1,731,375	202
203 UNIT COST MULT-WS B PT I	25.890684	1.172901	8.573323	37.191456	0.903899	203
204 COST TO BE ALLOC PER B PT II	1,743,039	124,146	214,382	189,177	165,016	204
205 UNIT COST MULT-WS B PT II	4.213394	0.123321	0.545680	3.402770	0.086150	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
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	1,515,975					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		8,486,473				15
16 MEDICAL RECORDS & LIBRARY			777,294,207			16
17 SOCIAL SERVICE				54,609		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					20,861	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	580,908	5,589	86,017,219	44,646	15,355	30
31 INTENSIVE CARE UNIT	131,390	526	17,370,711	6,204		31
34.10 NICU	26,249	1,276	4,229,315	1,029		34.10
40 SUBPROVIDER - IPF	46,447	459	7,858,066			40
43 NURSERY	18,098		2,902,692			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	147,636	3,864	65,226,419		5,506	50
52 DELIVERY ROOM & LABOR ROOM	66,198	338	16,242,876			52
53 ANESTHESIOLOGY	4,773	69,701	19,328,558			53
54 RADIOLOGY-DIAGNOSTIC	70,906	1,697	35,620,991			54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	31,367	258	18,821,186			55
56 RADIOISOTOPE		204	11,544,347			56
56.10 ULTRASOUND		458	16,094,194			56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN		78	53,931,163			57
58 MAGNETIC RESONANCE IMAGING (MRI)		35	9,688,770			58
59 CARDIAC CATHETERIZATION		2,350	17,959,524			59
60 LABORATORY		66	116,093,968			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	60,194	4,490	22,600,996			65
65.01 SLEEP LAB		6	1,474,316			65.01
66 PHYSICAL THERAPY		20	8,242,624			66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY			1,976,874			68
69 ELECTROCARDIOLOGY		94	19,376,827			69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	2,604	34	1,276,513			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,365,771			71
72 IMPL. DEV. CHARGED TO PATIENT			18,549,882			72
73 DRUGS CHARGED TO PATIENTS		8,282,887	88,909,715			73
74 RENAL DIALYSIS		4,101	2,868,930			74
75.10 GI LAB	32,469	7,505	20,124,753			75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS			147,920			76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	12,108	1,203	1,519,906			90
90.01 PALOS DIAGNOSTIC CENTER			1,094,885			90.01
91 EMERGENCY	130,014	11,863	78,839,315	2,730		91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB	29,796		4,299,325			93
93.10 WOUND CARE CENTER	11,037	4,284	4,695,656			93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	61,492	1,457				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	44,952	79,948				116
117 MOBILE MED	4,669	1,682				117
118 SUBTOTALS (SUM OF LINES 1-117)	1,513,307	8,486,473	777,294,207	54,609	20,861	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10 ADULT DAY CARE	2,668					191.10
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,015,425	3,605,389	3,038,931	1,262,607	639,733	202
203 UNIT COST MULT-WS B PT I	1.989099	0.424840	0.003910	23.120859	30.666459	203
204 COST TO BE ALLOC PER B PT II	109,940	368,076	136,855	39,997	44,930	204
205 UNIT COST MULT-WS B PT II	0.072521	0.043372	0.000176	0.732425	2.153780	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 CAP REL COSTS-BLDG & FIXT	1
2 CAP REL COSTS-MVBLE EQUIP	2
4 EMPLOYEE BENEFITS	4
5 ADMINISTRATIVE & GENERAL	5
6 MAINTENANCE & REPAIRS	6
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 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	30
31 INTENSIVE CARE UNIT	31
34.10 NICU	34.10
40 SUBPROVIDER - IPF	40
43 NURSERY	43
ANCILLARY SERVICE COST CENTERS	
50 OPERATING ROOM	50
52 DELIVERY ROOM & LABOR ROOM	52
53 ANESTHESIOLOGY	53
54 RADIOLOGY-DIAGNOSTIC	54
54.01 BREAST HEALTH CENTER	54.01
55 RADIOLOGY-THERAPEUTIC	55
56 RADIOISOTOPE	56
56.10 ULTRASOUND	56.10
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
65 RESPIRATORY THERAPY	65
65.01 SLEEP LAB	65.01
66 PHYSICAL THERAPY	66
67 OCCUPATIONAL THERAPY	67
68 SPEECH PATHOLOGY	68
69 ELECTROCARDIOLOGY	69
69.01 C-PORT	69.01
70 ELECTROENCEPHALOGRAPHY	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72 IMPL. DEV. CHARGED TO PATIENT	72
73 DRUGS CHARGED TO PATIENTS	73
74 RENAL DIALYSIS	74
75.10 GI LAB	75.10
76 ENTEROSTOMAL THERAPY	76
76.10 NEUROLOGY	76.10
76.20 EMG	76.20
76.30 OS SVCS	76.30
76.40 AUDIOLOGY	76.40
76.97 CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	76.98
76.99 LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS	
90 CLINIC	90
90.01 PALOS DIAGNOSTIC CENTER	90.01
91 EMERGENCY	91
92 OBSERVATION BEDS	92
93 OUTPATIENT REHAB	93
93.10 WOUND CARE CENTER	93.10
OTHER REIMBURSABLE COST CENTERS	
99.10 CORF	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	99.30

