

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 ELMHURST MEMORIAL HOSPITAL (14-0200) (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		5,396	126,053		2,712,083	1
2 SUBPROVIDER - IPF		19,478			820,203	2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		30,699				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		55,573	126,053		3,532,286	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: 200 BERTEAU AVENUE
 2 CITY: ELMHURST

STATE: IL

P.O.BOX:
 ZIP CODE: 60126

COUNTY: DUPAGE

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	ELMHURST MEMORIAL HOSPITAL	14-0200	01600	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	ELMHURST MEMORIAL PSYCH UNIT	14-S200	01600	4	07/01/1985	N	P	O	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	ELMHURST SKILLED NURSING UNIT	14-5826	01600		02/23/1995	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	ELMHURST HOME HEALTH AGENCY	14-7408	01600		12/04/1984	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	ELMHURST MEMORIAL HOSPICE	14-1577	01600		12/19/1994				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 MEDICAID		OUT-OF-STATE MEDICAID		OTHER	
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID	MEDICAID	MEDICAID
		1	2	3	4	5	6	7	8
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.	4,760	400				287		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 PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.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 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- SICAL ATIONAL N Y N	RESPI- RATORY Y 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.	1		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	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	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		2
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
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	10/25/2012	N	
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

- | | | | |
|----|--|-----|------|
| | | Y/N | DATE |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | 2 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |
| 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 | |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |

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	146,840,180	2,037,500	148,877,680	5,157,942.00	28.86
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE			160,961	160,961	2,248.00	71.60
4.01	PHYSICIAN-PART A - TEACHING			427,824	427,824	4,183.00	102.28
5	PHYSICIAN-PART B			515,644	515,644	5,607.00	91.96
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						
8	HOME OFFICE PERSONNEL						
9	SNF	44	1,502,041		1,502,041	56,951.00	26.37
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,212,432	428,296	7,640,728	250,771.00	30.47
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,293,716		1,293,716	20,129.00	64.27
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		436,167		436,167	3,112.00	140.16
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		33,922,628		33,922,628		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		2,102,824		2,102,824		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B		25,652		25,652		
22	PHYSICIAN PART A - ADMINISTRATIVE		57,368		57,368		
22.01	PHYSICIAN PART A - TEACHING						
23	PHYSICIAN PART B		76,060		76,060		
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		2,483,925		2,483,925	35,539.00	69.89
27	ADMINISTRATIVE & GENERAL		27,051,205	3,353,147	30,404,352	1,003,524.00	30.30
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		399,444		399,444	1,342.00	297.65
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT		2,990,619	-132,955	2,857,664	82,966.00	34.44
31	LAUNDRY & LINEN SERVICE		486,507		486,507	35,007.00	13.90
32	HOUSEKEEPING		3,630,751	-84,775	3,545,976	272,737.00	13.00
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		3,155,340	-1,841,982	1,313,358	79,237.00	16.58
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA		84,446	1,841,982	1,926,428	115,456.00	16.69
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,853,907		1,853,907	32,262.00	57.46
39	CENTRAL SERVICES AND SUPPLY						
40	PHARMACY		4,388,002		4,388,002	112,612.00	38.97
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,289,119	-621,937	1,667,182	83,078.00	20.07
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	146,563,019	2,037,500	148,600,519	5,151,429.0	28.85	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	8,714,473	428,296	9,142,769	307,722.00	29.71	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	137,848,546	1,609,204	139,457,750	4,843,707.0	28.79	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,729,883		1,729,883	23,241.00	74.43	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	33,979,996		33,979,996		24.37%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	173,558,425	1,609,204	175,167,629	4,866,948.0	35.99	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	48,813,265	2,513,480	51,326,745	1,853,760.0	27.69	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,182,595	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)	7,322,500	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	145,276	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	12,477,818	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,146,027	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	246,799	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	486,187	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	9,014	14
15 WORKERS' COMPENSATION INSURANCE	815,110	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	10,433,019	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	465,321	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	454,866	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	36,184,532	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
11/29/2012 19:26

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.: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		842		1,337	2,179	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,267.00		433.00	2,066.00	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)	1.05			1.05	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.02			2.02	4
5 OTHER ADMINISTRATIVE PERSONNEL	45.52			45.52	5
6 DIRECT NURSING SERVICE	8.56			8.56	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE	7.53	0.28		7.81	8
9 PHYSICAL THERAPY SUPERVISOR	0.48			0.48	9
10 OCCUPATIONAL THERAPY SERVICE	0.68	0.08		0.76	10
11 OCCUPATIONAL THERAPY SUPERVISOR	0.04			0.04	11
12 SPEECH PATHOLOGY SERVICE		0.09		0.09	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE	1.00			1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE	0.66			0.66	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 PARISH NURSE	2.19			2.19	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	11,621		430	132	12,183	21
22 SKILLED NURSING VISIT CHARGES	2,033,675		75,250	23,100	2,132,025	22
23 PHYSICAL THERAPY VISITS	8,579		105	143	8,827	23
24 PHYSICAL THERAPY VISIT CHARGES	1,294,399		18,999	21,043	1,334,441	24
25 OCCUPATIONAL THERAPY VISITS	541		5	8	554	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	103,331		955	1,528	105,814	26
27 SPEECH PATHOLOGY VISITS	184	1			185	27
28 SPEECH PATHOLOGY VISIT CHARGES	35,144		191		35,335	28
29 MEDICAL SOCIAL SERVICE VISITS	191		7	4	202	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	44,694		1,638	936	47,268	30
31 HOME HEALTH AIDE VISITS	820		3	7	830	31
32 HOME HEALTH AIDE VISIT CHARGES	113,980		417	973	115,370	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	21,936	1	550	294	22,781	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,625,223		97,450	47,580	3,770,253	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,472		194	24	1,690	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	206,221		4,606	116	210,943	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX	16		16 3
4	RUL	13		13 4
5	RVX	81		81 5
6	RVL	43		43 6
7	RHX			7
8	RHL	8		8 8
9	RMX	1		1 9
10	RML	2		2 10
11	RLX			11
12	RUC	337		337 12
13	RUB	1,375		1,375 13
14	RUA	596		596 14
15	RVC	645		645 15
16	RVB	1,976		1,976 16
17	RVA	921		921 17
18	RHC	149		149 18
19	RHB	292		292 19
20	RHA	129		129 20
21	RMC	28		28 21
22	RMB	75		75 22
23	RMA	64		64 23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	2		2 28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1			32
33	HC2			33
34	HC1			34
35	HB2			35
36	HB1	2		2 36
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1	3		3 40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1			44
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1			48
49	CC2			49
50	CC1	9		9 50
51	CB2			51
52	CB1	4		4 52
53	CA2			53
54	CA1	7		7 54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1	8		8 72
73	PC2			73
74	PC1	2		2 74
75	PB2			75
76	PB1	1		1 76
77	PA2			77
78	PA1	2		2 78
199	AAA			199
200	TOTAL	6,791		6,791 200

	CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF APPLICABLE) 2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	00465	01600 201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

	EXPENSES 1	PERCENTAGE 2	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 3
202	STAFFING		202
203	RECRUITMENT		203
204	RETENTION OF EMPLOYEES		204
205	TRAINING		205
206	OTHER (SPECIFY)		206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	10,146,115	207

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1577

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	19,941			2,315	22,256
3	INPATIENT RESPITE CARE	15				15
4	GENERAL INPATIENT CARE	713				713
5	TOTAL HOSPICE DAYS	20,669			2,315	22,984

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	724			81	805
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	28.55			28.58	28.55
9	UNDUPLICATED CENSUS COUNT	338			38	376

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)				0.253613	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				9,765,391	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				104,949,663	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				26,616,599	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.				16,851,208	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)				16,851,208	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	21,343,850	2,478,636		23,822,486	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,413,078	628,614		6,041,692	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	195,201	309,109		504,310	22
23	COST OF CHARITY CARE	5,217,877	319,505		5,537,382	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)				20,152,041	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				657,842	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				19,494,199	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				4,943,982	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				10,481,364	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				27,332,572	31