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
101	HOME HEALTH AGENCY	101
	SPECIAL PURPOSE COST CENTERS	
116	HOSPICE	116
117	MOBILE MED	117
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
191.10	ADULT DAY CARE	191.10
192	PHYSICIANS' PRIVATE OFFICES	192
192.01	VACANT SPACE	192.01
194	FUND DEVELOPMENT	194
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	35,126,560		35,126,560	21,666	35,148,226	30
31 INTENSIVE CARE UNIT	8,228,550		8,228,550		8,228,550	31
34.10 NICU	1,762,892		1,762,892	705,164	2,468,056	34.10
40 SUBPROVIDER - IPF	3,190,122		3,190,122		3,190,122	40
43 NURSERY	1,060,571		1,060,571		1,060,571	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,010,496		16,010,496	83,349	16,093,845	50
52 DELIVERY ROOM & LABOR ROOM	4,446,694		4,446,694	6,914	4,453,608	52
53 ANESTHESIOLOGY	762,011		762,011	1,794	763,805	53
54 RADIOLOGY-DIAGNOSTIC	7,027,047		7,027,047		7,027,047	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	4,861,605		4,861,605		4,861,605	55
56 RADIOISOTOPE	1,958,534		1,958,534		1,958,534	56
56.10 ULTRASOUND	1,963,000		1,963,000		1,963,000	56.10
57 COMPUTED TOMOGRAPHY (CT) SC	2,449,793		2,449,793		2,449,793	57
58 MAGNETIC RESONANCE IMAGING	1,258,288		1,258,288		1,258,288	58
59 CARDIAC CATHETERIZATION	1,353,143		1,353,143	13,091	1,366,234	59
60 LABORATORY	12,804,322		12,804,322		12,804,322	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,758,310		3,758,310	56,171	3,814,481	65
65.01 SLEEP LAB	296,852		296,852		296,852	65.01
66 PHYSICAL THERAPY	2,735,343		2,735,343		2,735,343	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	371,585		371,585		371,585	68
69 ELECTROCARDIOLOGY	1,985,049		1,985,049	17,864	2,002,913	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	199,487		199,487		199,487	70
71 MEDICAL SUPPLIES CHRGD TO	1,765,200		1,765,200		1,765,200	71
72 IMPL. DEV. CHARGED TO PATIE	5,956,335		5,956,335		5,956,335	72
73 DRUGS CHARGED TO PATIENTS	13,890,070		13,890,070		13,890,070	73
74 RENAL DIALYSIS	964,573		964,573	9,116	973,689	74
75.10 GI LAB	3,098,559		3,098,559		3,098,559	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	61,361		61,361		61,361	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	861,902		861,902		861,902	90
90.01 PALOS DIAGNOSTIC CENTER	475,071		475,071		475,071	90.01
91 EMERGENCY	8,302,852		8,302,852	121,844	8,424,696	91
92 OBSERVATION BEDS	2,973,535		2,973,535		2,973,535	92
93 OUTPATIENT REHAB	2,201,196		2,201,196		2,201,196	93
93.10 WOUND CARE CENTER	816,981		816,981	18,221	835,202	93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,871,251		3,871,251		3,871,251	101
113 INTEREST EXPENSE						113
116 HOSPICE	2,590,100		2,590,100		2,590,100	116
117 MOBILE MED	266,513		266,513		266,513	117
200 SUBTOTAL (SEE INSTRUCTIONS)	161,705,753		161,705,753	1,055,194	162,760,947	200
201 LESS OBSERVATION BEDS	2,973,535		2,973,535		2,973,535	201
202 TOTAL (SEE INSTRUCTIONS)	158,732,218		158,732,218		159,787,412	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	80,472,986		80,472,986			30
31 INTENSIVE CARE UNIT	17,370,711		17,370,711			31
34.10 NICU	4,229,315		4,229,315			34.10
40 SUBPROVIDER - IPF	7,858,066		7,858,066			40
43 NURSERY	2,902,692		2,902,692			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,109,523	31,116,896	65,226,419	0.245460	0.245460	0.246738 50
52 DELIVERY ROOM & LABOR ROOM	11,047,485	5,195,391	16,242,876	0.273763	0.273763	0.274188 52
53 ANESTHESIOLOGY	11,025,734	8,302,824	19,328,558	0.039424	0.039424	0.039517 53
54 RADIOLOGY-DIAGNOSTIC	15,654,325	19,966,666	35,620,991	0.197273	0.197273	0.197273 54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	1,270,843	17,550,343	18,821,186	0.258305	0.258305	0.258305 55
56 RADIOISOTOPE	3,855,017	7,689,330	11,544,347	0.169653	0.169653	0.169653 56
56.10 ULTRASOUND	5,293,819	10,800,375	16,094,194	0.121969	0.121969	0.121969 56.10
57 COMPUTED TOMOGRAPHY (CT) SC	21,335,792	32,595,371	53,931,163	0.045424	0.045424	0.045424 57
58 MAGNETIC RESONANCE IMAGING	3,945,942	5,742,828	9,688,770	0.129871	0.129871	0.129871 58
59 CARDIAC CATHETERIZATION	12,618,750	5,340,774	17,959,524	0.075344	0.075344	0.076073 59
60 LABORATORY	57,060,111	59,033,857	116,093,968	0.110293	0.110293	0.110293 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	19,439,941	3,161,055	22,600,996	0.166290	0.166290	0.168775 65
65.01 SLEEP LAB	10,696	1,463,620	1,474,316	0.201349	0.201349	0.201349 65.01
66 PHYSICAL THERAPY	3,169,280	5,073,344	8,242,624	0.331853	0.331853	0.331853 66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	1,162,298	814,576	1,976,874	0.187966	0.187966	0.187966 68
69 ELECTROCARDIOLOGY	10,704,459	8,672,368	19,376,827	0.102444	0.102444	0.103366 69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	357,414	919,099	1,276,513	0.156275	0.156275	0.156275 70
71 MEDICAL SUPPLIES CHRGD TO	1,993,873	371,898	2,365,771	0.746142	0.746142	0.746142 71
72 IMPL. DEV. CHARGED TO PATIE	14,609,656	3,940,226	18,549,882	0.321098	0.321098	0.321098 72
73 DRUGS CHARGED TO PATIENTS	62,142,657	26,767,058	88,909,715	0.156227	0.156227	0.156227 73
74 RENAL DIALYSIS	2,686,342	182,588	2,868,930	0.336214	0.336214	0.339391 74
75.10 GI LAB	4,713,599	15,411,154	20,124,753	0.153968	0.153968	0.153968 75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	143,144	4,776	147,920	0.414826	0.414826	0.414826 76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	117,903	1,402,003	1,519,906	0.567076	0.567076	0.567076 90
90.01 PALOS DIAGNOSTIC CENTER	753	1,094,132	1,094,885	0.433900	0.433900	0.433900 90.01
91 EMERGENCY	26,571,888	52,267,427	78,839,315	0.105314	0.105314	0.106859 91
92 OBSERVATION BEDS	514,114	5,030,119	5,544,233	0.536329	0.536329	0.536329 92
93 OUTPATIENT REHAB	1,108	4,298,217	4,299,325	0.511986	0.511986	0.511986 93
93.10 WOUND CARE CENTER	69,211	4,626,445	4,695,656	0.173987	0.173987	0.177867 93.10
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 MOBILE MED						117
200 SUBTOTAL (SEE INSTRUCTIONS)	438,459,447	338,834,760	777,294,207			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	438,459,447	338,834,760	777,294,207			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 CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,354,565		2,354,565	48.49	25,104	1,217,293	30
31 INTENSIVE CARE UNIT	343,449		343,449	55.60	3,173	176,419	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.10 NICU	52,096		52,096	50.68			34.10
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	237,775		237,775	50.11	2,059	103,176	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	26,727		26,727	12.59			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,014,612		3,014,612		30,336	1,496,888	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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	1,438,453	65,226,419	0.022053	13,319,434	293,733	50
52 DELIVERY ROOM & LABOR ROOM	375,959	16,242,876	0.023146	46,244	1,070	52
53 ANESTHESIOLOGY	67,501	19,328,558	0.003492	3,849,869	13,444	53
54 RADIOLOGY-DIAGNOSTIC	1,126,787	35,620,991	0.031633	8,975,675	283,928	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	986,743	18,821,186	0.052427	794,500	41,653	55
56 RADIOISOTOPE	105,418	11,544,347	0.009132	2,194,091	20,036	56
56.10 ULTRASOUND	139,503	16,094,194	0.008668	2,971,216	25,755	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	386,516	53,931,163	0.007167	11,498,310	82,408	57
58 MAGNETIC RESONANCE IMAGING (M	379,876	9,688,770	0.039208	1,837,869	72,059	58
59 CARDIAC CATHETERIZATION	311,119	17,959,524	0.017323	5,422,436	93,933	59
60 LABORATORY	599,105	116,093,968	0.005161	29,325,934	151,351	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	278,316	22,600,996	0.012314	11,706,004	144,148	65
65.01 SLEEP LAB	21,535	1,474,316	0.014607	4,831	71	65.01
66 PHYSICAL THERAPY	144,375	8,242,624	0.017516	2,095,634	36,707	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	33,933	1,976,874	0.017165	819,991	14,075	68
69 ELECTROCARDIOLOGY	304,376	19,376,827	0.015708	5,822,059	91,453	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	28,626	1,276,513	0.022425	197,045	4,419	70
71 MEDICAL SUPPLIES CHRGD TO PA	300,526	2,365,771	0.127031	1,123,721	142,747	71
72 IMPL. DEV. CHARGED TO PATIENT	57,034	18,549,882	0.003075	7,087,340	21,794	72
73 DRUGS CHARGED TO PATIENTS	466,492	88,909,715	0.005247	33,117,297	173,766	73
74 RENAL DIALYSIS	27,225	2,868,930	0.009490	1,796,003	17,044	74
75.10 GI LAB	292,986	20,124,753	0.014558	2,822,012	41,083	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	6,962	147,920	0.047066	88,917	4,185	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	84,745	1,519,906	0.055757	44,251	2,467	90
90.01 PALOS DIAGNOSTIC CENTER	51,208	1,094,885	0.046770	738	35	90.01
91 EMERGENCY	328,982	78,839,315	0.004173	13,913,578	58,061	91
92 OBSERVATION BEDS	199,197	5,544,233	0.035929	390,462	14,029	92
93 OUTPATIENT REHAB	227,425	4,299,325	0.052898			93
93.10 WOUND CARE CENTER	55,580	4,695,656	0.011836	36,951	437	93.10
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	8,826,503	664,460,437		161,302,412	1,845,891	200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 23:49