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				11,247,605	1
1.01	00101				18,888,285	1.01
2	00200				18,829,618	2
3	00300					3
4	00400				723,475	4
5	00500	2,483,925	35,839,160	38,323,085		5
6	00600	27,051,205	102,992,832	130,044,037	-50,425,626	6
7	00700					7
7.01	00701	2,990,619	10,702,058	13,692,677	-1,899,325	7.01
8	00800				1,233,462	8
9	00900	486,507	1,317,339	1,803,846		9
9.01	00901	3,630,751	933,055	4,563,806	-447,253	9.01
10	01000				340,721	10
11	01100	3,155,340	1,789,077	4,944,417	-2,931,681	11
12	01200	84,446	81,807	166,253	2,886,385	12
13	01300					13
14	01400	1,853,907	35,635	1,889,542		14
15	01500					15
16	01600	4,388,002	21,498,702	25,886,704	-21,026,668	16
17	01700	2,289,119	124,294	2,413,413	-621,937	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				238,885	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	24,234,769	2,413,777	26,648,546	-310,963	30
31	03100	4,881,743	595,043	5,476,786	53,200	31
40	04000	1,000,689	144,847	1,145,536	218,317	40
43	04300				1,395,514	43
44	04400	1,502,041	109,671	1,611,712	192,408	44
ANCILLARY SERVICE COST CENTERS						
50	05000	9,135,923	15,724,183	24,860,106	-8,176,531	50
53	05300	354,467	381,254	735,721	12,725	53
54	05400	4,350,045	2,223,199	6,573,244	-2,282,965	54
54.01	03630	1,370,511	100,076	1,470,587	74,632	54.01
55	05500	1,834,420	562,142	2,396,562	163,456	55
55.01	05501	44,461	4,924,256	4,968,717	487,942	55.01
56	05600	662,427	657,793	1,320,220	129,650	56
57	05700	1,068,443	658,915	1,727,358	122,425	57
58	05800	766,761	170,561	937,322	52,552	58
59	05900	1,540,263	6,573,618	8,113,881	-5,390,139	59
60	06000	6,601,469	7,897,615	14,499,084	128,513	60
62.30	06250					62.30
65	06500	1,710,383	443,707	2,154,090	13,716	65
65.01	03950	381,934	127,245	509,179		65.01
66	06600	3,174,739	226,087	3,400,826	265,517	66
67	06700	569,569	246,822	816,391	117,724	67
68	06800	412,908	3,579	416,487	54,337	68
69	06900	838,638	1,369,460	2,208,098		69
72	07200				14,593,530	72
73	07300				21,026,668	73
74	07400		626,281	626,281		74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	14,969,868	6,666,308	21,636,176	-621,468	90
91	09100	5,011,914	926,488	5,938,402	30,000	91
91.01	04950	4,170,790	1,245,424	5,416,214	149,179	91.01
91.02	04951	494,206	13,256	507,462		91.02
91.03	04952	1,131,235	33,937	1,165,172		91.03
92	09200					92
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	4,013,964	2,358,346	6,372,310	-1,307,708	101
SPECIAL PURPOSE COST CENTERS						
116	11600	488,730	636,590	1,125,320	379,978	116
118		145,131,131	233,374,439	378,505,570	-1,391,845	118
NONREIMBURSABLE COST CENTERS						
190	19000	332,399	316,682	649,081		190
192	19200	922,730	1,954,342	2,877,072	1,391,845	192
192.01	19201	453,920		453,920		192.01

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-
		1	2	(COL. 1 + COL. 2)	CATIONS
				3	4
192.02	19202				
					192.02
194	07950				
					194
200					
					200
TOTAL (SUM OF LINES 118-199)		146,840,180	235,645,463	382,485,643	

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	CAP REL COSTS-BLDG & FIXT	11,247,605	253,414	11,501,019	1
1.01	00101	DEPR NEW BUILDING	18,888,285		18,888,285	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	18,829,618	-2,478	18,827,140	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	39,046,560	208,168	39,254,728	4
5	00500	ADMINISTRATIVE & GENERAL	79,618,411	-23,589,558	56,028,853	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	11,793,352		11,793,352	7
7.01	00701	PLANT OPER OLD BUILDING	1,233,462		1,233,462	7.01
8	00800	LAUNDRY & LINEN SERVICE	1,803,846	-486,507	1,317,339	8
9	00900	HOUSEKEEPING	4,116,553	-48,310	4,068,243	9
9.01	00901	HOUSEKEEPING OLD BUILD	340,721		340,721	9.01
10	01000	DIETARY	2,012,736	-561,387	1,451,349	10
11	01100	CAFETERIA	3,052,638	-1,447,319	1,605,319	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,889,542		1,889,542	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY	4,860,036	-457,478	4,402,558	15
16	01600	MEDICAL RECORDS & LIBRARY	1,791,476	-23,441	1,768,035	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PASTORAL CARE	238,885		238,885	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	26,337,583	-1,276,181	25,061,402	30
31	03100	INTENSIVE CARE UNIT	5,529,986	-53,115	5,476,871	31
40	04000	SUBPROVIDER - IPF	1,363,853		1,363,853	40
43	04300	NURSERY	1,395,514		1,395,514	43
44	04400	SKILLED NURSING FACILITY	1,804,120	-1,355	1,802,765	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	16,683,575	-287,595	16,395,980	50
53	05300	ANESTHESIOLOGY	748,446	-160,961	587,485	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,290,279	-4,039	4,286,240	54
54.01	03630	ULTRASOUND	1,545,219		1,545,219	54.01
55	05500	RADIOLOGY-THERAPEUTIC	2,560,018	-515	2,559,503	55
55.01	05501	CYBERKNIFE	5,456,659		5,456,659	55.01
56	05600	RADIOISOTOPE	1,449,870	-28,800	1,421,070	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,849,783		1,849,783	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	989,874		989,874	58
59	05900	CARDIAC CATHETERIZATION	2,723,742		2,723,742	59
60	06000	LABORATORY	14,627,597	-511,267	14,116,330	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	2,167,806	-13,631	2,154,175	65
65.01	03950	SLEEP LAB	509,179		509,179	65.01
66	06600	PHYSICAL THERAPY	3,666,343	-105	3,666,238	66
67	06700	OCCUPATIONAL THERAPY	934,115		934,115	67
68	06800	SPEECH PATHOLOGY	470,824		470,824	68
69	06900	ELECTROCARDIOLOGY	2,208,098	-1,309,602	898,496	69
72	07200	IMPL. DEV. CHARGED TO PATIENT	14,593,530		14,593,530	72
73	07300	DRUGS CHARGED TO PATIENTS	21,026,668		21,026,668	73
74	07400	RENAL DIALYSIS	626,281		626,281	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	21,014,708		21,014,708	90
91	09100	EMERGENCY	5,968,402	-254,662	5,713,740	91
91.01	04950	OUTPATIENT CLINICS	5,565,393	-2,735,744	2,829,649	91.01
91.02	04951	CARDIAC REHAB	507,462	20	507,482	91.02
91.03	04952	CENTRAL ADMISSION	1,165,172		1,165,172	91.03
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	5,064,602	-356,254	4,708,348	101
SPECIAL PURPOSE COST CENTERS						
116	11600	HOSPICE	1,505,298		1,505,298	116
118		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	377,113,725	-33,148,702	343,965,023	118
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	649,081		649,081	190
192	19200	PHYSICIANS' PRIVATE OFFICES	4,268,917	-2,826,288	1,442,629	192
192.01	19201	MEALS ON WHEELS	453,920		453,920	192.01

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5		7	
192.02	19202 GUEST MEALS				192.02
194	07950 OTHER NONREIMBURSABLE				194
200	TOTAL (SUM OF LINES 118-199)	382,485,643	-35,974,990	346,510,653	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 RECLASS CAFETERIA	A	CAFETERIA	11		1,841,982	1,044,403	1
500 TOTAL RECLASSIFICATIONS					1,841,982	1,044,403	500
CODE LETTER - A							
1 RECLASS DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			30,513,102	1
2		CAP REL COSTS-MVBLE EQUIP	2			18,200,868	2
500 TOTAL RECLASSIFICATIONS						48,713,970	500
CODE LETTER - B							
1 RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	73			21,026,668	1
500 TOTAL RECLASSIFICATIONS						21,026,668	500
CODE LETTER - C							
1 RECLASS PHYSICIAN ADMIN TIMES	D	ADULTS & PEDIATRICS	30			880,693	1
2		INTENSIVE CARE UNIT	31			53,200	2
3		NURSERY	43			530,291	3
4		SKILLED NURSING FACILITY	44			1,440	4
5		OPERATING ROOM	50			112,680	5
6		ANESTHESIOLOGY	53			12,725	6
7		RADIOLOGY-THERAPEUTIC	55			600	7
8		LABORATORY	60			170,888	8
9		RESPIRATORY THERAPY	65			13,716	9
10		EMERGENCY	91			30,000	10
11		OUTPATIENT CLINICS	91.01			41,063	11
500 TOTAL RECLASSIFICATIONS						1,847,296	500
CODE LETTER - D							
1 RECLASS HHA BENEFITS	E	EMPLOYEE BENEFITS	4			723,475	1
2		ADMINISTRATIVE & GENERAL	5		204,255		2
500 TOTAL RECLASSIFICATIONS					204,255	723,475	500
CODE LETTER - E							
1 RECLASS RADIOLOGY SUPPORT COSTS	F	ULTRASOUND	54.01		72,897	1,735	1
2		RADIOLOGY-THERAPEUTIC	55		159,070	3,786	2
3		CYBERKNIFE	55.01		476,599	11,343	3
4		RADIOISOTOPE	56		126,636	3,014	4
5		COMPUTED TOMOGRAPHY (CT) SCAN	57		119,579	2,846	5
6		MAGNETIC RESONANCE IMAGING (M	58		51,330	1,222	6
500 TOTAL RECLASSIFICATIONS					1,006,111	23,946	500
CODE LETTER - F							
1 RECLASS SELF FUNDED DEPRECIATION	G	CAP REL COSTS-MVBLE EQUIP	2			628,750	1
2							2
3							3
4							4
5							5
500 TOTAL RECLASSIFICATIONS						628,750	500
CODE LETTER - G							
1 PSYCH ADMIN COSTS	H	SUBPROVIDER - IPF	40		216,649	1,668	1
2		OUTPATIENT CLINICS	91.01		107,290	826	2
500 TOTAL RECLASSIFICATIONS					323,939	2,494	500
CODE LETTER - H							
1 RECLASS NURSERY COSTS	I	NURSERY	43		777,117	88,106	1
500 TOTAL RECLASSIFICATIONS					777,117	88,106	500
CODE LETTER - I							
1 WAGE INDEX RECLASS	J	ADMINISTRATIVE & GENERAL	5		2,037,500		1
2		EMPLOYEE BENEFITS	4		108,700		2
500 TOTAL RECLASSIFICATIONS					2,146,200		500
CODE LETTER - J							
1 HHA ADMIN COSTS	K	HOSPICE	116		274,548	105,430	1
500 TOTAL RECLASSIFICATIONS					274,548	105,430	500
CODE LETTER - K							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 PASTORAL CARE ALLIED HEALTH PROGRA	L	PASTORAL CARE	23	198,172	40,713	1
500 TOTAL RECLASSIFICATIONS				198,172	40,713	500
CODE LETTER - L						
1 RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY	67	42,167	894	1
2		SPEECH PATHOLOGY	68	21,512	456	2
500 TOTAL RECLASSIFICATIONS				63,679	1,350	500
CODE LETTER - M						
1 RECLASS PROPERTY INSURANCE TO BLDG	N	CAP REL COSTS-BLDG & FIXT	1		374,613	1
500 TOTAL RECLASSIFICATIONS					374,613	500
CODE LETTER - N						
1 SNF MANAGEMENT FEES	O	SKILLED NURSING FACILITY	44		190,968	1
2		PHYSICAL THERAPY	66		330,546	2
3		OCCUPATIONAL THERAPY	67		74,663	3
4		SPEECH PATHOLOGY	68		32,369	4
500 TOTAL RECLASSIFICATIONS					628,546	500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		14,593,530	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					14,593,530	500
CODE LETTER - P						
1 RECLASS LOMBARD POB COSTS	Q	PHYSICIANS' PRIVATE OFFICES	192	102,096	103,400	1
2						2
500 TOTAL RECLASSIFICATIONS				102,096	103,400	500
CODE LETTER - Q						
1 RECLASS POB BUILDING COSTS	R	PHYSICIANS' PRIVATE OFFICES	192	115,634	1,070,715	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS				115,634	1,070,715	500
CODE LETTER - R						
1 DEPRECIATIN NEW BLDG/CLINIC	S	DEPR NEW BUILDING	1.01		18,888,285	1
2		CLINIC	90		66,159	2
500 TOTAL RECLASSIFICATIONS					18,954,444	500
CODE LETTER - S						
1 PLANT OP/HSKG OLD BLG	T	PLANT OPER OLD BUILDING	7.01	505,720	727,742	1
2		HOUSEKEEPING OLD BUILD	9.01	255,831	84,890	2
500 TOTAL RECLASSIFICATIONS				761,551	812,632	500
CODE LETTER - T						
1 SALARY TRANSFERS	U	ADMINISTRATIVE & GENERAL	5	1,309,564		1
2						2
500 TOTAL RECLASSIFICATIONS				1,309,564		500
CODE LETTER - U						
GRAND TOTAL (INCREASES)				9,124,848	110,784,481	