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
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU					34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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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 PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	48,558		25,104		30
31 INTENSIVE CARE UNIT	6,177		3,173		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU	1,028				34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,745		2,059		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,123				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	62,631		30,336		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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 COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
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
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
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 (14-0179)	[] 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	65,226,419		13,319,434		10,383,366	50
52	DELIVERY ROOM & LABOR ROOM	16,242,876		46,244		32,929	52
53	ANESTHESIOLOGY	19,328,558		3,849,869		2,710,669	53
54	RADIOLOGY-DIAGNOSTIC	35,620,991		8,975,675		5,589,101	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	18,821,186		794,500		8,411,881	55
56	RADIOISOTOPE	11,544,347		2,194,091		3,551,908	56
56.10	ULTRASOUND	16,094,194		2,971,216		2,659,104	56.10
57	COMPUTED TOMOGRAPHY (CT) SCA	53,931,163		11,498,310		11,698,067	57
58	MAGNETIC RESONANCE IMAGING (	9,688,770		1,837,869		1,631,523	58
59	CARDIAC CATHETERIZATION	17,959,524		5,422,436		3,105,771	59
60	LABORATORY	116,093,968		29,325,934		2,232,161	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	22,600,996		11,706,004		709,655	65
65.01	SLEEP LAB	1,474,316		4,831		394,143	65.01
66	PHYSICAL THERAPY	8,242,624		2,095,634		47	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	1,976,874		819,991		51	68
69	ELECTROCARDIOLOGY	19,376,827		5,822,059		3,658,008	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	1,276,513		197,045		300,737	70
71	MEDICAL SUPPLIES CHRGED TO P	2,365,771		1,123,721		174,965	71
72	IMPL. DEV. CHARGED TO PATIEN	18,549,882		7,087,340		1,731,477	72
73	DRUGS CHARGED TO PATIENTS	88,909,715		33,117,297		11,071,189	73
74	RENAL DIALYSIS	2,868,930		1,796,003		55,553	74
75.10	GI LAB	20,124,753		2,822,012		5,626,340	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	147,920		88,917		255	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,519,906		44,251		430,340	90
90.01	PALOS DIAGNOSTIC CENTER	1,094,885		738		638,509	90.01
91	EMERGENCY	78,839,315		13,913,578		10,522,352	91
92	OBSERVATION BEDS	5,544,233		390,462		1,739,375	92
93	OUTPATIENT REHAB	4,299,325				93	93
93.10	WOUND CARE CENTER	4,695,656		36,951		2,801,579	93.10
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	664,460,437		161,302,412		91,861,148	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] 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. SERVICES	COST REIMB. SVCES NOT	PPS	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES 2	SUBJECT TO DED & COINS 3	SUBJECT TO DED & COINS 4	SERVICES 5	SUBJECT TO DED & COINS 6	SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.245460	10,383,366			2,548,701			50
52 DELIVERY ROOM & LABOR ROOM	0.273763	32,929			9,015			52
53 ANESTHESIOLOGY	0.039424	2,710,669			106,865			53
54 RADIOLOGY-DIAGNOSTIC	0.197273	5,589,101			1,102,579			54
54.01 BREAST HEALTH CENTER								54.01
55 RADIOLOGY-THERAPEUTIC	0.258305	8,411,881			2,172,831			55
56 RADIOISOTOPE	0.169653	3,551,908			602,592			56
56.10 ULTRASOUND	0.121969	2,659,104			324,328			56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045424	11,698,067			531,373			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.129871	1,631,523			211,888			58
59 CARDIAC CATHETERIZATION	0.075344	3,105,771			234,001			59
60 LABORATORY	0.110293	2,232,161			246,192			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.166290	709,655			118,009			65
65.01 SLEEP LAB	0.201349	394,143			79,360			65.01
66 PHYSICAL THERAPY	0.331853	47			16			66
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY	0.187966	51			10			68
69 ELECTROCARDIOLOGY	0.102444	3,658,008			374,741			69
69.01 C-PORT								69.01
70 ELECTROENCEPHALOGRAPHY	0.156275	300,737			46,998			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.746142	174,965			130,549			71
72 IMPL. DEV. CHARGED TO PATIENT	0.321098	1,731,477			555,974			72
73 DRUGS CHARGED TO PATIENTS	0.156227	11,071,189		23,008	1,729,619		3,594	73
74 RENAL DIALYSIS	0.336214	55,553			18,678			74
75.10 GI LAB	0.153968	5,626,340			866,276			75.10
76 ENTEROSTOMAL THERAPY								76
76.10 NEUROLOGY								76.10
76.20 EMG								76.20
76.30 OS SVCS	0.414826	255			106			76.30
76.40 AUDIOLOGY								76.40
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.567076	430,340			244,035			90
90.01 PALOS DIAGNOSTIC CENTER	0.433900	638,509			277,049			90.01
91 EMERGENCY	0.105314	10,522,352			1,108,151			91
92 OBSERVATION BEDS	0.536329	1,739,375			932,877			92
93 OUTPATIENT REHAB	0.511986	93			48			93
93.10 WOUND CARE CENTER	0.173987	2,801,579			487,438			93.10
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		91,861,148		23,008	15,060,299		3,594	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		91,861,148		23,008	15,060,299		3,594	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-S179) [] 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	1,438,453	65,226,419	0.022053				50
52	DELIVERY ROOM & LABOR ROOM	375,959	16,242,876	0.023146				52
53	ANESTHESIOLOGY	67,501	19,328,558	0.003492				53
54	RADIOLOGY-DIAGNOSTIC	1,126,787	35,620,991	0.031633	30,622	969		54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	986,743	18,821,186	0.052427				55
56	RADIOISOTOPE	105,418	11,544,347	0.009132	5,441	50		56
56.10	ULTRASOUND	139,503	16,094,194	0.008668	2,854	25		56.10
57	COMPUTED TOMOGRAPHY (CT) SCAN	386,516	53,931,163	0.007167	76,747	550		57
58	MAGNETIC RESONANCE IMAGING (M	379,876	9,688,770	0.039208	12,991	509		58
59	CARDIAC CATHETERIZATION	311,119	17,959,524	0.017323				59
60	LABORATORY	599,105	116,093,968	0.005161	700,454	3,615		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	278,316	22,600,996	0.012314	52,754	650		65
65.01	SLEEP LAB	21,535	1,474,316	0.014607				65.01
66	PHYSICAL THERAPY	144,375	8,242,624	0.017516	44,015	771		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	33,933	1,976,874	0.017165	1,462	25		68
69	ELECTROCARDIOLOGY	304,376	19,376,827	0.015708	57,216	899		69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	28,626	1,276,513	0.022425	5,880	132		70
71	MEDICAL SUPPLIES CHRGD TO PA	300,526	2,365,771	0.127031	5,959	757		71
72	IMPL. DEV. CHARGED TO PATIENT	57,034	18,549,882	0.003075				72
73	DRUGS CHARGED TO PATIENTS	466,492	88,909,715	0.005247	467,740	2,454		73
74	RENAL DIALYSIS	27,225	2,868,930	0.009490	19,695	187		74
75.10	GI LAB	292,986	20,124,753	0.014558	2,922	43		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	6,962	147,920	0.047066				76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	84,745	1,519,906	0.055757	643	36		90
90.01	PALOS DIAGNOSTIC CENTER	51,208	1,094,885	0.046770				90.01
91	EMERGENCY	328,982	78,839,315	0.004173	326,092	1,361		91
92	OBSERVATION BEDS	199,197	5,544,233	0.035929				92
93	OUTPATIENT REHAB	227,425	4,299,325	0.052898				93
93.10	WOUND CARE CENTER	55,580	4,695,656	0.011836				93.10
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	8,826,503	664,460,437		1,813,487	13,033		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-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN				COST	MEDICAL	(SUM OF	(SUM OF
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	COLS. 1-4)	COLS. 2-4)
	COST			COST		
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
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
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
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	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S179)	[] 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	65,226,419					50
52	DELIVERY ROOM & LABOR ROOM	16,242,876					52
53	ANESTHESIOLOGY	19,328,558					53
54	RADIOLOGY-DIAGNOSTIC	35,620,991			30,622		54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	18,821,186					55
56	RADIOISOTOPE	11,544,347			5,441		56
56.10	ULTRASOUND	16,094,194			2,854		56.10
57	COMPUTED TOMOGRAPHY (CT) SCA	53,931,163			76,747		57
58	MAGNETIC RESONANCE IMAGING (	9,688,770			12,991		58
59	CARDIAC CATHETERIZATION	17,959,524					59
60	LABORATORY	116,093,968			700,454		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	22,600,996			52,754		65
65.01	SLEEP LAB	1,474,316					65.01
66	PHYSICAL THERAPY	8,242,624			44,015		66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	1,976,874			1,462		68
69	ELECTROCARDIOLOGY	19,376,827			57,216		69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	1,276,513			5,880		70
71	MEDICAL SUPPLIES CHRGED TO P	2,365,771			5,959		71
72	IMPL. DEV. CHARGED TO PATIEN	18,549,882					72
73	DRUGS CHARGED TO PATIENTS	88,909,715			467,740		73
74	RENAL DIALYSIS	2,868,930			19,695		74
75.10	GI LAB	20,124,753			2,922		75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	147,920					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,519,906			643		90
90.01	PALOS DIAGNOSTIC CENTER	1,094,885					90.01
91	EMERGENCY	78,839,315			326,092		91
92	OBSERVATION BEDS	5,544,233					92
93	OUTPATIENT REHAB	4,299,325					93
93.10	WOUND CARE CENTER	4,695,656					93.10
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	664,460,437			1,813,487		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-S179) [] 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	COST SERVICES	COST SVCS NOT	
	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	0.245460						50
52 DELIVERY ROOM & LABOR ROOM	0.273763						52
53 ANESTHESIOLOGY	0.039424						53
54 RADIOLOGY-DIAGNOSTIC	0.197273						54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.258305						55
56 RADIOISOTOPE	0.169653						56
56.10 ULTRASOUND	0.121969						56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045424						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.129871						58
59 CARDIAC CATHETERIZATION	0.075344						59
60 LABORATORY	0.110293						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.166290						65
65.01 SLEEP LAB	0.201349						65.01
66 PHYSICAL THERAPY	0.331853						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	0.187966						68
69 ELECTROCARDIOLOGY	0.102444						69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	0.156275						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.746142						71
72 IMPL. DEV. CHARGED TO PATIENT	0.321098						72
73 DRUGS CHARGED TO PATIENTS	0.156227						73
74 RENAL DIALYSIS	0.336214						74
75.10 GI LAB	0.153968						75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	0.414826						76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.567076						90
90.01 PALOS DIAGNOSTIC CENTER	0.433900						90.01
91 EMERGENCY	0.105314						91
92 OBSERVATION BEDS	0.536329						92
93 OUTPATIENT REHAB	0.511986						93
93.10 WOUND CARE CENTER	0.173987						93.10
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 CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,354,565	2,354,565	48,558	48.49	5,207	252,487	30
31 INTENSIVE CARE UNIT	343,449	343,449	6,177	55.60	784	43,590	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.10 NICU	52,096	52,096	1,028	50.68	755	38,263	34.10
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	237,775	237,775	4,745	50.11			40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	26,727	26,727	2,123	12.59	1,173	14,768	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,014,612	3,014,612	62,631		7,919	349,108	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 (14-0179) [] IPF [] 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	1,438,453	65,226,419	0.022053					50
52	DELIVERY ROOM & LABOR ROOM	375,959	16,242,876	0.023146					52
53	ANESTHESIOLOGY	67,501	19,328,558	0.003492					53
54	RADIOLOGY-DIAGNOSTIC	1,126,787	35,620,991	0.031633					54
54.01	BREAST HEALTH CENTER								54.01
55	RADIOLOGY-THERAPEUTIC	986,743	18,821,186	0.052427					55
56	RADIOISOTOPE	105,418	11,544,347	0.009132					56
56.10	ULTRASOUND	139,503	16,094,194	0.008668					56.10
57	COMPUTED TOMOGRAPHY (CT) SCAN	386,516	53,931,163	0.007167					57
58	MAGNETIC RESONANCE IMAGING (M	379,876	9,688,770	0.039208					58
59	CARDIAC CATHETERIZATION	311,119	17,959,524	0.017323					59
60	LABORATORY	599,105	116,093,968	0.005161					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY	278,316	22,600,996	0.012314					65
65.01	SLEEP LAB	21,535	1,474,316	0.014607					65.01
66	PHYSICAL THERAPY	144,375	8,242,624	0.017516					66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	33,933	1,976,874	0.017165					68
69	ELECTROCARDIOLOGY	304,376	19,376,827	0.015708					69
69.01	C-PORT								69.01
70	ELECTROENCEPHALOGRAPHY	28,626	1,276,513	0.022425					70
71	MEDICAL SUPPLIES CHRGD TO PA	300,526	2,365,771	0.127031					71
72	IMPL. DEV. CHARGED TO PATIENT	57,034	18,549,882	0.003075					72
73	DRUGS CHARGED TO PATIENTS	466,492	88,909,715	0.005247					73
74	RENAL DIALYSIS	27,225	2,868,930	0.009490					74
75.10	GI LAB	292,986	20,124,753	0.014558					75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	6,962	147,920	0.047066					76.30
76.40	AUDIOLOGY								76.40
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	84,745	1,519,906	0.055757					90
90.01	PALOS DIAGNOSTIC CENTER	51,208	1,094,885	0.046770					90.01
91	EMERGENCY	328,982	78,839,315	0.004173					91
92	OBSERVATION BEDS	199,197	5,544,233	0.035929					92
93	OUTPATIENT REHAB	227,425	4,299,325	0.052898					93
93.10	WOUND CARE CENTER	55,580	4,695,656	0.011836					93.10
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	8,826,503	664,460,437						200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 23:49

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
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					34.10
34.10 NICU					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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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 PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	48,558		5,207		30
31 INTENSIVE CARE UNIT	6,177		784		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU	1,028		755		34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,745				40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,123		1,173		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	62,631		7,919		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
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
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
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 (14-0179)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] 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	65,226,419					50
52	DELIVERY ROOM & LABOR ROOM	16,242,876					52
53	ANESTHESIOLOGY	19,328,558					53
54	RADIOLOGY-DIAGNOSTIC	35,620,991					54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	18,821,186					55
56	RADIOISOTOPE	11,544,347					56
56.10	ULTRASOUND	16,094,194					56.10
57	COMPUTED TOMOGRAPHY (CT) SCA	53,931,163					57
58	MAGNETIC RESONANCE IMAGING (	9,688,770					58
59	CARDIAC CATHETERIZATION	17,959,524					59
60	LABORATORY	116,093,968					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	22,600,996					65
65.01	SLEEP LAB	1,474,316					65.01
66	PHYSICAL THERAPY	8,242,624					66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	1,976,874					68
69	ELECTROCARDIOLOGY	19,376,827					69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	1,276,513					70
71	MEDICAL SUPPLIES CHRGED TO P	2,365,771					71
72	IMPL. DEV. CHARGED TO PATIEN	18,549,882					72
73	DRUGS CHARGED TO PATIENTS	88,909,715					73
74	RENAL DIALYSIS	2,868,930					74
75.10	GI LAB	20,124,753					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	147,920					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,519,906					90
90.01	PALOS DIAGNOSTIC CENTER	1,094,885					90.01
91	EMERGENCY	78,839,315					91
92	OBSERVATION BEDS	5,544,233					92
93	OUTPATIENT REHAB	4,299,325					93
93.10	WOUND CARE CENTER	4,695,656					93.10
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	664,460,437					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] 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. SVCS NOT	COST SERVICES	COST SVCS NOT	
	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	0.245460						50
52 DELIVERY ROOM & LABOR ROOM	0.273763						52
53 ANESTHESIOLOGY	0.039424						53
54 RADIOLOGY-DIAGNOSTIC	0.197273						54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.258305						55
56 RADIOISOTOPE	0.169653						56
56.10 ULTRASOUND	0.121969						56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045424						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.129871						58
59 CARDIAC CATHETERIZATION	0.075344						59
60 LABORATORY	0.110293						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.166290						65
65.01 SLEEP LAB	0.201349						65.01
66 PHYSICAL THERAPY	0.331853						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	0.187966						68
69 ELECTROCARDIOLOGY	0.102444						69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	0.156275						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.746142						71
72 IMPL. DEV. CHARGED TO PATIENT	0.321098						72
73 DRUGS CHARGED TO PATIENTS	0.156227						73
74 RENAL DIALYSIS	0.336214						74
75.10 GI LAB	0.153968						75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	0.414826						76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.567076						90
90.01 PALOS DIAGNOSTIC CENTER	0.433900						90.01
91 EMERGENCY	0.105314						91
92 OBSERVATION BEDS	0.536329						92
93 OUTPATIENT REHAB	0.511986						93
93.10 WOUND CARE CENTER	0.173987						93.10
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 (14-0179) [] 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)	48,558	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	48,558	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,450	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)	25,104	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)	35,148,226	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	35,148,226	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.766661	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)	1,031.40	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)	35,148,226	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0179) [] 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) 723.84 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 18,171,279 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) 18,171,279 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	8,228,550	6,177	1,332.13	3,173	4,226,848	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.10 NICU	2,468,056	1,028	2,400.83			46.10
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					25,125,617	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					47,523,744	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,393,712 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,845,891 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,239,603 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 44,284,141 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) 4,108 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 723.84 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,973,535 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	2,354,565	35,148,226	0.066990	2,973,535	199,197	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-S179) [] 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)	4,745	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,745	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,745	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)	2,059	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)	3,190,122	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	3,190,122	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,080,389	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,080,389	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.035623	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)	649.19	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)	3,190,122	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-S179) [] 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) 672.31 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,384,286 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) 1,384,286 41
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 240,224 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 1,624,510 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 103,176 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 13,033 51
 52 TOTAL PROGRAM EXCLUDABLE COST 116,209 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 1,508,301 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 (14-0179) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] 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)	48,558	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	48,558	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,450	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)	5,207	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)	2,123	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,173	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)	35,126,560	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	35,126,560	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,845,843	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.766189	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)	1,031.40	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)	35,126,560	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0179) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] 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) 723.39 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,766,692 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) 3,766,692 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,060,571	2,123	499.56	1,173	585,984 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,228,550	6,177	1,332.13	784	1,044,390 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
46.10 NICU	1,762,892	1,028	1,714.88	755	1,294,734 46.10
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,691,800 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 349,108 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 349,108 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,108 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	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[] TITLE V	[XX] HOSPITAL (14-0179)	[] 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	INPATIENT	INPATIENT		
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS		
	1	2	(COL.1 x COL.2)	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS	45,609,645		30	
31	INTENSIVE CARE UNIT	9,853,286		31	
34.10	NICU			34.10	
40	SUBPROVIDER - IPF			40	
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.246738	13,319,434	3,286,411	50
52	DELIVERY ROOM & LABOR ROOM	0.274188	46,244	12,680	52
53	ANESTHESIOLOGY	0.039517	3,849,869	152,135	53
54	RADIOLOGY-DIAGNOSTIC	0.197273	8,975,675	1,770,658	54
54.01	BREAST HEALTH CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.258305	794,500	205,223	55
56	RADIOISOTOPE	0.169653	2,194,091	372,234	56
56.10	ULTRASOUND	0.121969	2,971,216	362,396	56.10
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.045424	11,498,310	522,299	57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.129871	1,837,869	238,686	58
59	CARDIAC CATHETERIZATION	0.076073	5,422,436	412,501	59
60	LABORATORY	0.110293	29,325,934	3,234,445	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.168775	11,706,004	1,975,681	65
65.01	SLEEP LAB	0.201349	4,831	973	65.01
66	PHYSICAL THERAPY	0.331853	2,095,634	695,442	66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	0.187966	819,991	154,130	68
69	ELECTROCARDIOLOGY	0.103366	5,822,059	601,803	69
69.01	C-PORT				69.01
70	ELECTROENCEPHALOGRAPHY	0.156275	197,045	30,793	70
71	MEDICAL SUPPLIES CHRGD TO PATI	0.746142	1,123,721	838,455	71
72	IMPL. DEV. CHARGED TO PATIENT	0.321098	7,087,340	2,275,731	72
73	DRUGS CHARGED TO PATIENTS	0.156227	33,117,297	5,173,816	73
74	RENAL DIALYSIS	0.339391	1,796,003	609,547	74
75.10	GI LAB	0.153968	2,822,012	434,500	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.414826	88,917	36,885	76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPS				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	0.567076	44,251	25,094	90
90.01	PALOS DIAGNOSTIC CENTER	0.433900	738	320	90.01
91	EMERGENCY	0.106859	13,913,578	1,486,791	91
92	OBSERVATION BEDS	0.536329	390,462	209,416	92
93	OUTPATIENT REHAB	0.511986			93
93.10	WOUND CARE CENTER	0.177867	36,951	6,572	93.10
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		161,302,412	25,125,617	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		161,302,412		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-S179) [] 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
34.10 NICU				34.10
40 SUBPROVIDER - IPF		3,400,397		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.246738			50
52 DELIVERY ROOM & LABOR ROOM	0.274188			52
53 ANESTHESIOLOGY	0.039517			53
54 RADIOLOGY-DIAGNOSTIC	0.197273	30,622	6,041	54
54.01 BREAST HEALTH CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.258305			55
56 RADIOISOTOPE	0.169653	5,441	923	56
56.10 ULTRASOUND	0.121969	2,854	348	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045424	76,747	3,486	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.129871	12,991	1,687	58
59 CARDIAC CATHETERIZATION	0.076073			59
60 LABORATORY	0.110293	700,454	77,255	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168775	52,754	8,904	65
65.01 SLEEP LAB	0.201349			65.01
66 PHYSICAL THERAPY	0.331853	44,015	14,607	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.187966	1,462	275	68
69 ELECTROCARDIOLOGY	0.103366	57,216	5,914	69
69.01 C-PORT				69.01
70 ELECTROENCEPHALOGRAPHY	0.156275	5,880	919	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.746142	5,959	4,446	71
72 IMPL. DEV. CHARGED TO PATIENT	0.321098			72
73 DRUGS CHARGED TO PATIENTS	0.156227	467,740	73,074	73
74 RENAL DIALYSIS	0.339391	19,695	6,684	74
75.10 GI LAB	0.153968	2,922	450	75.10
76 ENTEROSTOMAL THERAPY				76
76.10 NEUROLOGY				76.10
76.20 EMG				76.20
76.30 OS SVCS	0.414826			76.30
76.40 AUDIOLOGY				76.40
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.567076	643	365	90
90.01 PALOS DIAGNOSTIC CENTER	0.433900			90.01
91 EMERGENCY	0.106859	326,092	34,846	91
92 OBSERVATION BEDS	0.536329			92
93 OUTPATIENT REHAB	0.511986			93
93.10 WOUND CARE CENTER	0.177867			93.10
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,813,487	240,224	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,813,487		202