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 RECLASS CAFETERIA	A	DIETARY	10	1,841,982	1,044,403	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				1,841,982	1,044,403	500
1 RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5		48,713,970	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					48,713,970	500
1 RECLASS DRUGS SOLD	C	PHARMACY	15		21,026,668	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					21,026,668	500
1 RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	5		1,847,296	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,847,296	500
1 RECLASS HHA BENEFITS	E	HOME HEALTH AGENCY	101	204,255	723,475	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				204,255	723,475	500
1 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	54	1,006,111	23,946	1
2						2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				1,006,111	23,946	500
1 RECLASS SELF FUNDED DEPRECIATION	G	OPERATION OF PLANT	7		202,351	9 1
2		DIETARY	10		45,296	2
3		OPERATING ROOM	50		129,543	3
4		CARDIAC CATHETERIZATION	59		209,185	4
5		LABORATORY	60		42,375	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					628,750	500
1 PSYCH ADMIN COSTS	H	ADULTS & PEDIATRICS	30	323,939	2,494	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				323,939	2,494	500
1 RECLASS NURSERY COSTS	I	ADULTS & PEDIATRICS	30	777,117	88,106	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				777,117	88,106	500
1 WAGE INDEX RECLASS	J	ADMINISTRATIVE & GENERAL	5		2,037,500	1
2		EMPLOYEE BENEFITS	4	108,700		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				108,700	2,037,500	500
1 HHA ADMIN COSTS	K	HOME HEALTH AGENCY	101	274,548	105,430	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				274,548	105,430	500

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 PASTORAL CARE ALLIED HEALTH PROGRA	L	ADMINISTRATIVE & GENERAL	5	198,172	40,713	1
500 TOTAL RECLASSIFICATIONS				198,172	40,713	500
CODE LETTER - L						
1 RECLASS REHAB ADMIN EXPENSES	M	PHYSICAL THERAPY	66	63,679	1,350	1
2						2
500 TOTAL RECLASSIFICATIONS				63,679	1,350	500
CODE LETTER - M						
1 RECLASS PROPERTY INSURANCE TO BLDG	N	ADMINISTRATIVE & GENERAL	5		374,613	9 1
500 TOTAL RECLASSIFICATIONS					374,613	500
CODE LETTER - N						
1 SNF MANAGEMENT FEES	O	ADMINISTRATIVE & GENERAL	5		628,546	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					628,546	500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	OPERATING ROOM	50		8,159,668	1
2		RADIOLOGY-DIAGNOSTIC	54		1,252,908	2
3		CARDIAC CATHETERIZATION	59		5,180,954	3
500 TOTAL RECLASSIFICATIONS					14,593,530	500
CODE LETTER - P						
1 RECLASS LOMBARD POB COSTS	Q	OPERATION OF PLANT	7	30,142	84,565	1
2		HOUSEKEEPING	9	71,954	18,835	2
500 TOTAL RECLASSIFICATIONS				102,096	103,400	500
CODE LETTER - Q						
1 RECLASS POB BUILDING COSTS	R	CAP REL COSTS-BLDG & FIXT	1		685,666	9 1
2		ADMINISTRATIVE & GENERAL	5		136,135	2
3		OPERATION OF PLANT	7	102,813	245,992	3
4		HOUSEKEEPING	9	12,821	2,922	4
500 TOTAL RECLASSIFICATIONS				115,634	1,070,715	500
CODE LETTER - R						
1 DEPRECIATIN NEW BLDG/CLINIC	S	CAP REL COSTS-BLDG & FIXT	1		18,954,444	9 1
2						2
500 TOTAL RECLASSIFICATIONS					18,954,444	500
CODE LETTER - S						
1 PLANT OP/HSKG OLD BLG	T	OPERATION OF PLANT	7	505,720	727,742	1
2		HOUSEKEEPING	9	255,831	84,890	2
500 TOTAL RECLASSIFICATIONS				761,551	812,632	500
CODE LETTER - T						
1 SALARY TRANSFERS	U	MEDICAL RECORDS & LIBRARY	16	621,937		1
2		CLINIC	90	687,627		2
500 TOTAL RECLASSIFICATIONS				1,309,564		500
CODE LETTER - U						
GRAND TOTAL (DECREASES)				7,087,348	112,821,981	

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	3,511,314		940,000	940,000		4,451,314	1
2 LAND IMPROVEMENTS	8,143,176		21,969,186	21,969,186		30,112,362	2
3 BUILDINGS AND FIXTURES	95,578,657		387,397,352	387,397,352		482,976,009	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	83,248,308		4,279,141	4,279,141		87,527,449	5
6 MOVABLE EQUIPMENT	141,284,294		80,035,704	80,035,704	1,544,776	219,775,222	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	331,765,749		494,621,383	494,621,383	1,544,776	824,842,356	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	331,765,749		494,621,383	494,621,383	1,544,776	824,842,356	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							1
1.01 DEPR NEW BUILDING							1.01
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							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
1.01 DEPR NEW BUILDING								1.01
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	11,501,019						11,501,019 1
1.01 DEPR NEW BUILDING	18,888,285						18,888,285 1.01
2 CAP REL COSTS-MVBLE EQUIP	18,827,140						18,827,140 2
3 TOTAL	49,216,444						49,216,444 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-1,583,189	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 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-29,983	ADMINISTRATIVE & GENERAL	5	4 4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6 6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-101,089	ADMINISTRATIVE & GENERAL	5	7 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8 8
9 PARKING LOT (CHAPTER 21)					9 9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,846,426			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	8,309,929			12 13
13 LAUNDRY AND LINEN SERVICE					
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,447,319	CAFETERIA	11	14 15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16 16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17 17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-23,441	MEDICAL RECORDS & LIBRARY	16	18 18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19 19
20 VENDING MACHINES	B	-32,974	DIETARY	10	20 20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21 21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22 22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23 23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24 24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25 25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 28
29 PHYSICIANS' ASSISTANT					29 29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30 30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31 31
32 CAH HIT ADJ FOR DEPRECIATION AND					32 32
33 COMMUNITY ED REVENUE	B	-26,135	ADMINISTRATIVE & GENERAL	5	33 33
33.03 ADVERTISING OFFSET	A	-3,657,057	ADMINISTRATIVE & GENERAL	5	33.03 33.03
33.08 FOUNDATION SALARIES CONTRA	B	-602,720	ADMINISTRATIVE & GENERAL	5	33.08 33.08
33.15 OFFSET ANSWERING SVC REVENUES	B	-259,372	ADMINISTRATIVE & GENERAL	5	33.15 33.15
33.21 RADIOLOGY OTHER REVENUE	B	-4,039	RADIOLOGY-DIAGNOSTIC	54	33.21 33.21
33.26 OFFSET MGMT FEES FOUNDATION	B	-69,029	ADMINISTRATIVE & GENERAL	5	33.26 33.26
34 ADVERTISING BENEFITS	A	-107,007	EMPLOYEE BENEFITS	4	34 34
34.31 MALPRACTICE COSTS	A	-948,322	ADMINISTRATIVE & GENERAL	5	34.31 34.31
34.32 FOOD SERVICES OTHER REVENUE	B	-25,615	DIETARY	10	34.32 34.32
35					35 35
36					36 36
36.20 PHYSICAL THERAPY OTHER REVENUE	B	-105	PHYSICAL THERAPY	66	36.20 36.20
36.21 PATIENT PHONE BENEFITS	A	-19,537	EMPLOYEE BENEFITS	4	36.21 36.21
36.22 PATIENT PHONE DEPR	A	-2,478	CAP REL COSTS-MVBLE EQUIP	2	9 36.22 36.22
37					37 37
38 DIETARY LEASED EMPLOYEES	B	-45,864	DIETARY	10	38 38
39					39 39
40 OFFSET PERINATAL ED REVENUES	B	-28,780	ADULTS & PEDIATRICS	30	40 40
41 NON-ALLOWABLE INTEREST EXPENSE	A	-5,226,752	CAP REL COSTS-BLDG & FIXT	1	9 41 41
42 OFFSET BAD DEBT EXPENSE	A	-18,607,793	ADMINISTRATIVE & GENERAL	5	42 42
43					43 43
43.01 LOBBYING PORTION OF DUES	A	-51,824	ADMINISTRATIVE & GENERAL	5	43.01 43.01
43.02 HHA RENT	A	-251,246	HOME HEALTH AGENCY	101	43.02 43.02
43.03 CHARITY CARE	A	-1,240,388	ADMINISTRATIVE & GENERAL	5	43.03 43.03
43.05 MISCELLANEOUS REVENUE	B	-161,509	ADMINISTRATIVE & GENERAL	5	43.05 43.05
43.06 LEASED EMPLOYEE REVENUE	B	-117,537	ADMINISTRATIVE & GENERAL	5	43.06 43.06
43.07 OTHER REVENUE	B	-28,800	RADIOISOTOPE	56	43.07 43.07
43.08 LINEN REVENUE	B	-486,507	LAUNDRY & LINEN SERVICE	8	43.08 43.08
43.09 OTHER REVENUE	B	-48,310	HOUSEKEEPING	9	43.09 43.09