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/28/2012 23:49

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] 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
34.10 NICU					34.10
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.245460				50
52 DELIVERY ROOM & LABOR ROOM	0.273763				52
53 ANESTHESIOLOGY	0.039424				53
54 RADIOLOGY-DIAGNOSTIC	0.197273				54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.258305				55
56 RADIOISOTOPE	0.169653				56
56.10 ULTRASOUND	0.121969				56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045424				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.129871				58
59 CARDIAC CATHETERIZATION	0.075344				59
60 LABORATORY	0.110293				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.166290				65
65.01 SLEEP LAB	0.201349				65.01
66 PHYSICAL THERAPY	0.331853				66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY	0.187966				68
69 ELECTROCARDIOLOGY	0.102444				69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY	0.156275				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.746142				71
72 IMPL. DEV. CHARGED TO PATIENT	0.321098				72
73 DRUGS CHARGED TO PATIENTS	0.156227				73
74 RENAL DIALYSIS	0.336214				74
75.10 GI LAB	0.153968				75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS	0.414826				76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.567076				90
90.01 PALOS DIAGNOSTIC CENTER	0.433900				90.01
91 EMERGENCY	0.105314				91
92 OBSERVATION BEDS	0.536329				92
93 OUTPATIENT REHAB	0.511986				93
93.10 WOUND CARE CENTER	0.173987				93.10
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 (14-0179)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	45,036,589	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	302,815	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	4,967,334	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	262.78	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)	3.09	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.	0.25	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.	2.05	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)	4.89	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	5.41	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	4.89	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	5.05	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	3.97	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	4.64	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	4.64	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.017657	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.019356	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.017657	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	480,238	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)	0.52	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)	480,238	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0485	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1649	31
32	SUM OF LINES 30 AND 31	0.2134	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0682	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,071,495	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)	48,891,137	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)	48,891,137	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,859,945	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0179)
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)	287,828	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)	53,038,910	59
60	PRIMARY PAYER PAYMENTS	3,868	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	53,035,042	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,995,508	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	255,667	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,095,473	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	766,831	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	592,968	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	49,550,698	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (IME REIMBURSEMENT)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	49,550,698	71
72	INTERIM PAYMENTS	49,105,524	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	445,174	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	540,669	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 [XX] IPF (14-S179) [] 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 OPPS (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 (14-0179) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49,548,725		12,102,609	1
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.		NONE		NONE	2
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	NONE	06/15/2012	11,173	3.01
	.02		03/23/2012	100,368	3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50			NONE	3.50
	.51	03/23/2012			3.51
	.52	06/15/2012			3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-443,201		111,541	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		49,105,524		12,214,150	4

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				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				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				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	PROVIDER .04				6.04
	TO .05				6.05
	PROGRAM .06				6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S179) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,517,534		1
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.		NONE		2
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	NONE		3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	.52			3.52
	.53			3.53
	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,517,534		4

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			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			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			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 23:49

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0179) 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	12,211	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	28,277	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,984	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	51,655	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	777,294,207	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	29,717,845	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-S179)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,705,439	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT	7,680	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)	12.964481	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)	1,713,119	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)	1,713,119	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,713,119	18
19	DEDUCTIBLES	160,320	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,552,799	20
21	COINSURANCE	35,265	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,517,534	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	44,682	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	31,277	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	34,820	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,548,811	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)	1,548,811	31
32	INTERIM PAYMENTS	1,517,534	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	31,277	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 (14-0179) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] 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	6,691,800	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,691,800	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,691,800	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))	6,691,800	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			3.09	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			0.25	3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			2.05	4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			4.89	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			5.70	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			4.89	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	2.69	3.01	5.70	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	2.31	2.58	4.89	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	2.31	2.58		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	2.21	2.84		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	1.47	2.60		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	2.00	2.67		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	2.00	2.67		17
18	PER RESIDENT AMOUNT	138,780.04	137,281.94		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	277,560	366,543	644,103	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			0.81	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			644,103	25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	30,336	3,019		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	56,400	56,400		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.537872	0.053528		28
29	PROGRAM DIRECT GME AMOUNT	346,445	34,478		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		4,872		30
31	NET PROGRAM DIRECT GME AMOUNT			376,051	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			2,868,930	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			49,148,254	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			3,868	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			49,144,386	41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			15,063,893	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			521	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			15,063,372	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			64,207,758	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.765396	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.234604	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			376,051	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			287,828	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			88,223	50

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	6,746	1,110	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	56,400	56,400	27
29	PROGRAM DIRECT GME AMOUNT	0.119610	0.019681	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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	6,839,744			1
2	TEMPORARY INVESTMENTS		18,062		2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	22,808,571			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	4,890,261			8
9	OTHER CURRENT ASSETS	1,815,547			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	36,354,123	18,062		11
FIXED ASSETS					
12	LAND	8,954,323			12
13	LAND IMPROVEMENTS	9,343,739			13
14	ACCUMULATED DEPRECIATION	-5,115,174			14
15	BUILDINGS	145,308,459			15
16	ACCUMULATED DEPRECIATION	-109,402,950			16
17	LEASEHOLD IMPROVEMENTS				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	92,265,739			23
24	ACCUMULATED DEPRECIATION	-73,568,248			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)	67,785,888			30
OTHER ASSETS					
31	INVESTMENTS	569,708,205	654,267		31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	109,588,938			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	679,297,143	654,267		35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	783,437,154	672,329		36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	8,643,800			37
38	SALARIES, WAGES & FEES PAYABLE	28,827,553			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	3,875,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	32,461,898			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	73,808,251			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	188,137,240			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	91,434,150			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	279,571,390			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	353,379,641			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	430,057,513			52
53	SPECIFIC PURPOSE FUND BALANCE		672,329		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)	430,057,513	672,329		59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	783,437,154	672,329		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	430,849,234			872,554					1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	15,017,127								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	445,866,361			872,554					3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 NET INCREASE IN TEMPORARILY	675,000		1,199,817						6
7 NET ASSET TRANSFER			824,208						7
8 OTHER	51,440								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	726,440			2,024,025					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	446,592,801			2,896,579					11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 PENSION RELATED CHANGE	5,578,733								13
14 RESTR ASSETS REL FOR OPER			2,224,250						14
15 NET ASSET TRANSFER	10,756,681								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	16,335,414			2,224,250					18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	430,257,387			672,329					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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	85,304,026		85,304,026	1
2 SUBPROVIDER IPF	7,836,378		7,836,378	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				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)	93,140,404		93,140,404	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	17,367,319		17,367,319	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
14.10 NICU	3,680,176		3,680,176	14.10
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	21,047,495		21,047,495	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	114,187,899		114,187,899	17
18 ANCILLARY SERVICES	329,498,472	348,798,789	678,297,261	18
19 OUTPATIENT SERVICES		262,786	262,786	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,526,868	5,526,868	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	443,686,371	354,588,443	798,274,814	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		180,759,566	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)		180,759,566	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	798,274,814	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	627,059,197	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	171,215,617	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	180,759,566	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-9,543,949	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	731,308	6
7	INCOME FROM INVESTMENTS	15,593,605	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	258,333	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1,585	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	659,174	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	52,762	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	66,242	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	7,770	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	14,183	21
22	RENTAL OF HOSPITAL SPACE	104,006	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (ENGINEERING MISC REV)	29,974	24
24.01	OTHER (ADULT DAY CARE)		24.01
24.02	OTHER (CARDIOLOGY PROFESSIONAL BILLING REV)	212,201	24.02
24.03	OTHER (AFFILIATE SERVICES)	494,423	24.03
24.04	OTHER (HEALTH PROMOTION)	107,322	24.04
24.05	OTHER (LAB OTHER REVENUE)	282,363	24.05
24.06	OTHER (LOSS ON SALE OF ASSETS)	-216,424	24.06
24.07	OTHER (MISCELLANEOUS REVENUE)	144,280	24.07
24.08	OTHER (SELF INSURANCE INVESTMENT INCOME)	2,800,256	24.08
24.09	OTHER (MATERNAL EDUCATION)	6,081	24.09
24.10	OTHER (SCRAP SILVER REVENUE)	3,382	24.10
24.11	OTHER (MEDICAL STAFFAPPLICATIONS)	24,500	24.11
24.12	OTHER (VOTIVE LIGHT REVENUE)	9,432	24.12
24.13	OTHER (RENTAL INCOME OTHER BUILDINGS)	240,136	24.13
24.15	OTHER (CASH SHORT/OVER)	-1,415	24.15
24.16	OTHER (REALIZED LOSS ON INVESTMENTS)	-4,226,243	24.16
24.17	OTHER (VOLUNTEER IMPUTED SALARIES)	755,047	24.17
24.18	OTHER (EKG REVENUE)	2,674	24.18
24.20	OTHER (UNRELAIZED GAIN ON INVESTMENTS)	6,404,119	24.20
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	24,561,076	25
26	TOTAL (LINE 5 PLUS LINE 25)	15,017,127	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	15,017,127	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

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						4
5 ADMINISTRATIVE AND GENERAL	587,204	121,786			171,340	880,330
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	1,010,949	209,671	53,218			1,273,838
8 PHYSICAL THERAPY	276,546	57,356	15,826	199,866		549,594
9 OCCUPATIONAL THERAPY	8,992	1,865	522	25,340		36,719
10 SPEECH PATHOLOGY				8,868		8,868
11 MEDICAL SOCIAL SERVICES	20,568	4,266	646			25,480
12 HOME HEALTH AIDE	28,073	5,822	3,388			37,283
13 SUPPLIES (SEE INSTRUCTIONS)					151,181	151,181
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						
17 HOME DIALYSIS AIDE SERVICES						15
18 RESPIRATORY THERAPY						16
19 PRIVATE DUTY NURSING						17
20 CLINIC						18
21 HEALTH PROMOTION ACTIVITIES						19
22 DAY CARE PROGRAM						20
23 HOME DELIVERED MEALS PROGRAM						21
24 HOMEMAKER SERVICE						22
25 ALL OTHERS						23
26 TOTAL (SUM OF LINES 1-23)	1,932,332	400,766	73,600	234,074	322,521	2,963,293

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

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	-86,700	793,630		793,630	5
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24	-86,700	2,876,593		2,876,593	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7404

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					-793,630	2,082,963	5
6 SKILLED NURSING CARE						1,273,838	6
7 PHYSICAL THERAPY						549,594	7
8 OCCUPATIONAL THERAPY						36,719	8
9 SPEECH PATHOLOGY						8,868	9
10 MEDICAL SOCIAL SERVICES						25,480	10
11 HOME HEALTH AIDE						37,283	11
12 SUPPLIES (SEE INSTRUCTIONS)						151,181	12
13 DRUGS							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)					-793,630	2,082,963	24
25 COST TO BE ALLOC (PER W/S H)						793,630	25
26 UNIT COST MULTIPLIER						0.381010	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	390,142		390,142			1
2 SKILLED NURSING CARE	2,128,876		2,128,876	238,593	2,367,469	2
3 PHYSICAL THERAPY	918,498		918,498	102,940	1,021,438	3
4 OCCUPATIONAL THERAPY	61,365		61,365	6,877	68,242	4
5 SPEECH PATHOLOGY	14,821		14,821	1,661	16,482	5
6 MEDICAL SOCIAL SERVICES	42,583		42,583	4,772	47,355	6
7 HOME HEALTH AIDE	62,308		62,308	6,983	69,291	7
8 SUPPLIES	252,658		252,658	28,316	280,974	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
20 TOTAL (SUM OF LINES 1-19)	3,871,251		3,871,251	390,142	3,871,251	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.				0.112074		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	4,075	23,768		61,492		104,754		4,075	1
2 SKILLED NURSING CARE						1,759,184			2
3 PHYSICAL THERAPY						758,995			3
4 OCCUPATIONAL THERAPY						50,709			4
5 SPEECH PATHOLOGY						12,247			5
6 MEDICAL SOCIAL SERVICES						35,188			6
7 HOME HEALTH AIDE						51,488			7
8 SUPPLIES						208,782			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)	4,075	23,768		61,492		2,981,347		4,075	20
21 TOTAL COST TO BE ALLOCATED	33,835	23,728		47,191		626,530		105,505	21
22 UNIT COST MULTIPLIER	8.303067								22
22 UNIT COST MULTIPLIER		0.998317		0.767433		0.210150		25.890798	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	
1 ADMINISTRATIVE AND GENERAL		4,075				61,492		1,457	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)		4,075				61,492		1,457	20
21 TOTAL COST TO BE ALLOCATED		34,936				122,314		619	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		8.573252				1.989104		0.424846	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

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	2,367,469		2,367,469	12,943	182.92	1
2	PHYSICAL THERAPY	3	1,021,438		1,021,438	6,373	160.28	2
3	OCCUPATIONAL THERAPY	4	68,242		68,242	447	152.67	3
4	SPEECH PATHOLOGY	5	16,482		16,482	112	147.16	4
5	MEDICAL SOCIAL SERVICES	6	47,355		47,355	157	301.62	5
6	HOME HEALTH AIDE	7	69,291		69,291	824	84.09	6
7	TOTAL (SUM OF LINES 1-6)		3,590,277		3,590,277	20,856		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	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	280,974		280,974	540,925	0.519432	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

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	4,593	5,051		840,152	923,929		1,764,081
2 PHYSICAL THERAPY	2,605	2,118		417,529	339,473		757,002
3 OCCUPATIONAL THERAPY	239	126		36,488	19,236		55,724
4 SPEECH PATHOLOGY	84	30		12,361	4,415		16,776
5 MEDICAL SOCIAL SERVICES	61	74		18,399	22,320		40,719
6 HOME HEALTH AIDE	380	337		31,954	28,338		60,292
7 TOTAL (SUM OF LINES 1-6)	7,962	7,736		1,356,883	1,337,711		2,694,594

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		2	3	4	
8 SKILLED NURSING CARE	16974	4,593	5,051		8
9 PHYSICAL THERAPY	16974	2,605	2,118		9
10 OCCUPATIONAL THERAPY	16974	239	126		10
11 SPEECH PATHOLOGY	16974	84	30		11
12 MEDICAL SOCIAL SERVICES	16974	61	74		12
13 HOME HEALTH AIDE	16974	380	337		13
14 TOTAL (SUM OF LINES 8-13)		7,962	7,736		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							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	0.331853			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3
3 SPEECH PATHOLOGY	68	0.187966			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.746142			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.156227			COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7404

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				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
2 TOTAL CHARGES	2,028,323			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)	2,028,323			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	2,028,323			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1	SERVICES 2	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)					10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,283,853		1,253,482		11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	9,883		22,617		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	26,040		51,380		13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	21,717		17,395		14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	5,248		4,947		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)	1,346,741		1,349,821		22
23 EXCESS REASONABLE COST (FROM LINE 8)					23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,346,741		1,349,821		24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
26 NET COST (LINE 24 MINUS LINE 25)	1,346,741		1,349,821		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)	1,346,741		1,349,821		29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,346,741		1,349,821		31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,346,741		1,349,821		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 PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7404

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,346,741		1,349,821	1
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.		NONE		NONE	2
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	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,346,741		1,349,821	4
TO BE COMPLETED BY INTERMEDIARY					
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				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				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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .01				6.01
	TO .02				6.02
	PROGRAM .01				6.01
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		NPR DATE:		8

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

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							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	268,721	51,986			49,272	369,979	6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES					35,567	35,567	9
10 NURSING CARE	585,548	113,280	25,303			724,131	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY	52	10		4,741		4,803	12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	51,241	9,913	1,935			63,089	15
16 SPIRITUAL COUNSELING	105,828	20,473	6,874			133,175	16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	149,746	28,970	18,766			197,482	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					125,037	125,037	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					236,348	236,348	26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES					53,062	53,062	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	28,102	5,437				33,539	35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	1,189,238	230,069	52,878	4,741	499,286	1,976,212	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

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					4
5					5
6	-14,424	355,555		355,555	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-28,848	1,961,788		1,961,788	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1511

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		32,891						235,830	268,721	ADMINISTRATIVE AND GENERAL
8										INPATIENT CARE SERVICE
9										INPATIENT - GENERAL CARE
10										INPATIENT - RESPITE CARE
11										VISITING SERVICES
12										PHYSICIAN SERVICES
13										NURSING CARE
14					585,548				585,548	NURSING CARE-CONT.HOME CARE
15										PHYSICAL THERAPY
16						52			52	OCCUPATIONAL THERAPY
17										SPEECH/LANGUAGE PATHOLOGY
18										MEDICAL SOCIAL SERVICES
19								51,241	51,241	SPIRITUAL COUNSELING
20								105,828	105,828	DIETARY COUNSELING
21										COUNSELING - OTHER
22										HH AIDE AND HOMEMAKER
23										HH AIDE & HMKR-CONT.HME CARE
24										OTHER
25										OTHER HOSPICE SERVICE COSTS
26										DRUGS, BIOL. & INFUS. THER.
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
35										OUTPAT.SERV.(INCL.E/R DEPT.)
36										RADIATION THERAPY
37										CHEMOTHERAPY
38										OTHER
39										HOSPICE NONREIMBURSABLE SERVICE
35								28,102	28,102	BEREAVEMENT PROGRAM COSTS
36										VOLUNTEER PROGRAM COSTS
37										FUNDRAISING
38										OTHER PROGRAM COSTS
39		32,891			585,548	52	149,746	421,001	1,189,238	TOTAL (SUM OF LINES 1-38)

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1511

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		6,363						45,623	51,986
7									7
8									8
9									9
10					113,280				113,280
11									11
12						10			10
13									13
14									14
15								9,913	9,913
16								20,473	20,473
17									17
18									18
19							28,970		28,970
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35								5,437	5,437
36									36
37									37
38									38
39		6,363			113,280	10	28,970	81,446	230,069

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1511 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								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY					4,741			4,741
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER								22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)					4,741			4,741