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	
43.10 PENSION COSTS	A	351,366	EMPLOYEE BENEFITS	4	43.10
44 PHARMACY OTHER REVENUE	B	-44,304	PHARMACY	15	44
45 OFFSET INFUSION THERAPY COST	A	-413,174	PHARMACY	15	45
45.03 OFFSET HHA BAD DEBTS	A	-105,008	HOME HEALTH AGENCY	101	45.03
45.07 MISCELLANEOUS EXPENSE	A	-10,299	ADMINISTRATIVE & GENERAL	5	45.07
45.08 DONATIONS	A	-3,000	ADMINISTRATIVE & GENERAL	5	45.08
45.09 PAT ACCTG OTHER REVENUE	B	-3,519	ADMINISTRATIVE & GENERAL	5	45.09
45.12 REVERSE CREDIT OF UN-REST CONTR	A	1,800,000	ADMINISTRATIVE & GENERAL	5	45.12
45.14 DIETARY PAT. REVENUE	B	-412,391	DIETARY	10	45.14
45.16 CLINICAL NUTRITION REVENUE	B	-44,543	DIETARY	10	45.16
45.18 BREAST PUMP RENTAL REVENUE	B	-12,698	ADULTS & PEDIATRICS	30	45.18
45.19 EDUCATION REVENUE	B	-1,655	ADULTS & PEDIATRICS	30	45.19
45.21 ER NURSING EDUCATION REVENUE	B	-3,075	EMERGENCY	91	45.21
45.22 ER OTHER OPER REVENUE	B	-251,587	EMERGENCY	91	45.22
45.23 OTHER CLINICS REVENUE	B	-2,520,942	OUTPATIENT CLINICS	91.01	45.23
45.24 CARDIAC REHAB OTHER REVENUE	B	20	CARDIAC REHAB	91.02	45.24
45.25 CRNA PART B COSTS	A	-160,961	ANESTHESIOLOGY	53	45.25
45.26 CRNA BENEFITS	A	-16,654	EMPLOYEE BENEFITS	4	45.26
45.29 ACCESS HEALTH SUBSIDY	A	-525,000	ADMINISTRATIVE & GENERAL	5	45.29
45.31 PHYSICIANS PART B COSTS	A	-2,826,288	PHYSICIANS' PRIVATE OFFICES	192	45.31
45.32 LAB OTHER REVENUE	B	-60	LABORATORY	60	45.32
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-35,974,990			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	5	ADMINISTRATIVE & GENERAL	PARENT EXPENSE	1,630,574		1,630,574	1
2	1	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	6,809,941		6,809,941	9 2
3	5	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD		384,000	-384,000	3
4	1	CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	253,414		253,414	9 4
5		TOTALS (SUM OF LINES 1-4)		8,693,929	384,000	8,309,929	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B ELMHURST PARENT CORP	100.00			
7					
8					
9					
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	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GENERAL	221,556	221,556						1
2	30 ADULTS & PEDIATRICS								2
3	31 INTENSIVE CARE UNIT	1,410,984	1,205,036	205,948	177,000	2,091	177,936	8,897	2
4	40 SUBPROVIDER - IPF	53,200		53,200	177,000	1	85	4	3
5	44 SKILLED NURSING FACILITY	1,440		1,440	177,000	1	85	4	4
6	50 OPERATING ROOM	287,680		287,680	177,000	1	85	4	5
7	4 EMPLOYEE BENEFITS								6
8	55 RADIOLOGY-THERAPEUTIC	600		600	177,000	1	85	4	7
9	60 LABORATORY	511,292	340,404	170,888	177,000	1	85	4	8
10	65 RESPIRATORY THERAPY	13,716		13,716	177,000	1	85	4	9
11	69 ELECTROCARDIOLOGY	1,309,602	1,309,602						10
12	91 EMERGENCY	30,000		30,000	177,000	2,080	177,000	8,850	11
13	91.01 OUTPATIENT CLINICS	392,738	170,863	221,875	177,000	2,091	177,936	8,897	12
200	TOTAL	4,232,808	3,247,461	985,347		6,268	533,382	26,668	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					221,556	1
2	30	ADULTS & PEDIATRICS	BIRTHING CENTER			177,936	28,012	1,233,048	2
3	31	INTENSIVE CARE UNIT	AGGREGATE			85	53,115	53,115	3
4	40	SUBPROVIDER - IPF	AGGREGATE						4
5	44	SKILLED NURSING FACILITY	AGGREGATE			85	1,355	1,355	5
6	50	OPERATING ROOM	AGGREGATE			85	287,595	287,595	6
7	4	EMPLOYEE BENEFITS	AGGREGATE						7
8	55	RADIOLOGY-THERAPEUTIC	AGGREGATE			85	515	515	8
9	60	LABORATORY	AGGREGATE			85	170,803	511,207	9
10	65	RESPIRATORY THERAPY	AGGREGATE			85	13,631	13,631	10
11	69	ELECTROCARDIOLOGY	AGGREGATE					1,309,602	11
12	91	EMERGENCY	AGGREGATE			177,000			12
13	91.01	OUTPATIENT CLINICS	AGGREGATE			177,936	43,939	214,802	13
200		TOTAL				533,382	598,965	3,846,426	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DEPREC NEW BLDG 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	11,501,019	11,501,019				1
1.01 DEPR NEW BUILDING	18,888,285		18,888,285			1.01
2 CAP REL COSTS-MVBLE EQUIP	18,827,140			18,827,140		2
4 EMPLOYEE BENEFITS	39,254,728		96,905	14,676	39,366,309	4
5 ADMINISTRATIVE & GENERAL	56,028,853		2,647,733	6,027,993	8,175,944	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,793,352	1,729,635	1,022,443	1,130,702	632,454	7
7.01 PLANT OPER OLD BUILDING	1,233,462				135,992	7.01
8 LAUNDRY & LINEN SERVICE	1,317,339	293,911	48,676	19,617	130,825	8
9 HOUSEKEEPING	4,068,243		44,978	44,180	884,743	9
9.01 HOUSEKEEPING OLD BUILD	340,721				68,795	9.01
10 DIETARY	1,451,349	318,453	383,386	110,653	353,171	10
11 CAFETERIA	1,605,319	86,807	537,707	155,190	518,030	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,889,542		26,307	1,961,585	498,529	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,402,558		74,923	191,045	1,179,964	15
16 MEDICAL RECORDS & LIBRARY	1,768,035		54,492	103,148	448,317	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 PASTORAL CARE	238,885		8,948		53,290	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,061,402		6,531,017	649,572	6,220,817	30
31 INTENSIVE CARE UNIT	5,476,871		934,873	135,062	1,312,735	31
40 SUBPROVIDER - IPF	1,363,853	110,844		3,333	327,351	40
43 NURSERY	1,395,514				208,972	43
44 SKILLED NURSING FACILITY	1,802,765	157,907		14,897	403,909	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,395,980		1,883,883	2,378,941	2,456,714	50
53 ANESTHESIOLOGY	587,485		11,811	280,603	95,319	53
54 RADIOLOGY-DIAGNOSTIC	4,286,240		554,917	2,071,313	899,207	54
54.01 ULTRASOUND	1,545,219		53,926	159,820	388,143	54.01
55 RADIOLOGY-THERAPEUTIC	2,559,503	72,392		77,774	536,063	55
55.01 CYBERKNIFE	5,456,659	26,209			140,117	55.01
56 RADIOISOTOPE	1,421,070		123,719	118,868	212,185	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,849,783		80,024	365,457	319,467	57
58 MAGNETIC RESONANCE IMAGING (MRI)	989,874		82,798	409,072	219,990	58
59 CARDIAC CATHETERIZATION	2,723,742		372,708	972,157	414,188	59
60 LABORATORY	14,116,330		876,712	707,702	1,775,181	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,154,175		188,382	113,338	459,934	65
65.01 SLEEP LAB	509,179				102,705	65.01
66 PHYSICAL THERAPY	3,666,238	42,121	48,080	13,776	836,586	66
67 OCCUPATIONAL THERAPY	934,115	33,023	48,020	2,496	164,500	67
68 SPEECH PATHOLOGY	470,824				116,819	68
69 ELECTROCARDIOLOGY	898,496		334,740	157,179	225,516	69
72 IMPL. DEV. CHARGED TO PATIENT	14,593,530					72
73 DRUGS CHARGED TO PATIENTS	21,026,668					73
74 RENAL DIALYSIS	626,281		26,247	416		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	21,014,708	146,862		69,516	3,840,595	90
91 EMERGENCY	5,713,740		984,891	298,080	1,347,739	91
91.01 OUTPATIENT CLINICS	2,829,649			27,401	1,150,406	91.01
91.02 CARDIAC REHAB	507,482		327,909	18,737	132,895	91.02
91.03 CENTRAL ADMISSION	1,165,172			8,280	304,197	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	4,708,348	140,572			950,630	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,505,298	46,801			205,251	116
118 SUBTOTALS (SUM OF LINES 1-117)	343,965,023	3,205,537	18,411,155	18,812,579	38,848,185	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	649,081		238,013	14,561	89,384	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DEPREC NEW BLDG 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
192 PHYSICIANS' PRIVATE OFFICES	1,442,629				306,678	192
192.01 MEALS ON WHEELS	453,920			239,117	122,062	192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		8,295,482				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	346,510,653	11,501,019	18,888,285	18,827,140	39,366,309	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	72,880,523	72,880,523				5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	16,308,586	4,343,743	20,652,329			7
7.01 PLANT OPER OLD BUILDING	1,369,454	364,750		1,734,204		7.01
8 LAUNDRY & LINEN SERVICE	1,810,368	482,186	66,482	52,163	2,411,199	8
9 HOUSEKEEPING	5,042,144	1,342,960	61,430		12,745	9
9.01 HOUSEKEEPING OLD BUILD	409,516	109,073				9.01
10 DIETARY	2,617,012	697,033	523,623	56,518	3,685	10
11 CAFETERIA	2,903,053	773,219	734,393	15,406		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,375,963	1,165,525	35,929			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,848,490	1,557,728	102,329			15
16 MEDICAL RECORDS & LIBRARY	2,373,992	632,306	74,425			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 PASTORAL CARE	301,123	80,203	12,221			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,462,808	10,244,412	8,919,971		898,604	30
31 INTENSIVE CARE UNIT	7,859,541	2,093,365	1,276,836		142,124	31
40 SUBPROVIDER - IPF	1,805,381	480,858		19,672	23,842	40
43 NURSERY	1,604,486	427,350				43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	2,379,478	633,767		28,025	112,623	44
50 OPERATING ROOM	23,115,518	6,156,749	2,572,981		305,658	50
53 ANESTHESIOLOGY	975,218	259,746	16,132			53
54 RADIOLOGY-DIAGNOSTIC	7,811,677	2,080,617	757,897		145,848	54
54.01 ULTRASOUND	2,147,108	571,876	73,651		4,859	54.01
55 RADIOLOGY-THERAPEUTIC	3,245,732	864,491		12,848	31,002	55
55.01 CYBERKNIFE	5,622,985	1,497,665		4,651		55.01
56 RADIOISOTOPE	1,875,842	499,625	168,974		31,464	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,614,731	696,426	109,295			57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,701,734	453,252	113,084		63,650	58
59 CARDIAC CATHETERIZATION	4,482,795	1,193,979	509,040		69,696	59
60 LABORATORY	17,475,925	4,654,660	1,197,401		339	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,915,829	776,622	257,290			65
65.01 SLEEP LAB	611,884	162,973			5,561	65.01
66 PHYSICAL THERAPY	4,606,801	1,227,008	65,667	7,476	68,011	66
67 OCCUPATIONAL THERAPY	1,182,154	314,863	65,585	5,861		67
68 SPEECH PATHOLOGY	587,643	156,517				68
69 ELECTROCARDIOLOGY	1,615,931	430,398	457,183			69
72 IMPL. DEV. CHARGED TO PATIENT	14,593,530	3,886,943				72
73 DRUGS CHARGED TO PATIENTS	21,026,668	5,600,390				73
74 RENAL DIALYSIS	652,944	173,910	35,848		2,696	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	25,071,681	6,677,767			47,317	90
91 EMERGENCY	8,344,450	2,222,519	1,345,151		284,416	91
91.01 OUTPATIENT CLINICS	4,007,456	1,067,374		26,065	33,999	91.01
91.02 CARDIAC REHAB	987,023	262,891			1,348	91.02
91.03 CENTRAL ADMISSION	1,477,649	393,567	447,854			91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	5,799,550	1,544,693		24,948		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,757,350	468,065		8,306		116
118 SUBTOTALS (SUM OF LINES 1-117)	334,659,726	69,724,064	20,000,672	261,939	2,289,487	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	991,039	263,960	325,075			190
192 PHYSICIANS' PRIVATE OFFICES	1,988,424	529,611	326,582		121,712	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
192.01 MEALS ON WHEELS	575,982	153,411				192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE	8,295,482	2,209,477		1,472,265		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	346,510,653	72,880,523	20,652,329	1,734,204	2,411,199	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	HOUSEKEEPING OL BUILD 9.01	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	6,459,279					9
9.01 HOUSEKEEPING OLD BUILD		518,589				9.01
10 DIETARY	164,791	17,425	4,080,087			10
11 CAFETERIA	231,122	4,750		4,661,943		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,307			51,527	5,640,251	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	32,204			179,859		15
16 MEDICAL RECORDS & LIBRARY	23,422			132,688		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 PASTORAL CARE	3,846			17,925		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,807,222		2,886,463	1,149,359	2,237,094	30
31 INTENSIVE CARE UNIT	401,836		412,493	224,654	437,264	31
40 SUBPROVIDER - IPF		6,065	342,417	69,792	135,843	40
43 NURSERY		8,640	438,410	33,361	64,934	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS				90,960	177,042	44
50 OPERATING ROOM	809,748		304	470,626	916,019	50
53 ANESTHESIOLOGY	5,077			17,321	33,714	53
54 RADIOLOGY-DIAGNOSTIC	238,519			168,212		54
54.01 ULTRASOUND	23,179			59,232		54.01
55 RADIOLOGY-THERAPEUTIC		3,961		96,366	187,565	55
55.01 CYBERKNIFE		1,434		29,434	57,290	55.01
56 RADIOISOTOPE	53,178			36,674		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	34,397			51,997		57
58 MAGNETIC RESONANCE IMAGING (MRI)	35,589			33,412		58
59 CARDIAC CATHETERIZATION	160,201			66,689		59
60 LABORATORY	376,836			404,235		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	80,972			96,021		65
65.01 SLEEP LAB				22,309		65.01
66 PHYSICAL THERAPY	20,666	2,305		176,372		66
67 OCCUPATIONAL THERAPY	20,640	1,807		26,331		67
68 SPEECH PATHOLOGY				18,551		68
69 ELECTROCARDIOLOGY	143,881			47,466		69
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	11,282					74
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
91 EMERGENCY	423,335			268,664	522,923	91
91.01 OUTPATIENT CLINICS		8,036		203,136	395,380	91.01
91.02 CARDIAC REHAB				24,360	47,414	91.02
91.03 CENTRAL ADMISSION	140,945			81,610		91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY		7,692		193,757	377,126	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		2,561		26,019	50,643	116
118 SUBTOTALS (SUM OF LINES 1-117)	6,254,195	64,676	4,080,087	4,568,919	5,640,251	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,305			30,424		190
192 PHYSICIANS' PRIVATE OFFICES	102,779			31,590		192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	HOUSEKEEPING BUILD	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	9	9.01	10	11	13	
192.01 MEALS ON WHEELS				31,010		192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		453,913				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,459,279	518,589	4,080,087	4,661,943	5,640,251	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPER OLD BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
9.01 HOUSEKEEPING OLD BUILD					9.01
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	7,720,610				15
16 MEDICAL RECORDS & LIBRARY		3,236,833			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 PASTORAL CARE			415,318		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	8,758	443,348	127,364	68,185,403	30
31 INTENSIVE CARE UNIT	1,964	67,114	34,610	12,951,801	31
40 SUBPROVIDER - IPF	103	19,929	57,452	2,961,354	40
43 NURSERY		18,192		2,148,323	43
44 SKILLED NURSING FACILITY	225	25,332	34,610	3,929,112	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	53,730	327,319		34,728,652	50
53 ANESTHESIOLOGY	200	94,314		1,401,722	53
54 RADIOLOGY-DIAGNOSTIC	27,226	135,470		11,365,466	54
54.01 ULTRASOUND	643	53,018		2,933,566	54.01
55 RADIOLOGY-THERAPEUTIC	28,478	59,413		4,529,856	55
55.01 CYBERKNIFE		47,880		7,261,339	55.01
56 RADIOISOTOPE	228,769	38,118		2,932,644	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	109,349	183,507		3,799,702	57
58 MAGNETIC RESONANCE IMAGING (MRI)	49,990	106,468		2,557,179	58
59 CARDIAC CATHETERIZATION	31,292	108,293		6,621,985	59
60 LABORATORY		316,290		24,425,686	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	29,069	73,924		4,229,727	65
65.01 SLEEP LAB		10,030		812,757	65.01
66 PHYSICAL THERAPY	519	50,769		6,225,594	66
67 OCCUPATIONAL THERAPY		13,235		1,630,476	67
68 SPEECH PATHOLOGY		7,181		769,892	68
69 ELECTROCARDIOLOGY	22	21,940		2,716,821	69
72 IMPL. DEV. CHARGED TO PATIENT		111,265		18,591,738	72
73 DRUGS CHARGED TO PATIENTS	6,745,457	629,641		34,002,156	73
74 RENAL DIALYSIS		5,153		881,833	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	389,666	114,601		32,301,032	90
91 EMERGENCY	9,590	127,031	34,610	13,582,689	91
91.01 OUTPATIENT CLINICS	5,487	22,374	22,842	5,792,149	91.01
91.02 CARDIAC REHAB		4,699		1,327,735	91.02
91.03 CENTRAL ADMISSION	73	985		2,542,683	91.03
92 OBSERVATION BEDS					92
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
101 HOME HEALTH AGENCY				7,947,766	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE			103,830	2,416,774	116
118 SUBTOTALS (SUM OF LINES 1-117)	7,720,610	3,236,833	415,318	328,505,612	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,712,803	190
192 PHYSICIANS' PRIVATE OFFICES				3,100,698	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
192.01 MEALS ON WHEELS				760,403	192.01
192.02 GUEST MEALS					192.02
194 OTHER NONREIMBURSABLE				12,431,137	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	7,720,610	3,236,833	415,318	346,510,653	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	DEPR NEW BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPER OLD BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
9.01	HOUSEKEEPING OLD BUILD		9.01
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	PASTORAL CARE		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	68,185,403	30
31	INTENSIVE CARE UNIT	12,951,801	31
40	SUBPROVIDER - IPF	2,961,354	40
43	NURSERY	2,148,323	43
44	SKILLED NURSING FACILITY	3,929,112	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	34,728,652	50
53	ANESTHESIOLOGY	1,401,722	53
54	RADIOLOGY-DIAGNOSTIC	11,365,466	54
54.01	ULTRASOUND	2,933,566	54.01
55	RADIOLOGY-THERAPEUTIC	4,529,856	55
55.01	CYBERKNIFE	7,261,339	55.01
56	RADIOISOTOPE	2,932,644	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	3,799,702	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,557,179	58
59	CARDIAC CATHETERIZATION	6,621,985	59
60	LABORATORY	24,425,686	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	4,229,727	65
65.01	SLEEP LAB	812,757	65.01
66	PHYSICAL THERAPY	6,225,594	66
67	OCCUPATIONAL THERAPY	1,630,476	67
68	SPEECH PATHOLOGY	769,892	68
69	ELECTROCARDIOLOGY	2,716,821	69
72	IMPL. DEV. CHARGED TO PATIENT	18,591,738	72
73	DRUGS CHARGED TO PATIENTS	34,002,156	73
74	RENAL DIALYSIS	881,833	74
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	32,301,032	90
91	EMERGENCY	13,582,689	91
91.01	OUTPATIENT CLINICS	5,792,149	91.01
91.02	CARDIAC REHAB	1,327,735	91.02
91.03	CENTRAL ADMISSION	2,542,683	91.03
92	OBSERVATION BEDS		92
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
101	HOME HEALTH AGENCY	7,947,766	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	2,416,774	116
118	SUBTOTALS (SUM OF LINES 1-117)	328,505,612	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,712,803	190
192	PHYSICIANS' PRIVATE OFFICES	3,100,698	192

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
192.01 MEALS ON WHEELS	760,403	192.01
192.02 GUEST MEALS		192.02
194 OTHER NONREIMBURSABLE	12,431,137	194
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	346,510,653	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DEPREC NEW BLDG 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS			96,905	14,676	111,581	4
5 ADMINISTRATIVE & GENERAL	19,991		2,647,733	6,027,993	8,695,717	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,729,635	1,022,443	1,130,702	3,882,780	7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE		293,911	48,676	19,617	362,204	8
9 HOUSEKEEPING			44,978	44,180	89,158	9
9.01 HOUSEKEEPING OLD BUILD						9.01
10 DIETARY	10,172	318,453	383,386	110,653	822,664	10
11 CAFETERIA	9,466	86,807	537,707	155,190	789,170	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			26,307	1,961,585	1,987,892	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	106,441		74,923	191,045	372,409	15
16 MEDICAL RECORDS & LIBRARY	15,211		54,492	103,148	172,851	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 PASTORAL CARE			8,948		8,948	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,195		6,531,017	649,572	7,188,784	30
31 INTENSIVE CARE UNIT			934,873	135,062	1,069,935	31
40 SUBPROVIDER - IPF		110,844		3,333	114,177	40
43 NURSERY						43
44 SKILLED NURSING FACILITY	1,397	157,907		14,897	174,201	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	407,791		1,883,883	2,378,941	4,670,615	50
53 ANESTHESIOLOGY			11,811	280,603	292,414	53
54 RADIOLOGY-DIAGNOSTIC			554,917	2,071,313	2,626,230	54
54.01 ULTRASOUND			53,926	159,820	213,746	54.01
55 RADIOLOGY-THERAPEUTIC	35,646	72,392		77,774	185,812	55
55.01 CYBERKNIFE		26,209			26,209	55.01
56 RADIOISOTOPE			123,719	118,868	242,587	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			80,024	365,457	445,481	57
58 MAGNETIC RESONANCE IMAGING (MRI)			82,798	409,072	491,870	58
59 CARDIAC CATHETERIZATION			372,708	972,157	1,344,865	59
60 LABORATORY	653,726		876,712	707,702	2,238,140	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,929		188,382	113,338	304,649	65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY		42,121	48,080	13,776	103,977	66
67 OCCUPATIONAL THERAPY		33,023	48,020	2,496	83,539	67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	50,329		334,740	157,179	542,248	69
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS			26,247	416	26,663	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	66,159	146,862		69,516	282,537	90
91 EMERGENCY	5,142		984,891	298,080	1,288,113	91
91.01 OUTPATIENT CLINICS	144,168			27,401	171,569	91.01
91.02 CARDIAC REHAB			327,909	18,737	346,646	91.02
91.03 CENTRAL ADMISSION				8,280	8,280	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY		140,572			140,572	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		46,801			46,801	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,536,763	3,205,537	18,411,155	18,812,579	41,966,034	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			238,013	14,561	252,574	190
192 PHYSICIANS' PRIVATE OFFICES			239,117		239,117	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DEPREC NEW BLDG	CAP MOVABLE EQUIPMENT	SUBTOTAL	
	0	1	1.01	2	2A	
192.01 MEALS ON WHEELS						192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		8,295,482			8,295,482	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,536,763	11,501,019	18,888,285	18,827,140	50,753,207	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 4	ADMINISTRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	111,581					4
5 ADMINISTRATIVE & GENERAL	23,196	8,718,913				5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,792	519,657	4,404,229			7
7.01 PLANT OPER OLD BUILDING	385	43,636		44,021		7.01
8 LAUNDRY & LINEN SERVICE	371	57,686	14,178	1,324	435,763	8
9 HOUSEKEEPING	2,507	160,663	13,100		2,303	9
9.01 HOUSEKEEPING OLD BUILD	195	13,049				9.01
10 DIETARY	1,001	83,388	111,666	1,435	666	10
11 CAFETERIA	1,468	92,503	156,613	391		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,413	139,436	7,662			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,344	186,356	21,822			15
16 MEDICAL RECORDS & LIBRARY	1,270	75,645	15,872			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 PASTORAL CARE	151	9,595	2,606			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,628	1,225,541	1,902,234		162,401	30
31 INTENSIVE CARE UNIT	3,720	250,436	272,293		25,685	31
40 SUBPROVIDER - IPF	928	57,527		499	4,309	40
43 NURSERY	592	51,125				43
44 SKILLED NURSING FACILITY	1,145	75,820		711	20,354	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,962	736,553	548,703		55,240	50
53 ANESTHESIOLOGY	270	31,074	3,440			53
54 RADIOLOGY-DIAGNOSTIC	2,548	248,911	161,626		26,358	54
54.01 ULTRASOUND	1,100	68,415	15,707		878	54.01
55 RADIOLOGY-THERAPEUTIC	1,519	103,422		326	5,603	55
55.01 CYBERKNIFE	397	179,171		118		55.01
56 RADIOISOTOPE	601	59,772	36,035		5,686	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	905	83,316	23,308			57
58 MAGNETIC RESONANCE IMAGING (MRI)	623	54,224	24,116		11,503	58
59 CARDIAC CATHETERIZATION	1,174	142,840	108,556		12,596	59
60 LABORATORY	5,030	556,853	255,353		61	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,303	92,910	54,869			65
65.01 SLEEP LAB	291	19,497			1,005	65.01
66 PHYSICAL THERAPY	2,371	146,791	14,004	190	12,291	66
67 OCCUPATIONAL THERAPY	466	37,668	13,986	149		67
68 SPEECH PATHOLOGY	331	18,725				68
69 ELECTROCARDIOLOGY	639	51,490	97,497			69
72 IMPL. DEV. CHARGED TO PATIENT		465,008				72
73 DRUGS CHARGED TO PATIENTS		669,994				73
74 RENAL DIALYSIS		20,805	7,645		487	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	10,883	798,884			8,551	90
91 EMERGENCY	3,819	265,888	286,861		51,401	91
91.01 OUTPATIENT CLINICS	3,260	127,694		662	6,145	91.01
91.02 CARDIAC REHAB	377	31,451			244	91.02
91.03 CENTRAL ADMISSION	862	47,084	95,507			91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	2,694	184,797		633		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	582	55,996		211		116
118 SUBTOTALS (SUM OF LINES 1-117)	110,113	8,341,296	4,265,259	6,649	413,767	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	253	31,578	69,324			190
192 PHYSICIANS' PRIVATE OFFICES	869	63,359	69,646		21,996	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
192.01 MEALS ON WHEELS	346	18,353				192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		264,327		37,372		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	111,581	8,718,913	4,404,229	44,021	435,763	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	HOUSEKEEPING OL BUILD 9.01	DIETARY 10	CAFETERIA 11	NURSING ADMINIS-TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	267,731					9
9.01 HOUSEKEEPING OLD BUILD		13,244				9.01
10 DIETARY	6,830	445	1,028,095			10
11 CAFETERIA	9,580	121		1,049,846		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	469			11,604	2,148,476	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	1,335			40,503		15
16 MEDICAL RECORDS & LIBRARY	971			29,881		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 PASTORAL CARE	159			4,037		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	116,356		727,327	258,829	852,150	30
31 INTENSIVE CARE UNIT	16,656		103,939	50,591	166,562	31
40 SUBPROVIDER - IPF		155	86,282	15,717	51,745	40
43 NURSERY				7,513	24,735	43
44 SKILLED NURSING FACILITY		221	110,470	20,484	67,439	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,563		77	105,982	348,928	50
53 ANESTHESIOLOGY	210			3,901	12,842	53
54 RADIOLOGY-DIAGNOSTIC	9,886			37,881		54
54.01 ULTRASOUND	961			13,339		54.01
55 RADIOLOGY-THERAPEUTIC		101		21,701	71,447	55
55.01 CYBERKNIFE		37		6,628	21,823	55.01
56 RADIOISOTOPE	2,204			8,259		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,426			11,709		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,475			7,524		58
59 CARDIAC CATHETERIZATION	6,640			15,018		59
60 LABORATORY	15,620			91,032		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,356			21,623		65
65.01 SLEEP LAB				5,024		65.01
66 PHYSICAL THERAPY	857	59		39,718		66
67 OCCUPATIONAL THERAPY	856	46		5,930		67
68 SPEECH PATHOLOGY				4,178		68
69 ELECTROCARDIOLOGY	5,964			10,689		69
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	468					74
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
91 EMERGENCY	17,547			60,502	199,191	91
91.01 OUTPATIENT CLINICS		205		45,745	150,608	91.01
91.02 CARDIAC REHAB				5,486	18,061	91.02
91.03 CENTRAL ADMISSION	5,842			18,378		91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY		196		43,633	143,654	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		65		5,859	19,291	116
118 SUBTOTALS (SUM OF LINES 1-117)	259,231	1,651	1,028,095	1,028,898	2,148,476	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,240			6,851		190
192 PHYSICIANS' PRIVATE OFFICES	4,260			7,114		192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	HOUSEKEEPING BUILD	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	9	9.01	10	11	13	
192.01 MEALS ON WHEELS				6,983		192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		11,593				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	267,731	13,244	1,028,095	1,049,846	2,148,476	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPER OLD BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
9.01 HOUSEKEEPING OLD BUILD					9.01
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	625,769				15
16 MEDICAL RECORDS & LIBRARY		296,490			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 PASTORAL CARE			25,496		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	710	40,627		12,492,587	30
31 INTENSIVE CARE UNIT	159	6,150		1,966,126	31
40 SUBPROVIDER - IPF	8	1,826		333,173	40
43 NURSERY		1,667		85,632	43
44 SKILLED NURSING FACILITY	18	2,321		473,184	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,355	29,994		6,540,972	50
53 ANESTHESIOLOGY	16	8,643		352,810	53
54 RADIOLOGY-DIAGNOSTIC	2,207	12,414		3,128,061	54
54.01 ULTRASOUND	52	4,858		319,056	54.01
55 RADIOLOGY-THERAPEUTIC	2,308	5,444		397,683	55
55.01 CYBERKNIFE		4,388		238,771	55.01
56 RADIOISOTOPE	18,542	3,493		377,179	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,863	16,816		591,824	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,052	9,756		605,143	58
59 CARDIAC CATHETERIZATION	2,536	9,924		1,644,149	59
60 LABORATORY		28,984		3,191,073	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	2,356	6,774		487,840	65
65.01 SLEEP LAB		919		26,736	65.01
66 PHYSICAL THERAPY	42	4,652		324,952	66
67 OCCUPATIONAL THERAPY		1,213		143,853	67
68 SPEECH PATHOLOGY		658		23,892	68
69 ELECTROCARDIOLOGY	2	2,011		710,540	69
72 IMPL. DEV. CHARGED TO PATIENT		10,196		475,204	72
73 DRUGS CHARGED TO PATIENTS	546,732	57,576		1,274,302	73
74 RENAL DIALYSIS		472		56,540	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	31,583	10,502		1,142,940	90
91 EMERGENCY	777	11,641		2,185,740	91
91.01 OUTPATIENT CLINICS	445	2,050		508,383	91.01
91.02 CARDIAC REHAB		431		402,696	91.02
91.03 CENTRAL ADMISSION	6	90		176,049	91.03
92 OBSERVATION BEDS					92
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
101 HOME HEALTH AGENCY				516,179	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				128,805	116
118 SUBTOTALS (SUM OF LINES 1-117)	625,769	296,490		41,322,074	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				364,820	190
192 PHYSICIANS' PRIVATE OFFICES				406,361	192