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1511

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									4
6	VOLUNTEER SERVICE COORD.									5
7	ADMINISTRATIVE AND GENERAL	355,555						355,555	355,555	6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE									7
10	INPATIENT - RESPITE CARE									8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	35,567						35,567	7,873	43,440
13	NURSING CARE	724,131						724,131	160,293	884,424
14	NURSING CARE-CONTINUOUS HOME									11
15	PHYSICAL THERAPY	4,803						4,803	1,063	5,866
16	OCCUPATIONAL THERAPY									13
17	SPEECH/LANGUAGE PATHOLOGY									14
18	MEDICAL SOCIAL SERVICES	63,089						63,089	13,965	77,054
19	SPIRITUAL COUNSELING	133,175						133,175	29,480	162,655
20	DIETARY COUNSELING									17
21	COUNSELING - OTHER									18
22	HH AIDE AND HOMEMAKER	197,482						197,482	43,715	241,197
23	HH AIDE & HMKR-CONT. HOME CA									20
24	OTHER									21
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	125,037						125,037	27,678	152,715
27	ANALGESICS									23
28	SEDATIVES / HYPNOTICS									24
29	OTHER - SPECIFY									25
30	DURABLE MED. EQUIP./OXYGEN	236,348						236,348	52,318	288,666
31	PATIENT TRANSPORTATION									27
32	IMAGING SERVICES									28
33	LABS AND DIAGNOSTICS									29
34	MEDICAL SUPPLIES	53,062						53,062	11,746	64,808
35	OUTPAT.SERV.(INCL.E/R DEPT.)									31
36	RADIATION THERAPY									32
37	CHEMOTHERAPY									33
38	OTHER									34
39	HOSPICE NONREIMBURSABLE SERV.									
40	BEREAVEMENT PROGRAM COSTS	33,539						33,539	7,424	40,963
41	VOLUNTEER PROGRAM COSTS									36
42	FUNDRAISING									37
43	OTHER PROGRAM COSTS									38
44	TOTAL (SUM OF LINES 1-38)	1,961,788						1,961,788		1,961,788

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1511

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		6	
1								1
2								2
3								3
4								4
5					100			5
6					100	-355,555	1,606,233	6
7								7
8								8
9							35,567	9
10							724,131	10
11								11
12							4,803	12
13								13
14								14
15							63,089	15
16							133,175	16
17								17
18								18
19							197,482	19
20								20
21								21
22							125,037	22
23								23
24								24
25								25
26							236,348	26
27								27
28								28
29								29
30							53,062	30
31								31
32								32
33								33
34								34
35							33,539	35
36								36
37								37
38								38
39							355,555	39
40							0.221360	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	179,975		179,975			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	52,569		52,569	3,926	56,495	4
5 NURSING CARE	1,070,286		1,070,286	79,921	1,150,207	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY	7,099		7,099	530	7,629	7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	93,247		93,247	6,963	100,210	10
11 SPIRITUAL COUNSELING	196,837		196,837	14,699	211,536	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS	291,885		291,885	21,797	313,682	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO	218,773		218,773	16,337	235,110	17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN	349,329		349,329	26,086	375,415	21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES	78,427		78,427	5,857	84,284	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS	51,673		51,673	3,859	55,532	30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	2,590,100		2,590,100		2,590,100	34
35 UNIT COST MULTIPLIER				0.074675		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL	1,107	1,357		44,952		45,045		1,107
2 INPATIENT - GENERAL CARE								
3 INPATIENT - RESPITE CARE								
4 PHYSICIAN SERVICES						43,440		
5 NURSING CARE						884,424		
6 NURSING CARE-CONTINUOUS HOM								
7 PHYSICAL THERAPY						5,866		
8 OCCUPATIONAL THERAPY								
9 SPEECH/LANGUAGE PATHOLOGY								
10 MEDICAL SOCIAL SERV. - DIRE						77,054		
11 SPIRITUAL COUNSELING						162,655		
12 DIETARY COUNSELING								
13 COUNSELING - OTHER								
14 HOME HLTH AIDE & HOMEMAKERS						241,197		
15 HH AIDE & HMKR-CONT. HOME C								
16 OTHER								
17 DRUGS,BIOLOGICALS & INFUSIO						152,715		
18 ANALGESICS								
19 SEDATIVES / HYPNOTICS								
20 OTHER - SPECIFY								
21 DURABLE MED. EQUIP./OXYGEN						288,666		
22 PATIENT TRANSPORTATION								
23 IMAGING SERVICES								
24 LABS AND DIAGNOSTICS								
25 MEDICAL SUPPLIES						64,808		
26 OUTPAT. SERV.(INCL.E/R DEPT								
27 RADIATION THERAPY								
28 CHEMOTHERAPY								
29 OTHER								
30 BEREAVEMENT PROGRAM COSTS						40,963		
31 VOLUNTEER PROGRAM COSTS								
32 FUNDRAISING								
33 OTHER PROGRAM COSTS								
34 TOTALS (SUM OF LINES 1-33)	1,107	1,357		44,952		2,006,833		1,107
35 TOTAL COST TO BE ALLOCATED	9,192	1,355		34,498		421,736		28,661
36 UNIT COST MULTIPLIER	8.303523	0.998526		0.767441		0.210150		25.890696

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15
1 ADMINISTRATIVE AND GENERAL		1,107				44,952		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							79,948	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						1,082		30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		1,107				46,034	79,948	34
35 TOTAL COST TO BE ALLOCATED		9,491				89,414	33,965	35
36 UNIT COST MULTIPLIER		8.573622				1.942347	0.424839	36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1511

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	0.331853		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.187966		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.156227		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.110293		6
7	MEDICAL SUPPLIES	71	0.746142		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93	0.511986		8
8.10	WOUND CARE CENTER	93.10	0.173987		8.10
9	RADIATION THERAPY	55	0.258305		9
10	ENTEROSTOMAL THERAPY	76			10
10.10	NEUROLOGY	76.10			10.10
10.20	EMG	76.20			10.20
10.30	OS SVCS	76.30	0.414826		10.30
10.40	AUDIOLOGY	76.40			10.40
10.97	CARDIAC REHABILITATION	76.97			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)				11

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/28/2012 23:49

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				2,590,100	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				39,068	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				66.30	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	37,268				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,470,868				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			1,800		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			119,340		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-017) [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	3,646,885	1
2	CAPITAL DRG OUTLIER PAYMENTS	17,952	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	141.69	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4.64	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0093	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	33,916	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0485	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1649	8
9	SUM OF LINES 7 AND 8	0.2134	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0442	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	161,192	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,859,945	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						1
2						2
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
34.10						34.10
40						40
43						43
ANCILLARY SERVICE COST CENTERS						
50						50
52						52
53						53
54						54
54.01						54.01
55						55
56						56
56.10						56.10
57						57
58						58
59						59
60						60
62.30						62.30
65						65
65.01						65.01
66						66
67						67
68						68
69						69
69.01						69.01
70						70
71						71
72						72
73						73
74						74
75.10						75.10
76						76
76.10						76.10
76.20						76.20
76.30						76.30
76.40						76.40
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90						90
90.01						90.01
91						91
92						92
93						93
93.10						93.10
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40

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	
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 MOBILE MED						117
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
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	51.70		10.72				62.42 30
31 INTENSIVE CARE UNIT	51.37		12.69				64.06 31
34.10 NICU			73.44				73.44 34.10
43 NURSERY			55.25				55.25 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	20.42	15.92					36.34 50
52 DELIVERY ROOM & LABOR ROOM	0.28	0.20					0.48 52
53 ANESTHESIOLOGY	19.92	14.02					33.94 53
54 RADIOLOGY-DIAGNOSTIC	25.20	15.69					40.89 54
55 RADIOLOGY-THERAPEUTIC	4.22	44.69					48.91 55
56 RADIOISOTOPE	19.01	30.77					49.78 56
56.10 ULTRASOUND	18.46	16.52					34.98 56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	21.32	21.69					43.01 57
58 MAGNETIC RESONANCE IMAGING (MRI)	18.97	16.84					35.81 58
59 CARDIAC CATHETERIZATION	30.19	17.29					47.48 59
60 LABORATORY	25.26	1.92					27.18 60
65 RESPIRATORY THERAPY	51.79	3.14					54.93 65
65.01 SLEEP LAB	0.33	26.73					27.06 65.01
66 PHYSICAL THERAPY	25.42						25.42 66
68 SPEECH PATHOLOGY	41.48						41.48 68
69 ELECTROCARDIOLOGY	30.05	18.88					48.93 69
70 ELECTROENCEPHALOGRAPHY	15.44	23.56					39.00 70
71 MEDICAL SUPPLIES CHRGED TO PATI	47.50	7.40					54.90 71
72 IMPL. DEV. CHARGED TO PATIENT	38.21	9.33					47.54 72
73 DRUGS CHARGED TO PATIENTS	37.25	12.48					49.73 73
74 RENAL DIALYSIS	62.60	1.94					64.54 74
75.10 GI LAB	14.02	27.96					41.98 75.10
76.30 OS SVCS	60.11	0.17					60.28 76.30
90 CLINIC	2.91	28.31					31.22 90
90.01 PALOS DIAGNOSTIC CENTER	0.07	58.32					58.39 90.01
91 EMERGENCY	17.65	13.35					31.00 91
92 OBSERVATION BEDS	7.04	31.37					38.41 92
93.10 WOUND CARE CENTER	0.79	59.66					60.45 93.10
200 TOTAL CHARGES	24.28	13.83					38.11 200