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PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
192.01 MEALS ON WHEELS				25,682	192.01
192.02 GUEST MEALS					192.02
194 OTHER NONREIMBURSABLE				8,608,774	194
200 CROSS FOOT ADJUSTMENTS			25,496	25,496	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	625,769	296,490	25,496	50,753,207	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	DEPR NEW BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPER OLD BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
9.01	HOUSEKEEPING OLD BUILD		9.01
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	PASTORAL CARE		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	12,492,587	30
31	INTENSIVE CARE UNIT	1,966,126	31
40	SUBPROVIDER - IPF	333,173	40
43	NURSERY	85,632	43
44	SKILLED NURSING FACILITY	473,184	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	6,540,972	50
53	ANESTHESIOLOGY	352,810	53
54	RADIOLOGY-DIAGNOSTIC	3,128,061	54
54.01	ULTRASOUND	319,056	54.01
55	RADIOLOGY-THERAPEUTIC	397,683	55
55.01	CYBERKNIFE	238,771	55.01
56	RADIOISOTOPE	377,179	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	591,824	57
58	MAGNETIC RESONANCE IMAGING (MRI)	605,143	58
59	CARDIAC CATHETERIZATION	1,644,149	59
60	LABORATORY	3,191,073	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	487,840	65
65.01	SLEEP LAB	26,736	65.01
66	PHYSICAL THERAPY	324,952	66
67	OCCUPATIONAL THERAPY	143,853	67
68	SPEECH PATHOLOGY	23,892	68
69	ELECTROCARDIOLOGY	710,540	69
72	IMPL. DEV. CHARGED TO PATIENT	475,204	72
73	DRUGS CHARGED TO PATIENTS	1,274,302	73
74	RENAL DIALYSIS	56,540	74
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	1,142,940	90
91	EMERGENCY	2,185,740	91
91.01	OUTPATIENT CLINICS	508,383	91.01
91.02	CARDIAC REHAB	402,696	91.02
91.03	CENTRAL ADMISSION	176,049	91.03
92	OBSERVATION BEDS		92
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
101	HOME HEALTH AGENCY	516,179	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	128,805	116
118	SUBTOTALS (SUM OF LINES 1-117)	41,322,074	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	364,820	190
192	PHYSICIANS' PRIVATE OFFICES	406,361	192

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WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
192.01 MEALS ON WHEELS	25,682	192.01
192.02 GUEST MEALS		192.02
194 OTHER NONREIMBURSABLE	8,608,774	194
200 CROSS FOOT ADJUSTMENTS	25,496	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	50,753,207	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILLIATION
	1	1.01	2	4	5A
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	614,357				1
1.01 DEPR NEW BUILDING		633,278			1.01
2 CAP REL COSTS-MVBLE EQUIP			18,162,622		2
4 EMPLOYEE BENEFITS		3,249	14,158	146,393,755	4
5 ADMINISTRATIVE & GENERAL		88,772	5,815,229	30,404,352	5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	92,393	34,280	1,090,793	2,351,944	7
7.01 PLANT OPER OLD BUILDING				505,720	7.01
8 LAUNDRY & LINEN SERVICE	15,700	1,632	18,925	486,507	8
9 HOUSEKEEPING		1,508	42,621	3,290,145	9
9.01 HOUSEKEEPING OLD BUILD				255,831	9.01
10 DIETARY	17,011	12,854	106,747	1,313,358	10
11 CAFETERIA	4,637	18,028	149,712	1,926,428	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		882	1,892,350	1,853,907	13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY		2,512	184,302	4,388,002	15
16 MEDICAL RECORDS & LIBRARY		1,827	99,507	1,667,182	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 PASTORAL CARE		300		198,172	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		218,969	626,645	23,133,713	30
31 INTENSIVE CARE UNIT		31,344	130,295	4,881,743	31
40 SUBPROVIDER - IPF	5,921		3,215	1,217,338	40
43 NURSERY				777,117	43
44 SKILLED NURSING FACILITY	8,435		14,371	1,502,041	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		63,162	2,294,975	9,135,923	50
53 ANESTHESIOLOGY		396	270,699	354,467	53
54 RADIOLOGY-DIAGNOSTIC		18,605	1,998,205	3,343,934	54
54.01 ULTRASOUND		1,808	154,179	1,443,408	54.01
55 RADIOLOGY-THERAPEUTIC	3,867		75,029	1,993,490	55
55.01 CYBERKNIFE	1,400			521,060	55.01
56 RADIOISOTOPE		4,148	114,672	789,063	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,683	352,558	1,188,022	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,776	394,634	818,091	58
59 CARDIAC CATHETERIZATION		12,496	937,844	1,540,263	59
60 LABORATORY		29,394	682,723	6,601,469	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		6,316	109,338	1,710,383	65
65.01 SLEEP LAB				381,934	65.01
66 PHYSICAL THERAPY	2,250	1,612	13,290	3,111,060	66
67 OCCUPATIONAL THERAPY	1,764	1,610	2,408	611,736	67
68 SPEECH PATHOLOGY				434,420	68
69 ELECTROCARDIOLOGY		11,223	151,631	838,638	69
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS		880	401		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	7,845		67,062	14,282,241	90
91 EMERGENCY		33,021	287,559	5,011,914	91
91.01 OUTPATIENT CLINICS			26,434	4,278,080	91.01
91.02 CARDIAC REHAB		10,994	18,076	494,206	91.02
91.03 CENTRAL ADMISSION			7,988	1,131,235	91.03
92 OBSERVATION BEDS					92
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
101 HOME HEALTH AGENCY	7,509			3,535,161	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	2,500			763,278	116
118 SUBTOTALS (SUM OF LINES 1-117)	171,232	617,281	18,148,575	144,466,976	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,980	14,047	332,399	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION
		1	1.01	2	4	5A
192	PHYSICIANS' PRIVATE OFFICES		8,017		1,140,460	192
192.01	MEALS ON WHEELS				453,920	192.01
192.02	GUEST MEALS					192.02
194	OTHER NONREIMBURSABLE	443,125				194
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	11,501,019	18,888,285	18,827,140	39,366,309	202
203	UNIT COST MULT-WS B PT I	18.720417	29.826214	1.036587	0.268907	203
204	COST TO BE ALLOC PER B PT II				111,581	204
205	UNIT COST MULT-WS B PT II				0.000762	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	PLANT OPER	LAUNDRY	HOUSE-
	TRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET	OLD BUILD SQUARE FT	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET
	5	7	7.01	8	9
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL	273,630,130				5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	16,308,586	506,977			7
7.01 PLANT OPER OLD BUILDING	1,369,454		521,964		7.01
8 LAUNDRY & LINEN SERVICE	1,810,368	1,632	15,700	3,304,671	8
9 HOUSEKEEPING	5,042,144	1,508		17,467	9
9.01 HOUSEKEEPING OLD BUILD	409,516				9.01
10 DIETARY	2,617,012	12,854	17,011	5,050	12,854
11 CAFETERIA	2,903,053	18,028	4,637		18,028
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	4,375,963	882			882
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	5,848,490	2,512			2,512
16 MEDICAL RECORDS & LIBRARY	2,373,992	1,827			1,827
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 PASTORAL CARE	301,123	300			300
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	38,462,808	218,969		1,231,581	218,969
31 INTENSIVE CARE UNIT	7,859,541	31,344		194,788	31,344
40 SUBPROVIDER - IPF	1,805,381		5,921	32,677	
43 NURSERY	1,604,486				
44 SKILLED NURSING FACILITY	2,379,478		8,435	154,356	
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	23,115,518	63,162		418,920	63,162
53 ANESTHESIOLOGY	975,218	396			396
54 RADIOLOGY-DIAGNOSTIC	7,811,677	18,605		199,892	18,605
54.01 ULTRASOUND	2,147,108	1,808		6,659	1,808
55 RADIOLOGY-THERAPEUTIC	3,245,732		3,867	42,490	
55.01 CYBERKNIFE	5,622,985		1,400		
56 RADIOISOTOPE	1,875,842	4,148		43,123	4,148
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,614,731	2,683			2,683
58 MAGNETIC RESONANCE IMAGING (MRI)	1,701,734	2,776		87,236	2,776
59 CARDIAC CATHETERIZATION	4,482,795	12,496		95,522	12,496
60 LABORATORY	17,475,925	29,394		465	29,394
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
65 RESPIRATORY THERAPY	2,915,829	6,316			6,316
65.01 SLEEP LAB	611,884			7,622	
66 PHYSICAL THERAPY	4,606,801	1,612	2,250	93,212	1,612
67 OCCUPATIONAL THERAPY	1,182,154	1,610	1,764		1,610
68 SPEECH PATHOLOGY	587,643				
69 ELECTROCARDIOLOGY	1,615,931	11,223			11,223
72 IMPL. DEV. CHARGED TO PATIENT	14,593,530				
73 DRUGS CHARGED TO PATIENTS	21,026,668				
74 RENAL DIALYSIS	652,944	880		3,695	880
76.97 CARDIAC REHABILITATION					
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	25,071,681			64,851	
91 EMERGENCY	8,344,450	33,021		389,807	33,021
91.01 OUTPATIENT CLINICS	4,007,456		7,845	46,598	
91.02 CARDIAC REHAB	987,023			1,848	
91.03 CENTRAL ADMISSION	1,477,649	10,994			10,994
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					
99.20 OUTPATIENT PHYSICAL THERAPY					
99.30 OUTPATIENT OCCUPATIONAL THERAPY					
99.40 OUTPATIENT SPEECH PATHOLOGY					
101 HOME HEALTH AGENCY	5,799,550		7,509		
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	1,757,350		2,500		
118 SUBTOTALS (SUM OF LINES 1-117)	261,779,203	490,980	78,839	3,137,859	487,840
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	991,039	7,980			7,980