***** 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	43.39						43.39 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.09						0.09 54
56 RADIOISOTOPE	0.05						0.05 56
56.10 ULTRASOUND	0.02						0.02 56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.14						0.14 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.13						0.13 58
60 LABORATORY	0.60						0.60 60
65 RESPIRATORY THERAPY	0.23						0.23 65
66 PHYSICAL THERAPY	0.53						0.53 66
68 SPEECH PATHOLOGY	0.07						0.07 68
69 ELECTROCARDIOLOGY	0.30						0.30 69
70 ELECTROENCEPHALOGRAPHY	0.46						0.46 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.25						0.25 71
73 DRUGS CHARGED TO PATIENTS	0.53						0.53 73
74 RENAL DIALYSIS	0.69						0.69 74
75.10 GI LAB	0.01						0.01 75.10
90 CLINIC	0.04						0.04 90
91 EMERGENCY	0.41						0.41 91
200 TOTAL CHARGES	0.27						0.27 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	5,427,495	3.36	-5,427,495	-8.91		1
2	CAP REL COSTS-MVBLE EQUIP	6,423,017	3.98	-6,423,017	-10.55		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	2,136,560	1.32	-2,136,560	-3.51		4
5	ADMINISTRATIVE & GENERAL	26,287,905	16.29	-26,287,905	-43.16		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	7,122,315	4.41	-7,122,315	-11.69		7
8	LAUNDRY & LINEN SERVICE	694,971	0.43	-694,971	-1.14		8
9	HOUSEKEEPING	2,315,581	1.44	-2,315,581	-3.80		9
10	DIETARY	1,252,418	0.78	-1,252,418	-2.06		10
11	CAFETERIA	968,886	0.60	-968,886	-1.59		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,297,936	1.42	-2,297,936	-3.77		13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY	2,439,873	1.51	-2,439,873	-4.01		15
16	MEDICAL RECORDS & LIBRARY	2,195,466	1.36	-2,195,466	-3.60		16
17	SOCIAL SERVICE	929,323	0.58	-929,323	-1.53		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	415,864	0.26	-415,864	-0.68		22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,148,256	12.49	15,449,187	25.36	35,597,443	22.06
31	INTENSIVE CARE UNIT	5,487,781	3.40	2,740,769	4.50	8,228,550	5.10
34.10	NICU	1,282,897	0.80	479,995	0.79	1,762,892	1.09
40	SUBPROVIDER - IPF	1,792,926	1.11	1,397,196	2.29	3,190,122	1.98
43	NURSERY	769,990	0.48	290,581	0.48	1,060,571	0.66
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,104,981	6.26	6,074,365	9.97	16,179,346	10.03
52	DELIVERY ROOM & LABOR ROOM	2,761,522	1.71	1,685,172	2.77	4,446,694	2.76
53	ANESTHESIOLOGY	468,418	0.29	293,593	0.48	762,011	0.47
54	RADIOLOGY-DIAGNOSTIC	3,917,493	2.43	3,109,554	5.11	7,027,047	4.36
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	2,134,634	1.32	2,726,971	4.48	4,861,605	3.01
56	RADIOISOTOPE	1,328,884	0.82	629,650	1.03	1,958,534	1.21
56.10	ULTRASOUND	1,374,303	0.85	588,697	0.97	1,963,000	1.22
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,407,986	0.87	1,041,807	1.71	2,449,793	1.52
58	MAGNETIC RESONANCE IMAGING (MRI)	622,454	0.39	635,834	1.04	1,258,288	0.78
59	CARDIAC CATHETERIZATION	730,589	0.45	622,554	1.02	1,353,143	0.84
60	LABORATORY	9,216,744	5.71	3,587,578	5.89	12,804,322	7.94
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	2,447,310	1.52	1,311,000	2.15	3,758,310	2.33
65.01	SLEEP LAB	213,721	0.13	83,131	0.14	296,852	0.18
66	PHYSICAL THERAPY	1,877,084	1.16	858,259	1.41	2,735,343	1.70
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	264,769	0.16	106,816	0.18	371,585	0.23
69	ELECTROCARDIOLOGY	1,129,270	0.70	855,779	1.41	1,985,049	1.23
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	88,301	0.05	111,186	0.18	199,487	0.12
71	MEDICAL SUPPLIES CHRGD TO PATI	1,003,258	0.62	761,942	1.25	1,765,200	1.09
72	IMPL. DEV. CHARGED TO PATIENT	4,862,046	3.01	1,094,289	1.80	5,956,335	3.69
73	DRUGS CHARGED TO PATIENTS	8,282,887	5.13	5,607,183	9.21	13,890,070	8.61
74	RENAL DIALYSIS	741,226	0.46	223,347	0.37	964,573	0.60
75.10	GI LAB	2,019,200	1.25	1,079,359	1.77	3,098,559	1.92
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	50,228	0.03	11,133	0.02	61,361	0.04
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPS						76.99
90	CLINIC	483,281	0.30	378,621	0.62	861,902	0.53
90.01	PALOS DIAGNOSTIC CENTER	368,435	0.23	106,636	0.18	475,071	0.29
91	EMERGENCY	5,585,074	3.46	2,717,778	4.46	8,302,852	5.15
92	OBSERVATION BEDS						92
93	OUTPATIENT REHAB	1,135,934	0.70	1,065,262	1.75	2,201,196	1.36
93.10	WOUND CARE CENTER	545,320	0.34	271,661	0.45	816,981	0.51
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	2,876,593	1.78	994,658	1.63	3,871,251	2.40

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
SPECIAL PURPOSE COST CENTERS								
116	HOSPICE	1,961,788	1.22	628,312	1.03	2,590,100	1.61	116
117	MOBILE MED	204,896	0.13	61,617	0.10	266,513	0.17	117
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			152,097	0.25	152,097	0.09	190
191.10	ADULT DAY CARE			8,499	0.01	8,499	0.01	191.10
192	PHYSICIANS' PRIVATE OFFICES	755,515	0.47	404,850	0.66	1,160,365	0.72	192
192.01	VACANT SPACE			639,994	1.05	639,994	0.40	192.01
194	FUND DEVELOPMENT			20,698	0.03	20,698	0.01	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	161,353,604	100.00			161,353,604	100.00	202

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	1,438,453	65,226,419	0.022053	13,319,434	293,733	50
52 DELIVERY ROOM & LABOR ROOM	375,959	16,242,876	0.023146	46,244	1,070	52
53 ANESTHESIOLOGY	67,501	19,328,558	0.003492	3,849,869	13,444	53
54 RADIOLOGY-DIAGNOSTIC	1,126,787	35,620,991	0.031633	8,975,675	283,928	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	986,743	18,821,186	0.052427	794,500	41,653	55
56 RADIOISOTOPE	105,418	11,544,347	0.009132	2,194,091	20,036	56
56.10 ULTRASOUND	139,503	16,094,194	0.008668	2,971,216	25,755	56.10
57 COMPUTED TOMOGRAPHY (CT) SCAN	386,516	53,931,163	0.007167	11,498,310	82,408	57
58 MAGNETIC RESONANCE IMAGING (MRI)	379,876	9,688,770	0.039208	1,837,869	72,059	58
59 CARDIAC CATHETERIZATION	311,119	17,959,524	0.017323	5,422,436	93,933	59
60 LABORATORY	599,105	116,093,968	0.005161	29,325,934	151,351	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	278,316	22,600,996	0.012314	11,706,004	144,148	65
65.01 SLEEP LAB	21,535	1,474,316	0.014607	4,831	71	65.01
66 PHYSICAL THERAPY	144,375	8,242,624	0.017516	2,095,634	36,707	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	33,933	1,976,874	0.017165	819,991	14,075	68
69 ELECTROCARDIOLOGY	304,376	19,376,827	0.015708	5,822,059	91,453	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	28,626	1,276,513	0.022425	197,045	4,419	70
71 MEDICAL SUPPLIES CHRGD TO PATI	300,526	2,365,771	0.127031	1,123,721	142,747	71
72 IMPL. DEV. CHARGED TO PATIENT	57,034	18,549,882	0.003075	7,087,340	21,794	72
73 DRUGS CHARGED TO PATIENTS	466,492	88,909,715	0.005247	33,117,297	173,766	73
74 RENAL DIALYSIS	27,225	2,868,930	0.009490	1,796,003	17,044	74
75.10 GI LAB	292,986	20,124,753	0.014558	2,822,012	41,083	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	6,962	147,920	0.047066	88,917	4,185	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	84,745	1,519,906	0.055757	44,251	2,467	90
90.01 PALOS DIAGNOSTIC CENTER	51,208	1,094,885	0.046770	738	35	90.01
91 EMERGENCY	328,982	78,839,315	0.004173	13,913,578	58,061	91
92 OBSERVATION BEDS	199,197	5,544,233	0.035929	390,462	14,029	92
93 OUTPATIENT REHAB	227,425	4,299,325	0.052898			93
93.10 WOUND CARE CENTER	55,580	4,695,656	0.011836	36,951	437	93.10
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	8,826,503	664,460,437		161,302,412	1,845,891	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	2,354,565		2,354,565	48,558	48.49	25,104	1,217,293	30
31	INTENSIVE CARE UNIT	343,449		343,449	6,177	55.60	3,173	176,419	31
34.10	NICU	52,096		52,096	1,028	50.68			34.10
200	TOTAL	2,750,110		2,750,110	55,763		28,277	1,393,712	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,393,712
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,845,891
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3,239,603
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	5,707
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	28,277
PER DISCHARGE CAPITAL COSTS	567.65
PER DIEM CAPITAL COSTS	114.57

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)	44,284,141
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	216,765,343
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.204

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 41 + WKST D PART IV COL 11 LINE 200))	1,624,510
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	5,213,884
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.312

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)	3,239,603
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.015

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)	15,041,595
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)	91,805,497
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.164