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL ACCUM COST 5	OPERATION OF PLANT SQUARE FEET 7	PLANT OPER OLD BUILD SQUARE FT 7.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	
192	PHYSICIANS' PRIVATE OFFICES	1,988,424	8,017		166,812	8,017	192
192.01	MEALS ON WHEELS	575,982					192.01
192.02	GUEST MEALS						192.02
194	OTHER NONREIMBURSABLE	8,295,482		443,125			194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	72,880,523	20,652,329	1,734,204	2,411,199	6,459,279	202
203	UNIT COST MULT-WS B PT I	0.266347	40.736225	3.322459	0.729634	12.820176	203
204	COST TO BE ALLOC PER B PT II	8,718,913	4,404,229	44,021	435,763	267,731	204
205	UNIT COST MULT-WS B PT II	0.031864	8.687236	0.084337	0.131863	0.531384	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	PHARMACY	
	OL BUILD			ADMINIS-		
	SQ FT	MEALS	FTE\$	TRATION	COSTED	
	9.01	SERVED		DIRECT	REQUIS.	
		10	11	NRSNG HRS	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
9.01 HOUSEKEEPING OLD BUILD	506,264					9.01
10 DIETARY	17,011	214,730				10
11 CAFETERIA	4,637		2,918,905			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			32,262	1,814,356		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY			112,612		21,148,580	15
16 MEDICAL RECORDS & LIBRARY			83,078			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 PASTORAL CARE			11,223			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		151,911	719,628	719,628	23,990	30
31 INTENSIVE CARE UNIT		21,709	140,659	140,659	5,381	31
40 SUBPROVIDER - IPF	5,921	18,021	43,698	43,698	281	40
43 NURSERY			20,888	20,888		43
44 SKILLED NURSING FACILITY	8,435	23,073	56,951	56,951	615	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		16	294,665	294,665	147,179	50
53 ANESTHESIOLOGY			10,845	10,845	547	53
54 RADIOLOGY-DIAGNOSTIC			105,320		74,578	54
54.01 ULTRASOUND			37,086		1,762	54.01
55 RADIOLOGY-THERAPEUTIC	3,867		60,336	60,336	78,008	55
55.01 CYBERKNIFE	1,400		18,429	18,429		55.01
56 RADIOISOTOPE			22,962		626,653	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			32,556		299,533	57
58 MAGNETIC RESONANCE IMAGING (MRI)			20,920		136,935	58
59 CARDIAC CATHETERIZATION			41,755		85,717	59
60 LABORATORY			253,097			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			60,120		79,626	65
65.01 SLEEP LAB			13,968			65.01
66 PHYSICAL THERAPY	2,250		110,429		1,422	66
67 OCCUPATIONAL THERAPY	1,764		16,486			67
68 SPEECH PATHOLOGY			11,615			68
69 ELECTROCARDIOLOGY			29,719		61	69
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					18,477,407	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					1,067,387	90
91 EMERGENCY			168,214	168,214	26,268	91
91.01 OUTPATIENT CLINICS	7,845		127,186	127,186	15,031	91.01
91.02 CARDIAC REHAB			15,252	15,252		91.02
91.03 CENTRAL ADMISSION			51,097		199	91.03
92 OBSERVATION BEDS						92
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
101 HOME HEALTH AGENCY	7,509		121,314	121,314		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	2,500		16,291	16,291		116
118 SUBTOTALS (SUM OF LINES 1-117)	63,139	214,730	2,860,661	1,814,356	21,148,580	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			19,049			190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING OL BUILD	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION DIRECT	PHARMACY
	SQ FT	MEALS SERVED	FTES	NRSNG HRS	COSTED REQUIS.
	9.01	10	11	13	15
192 PHYSICIANS' PRIVATE OFFICES			19,779		192
192.01 MEALS ON WHEELS			19,416		192.01
192.02 GUEST MEALS					192.02
194 OTHER NONREIMBURSABLE	443,125				194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	518,589	4,080,087	4,661,943	5,640,251	7,720,610
203 UNIT COST MULT-WS B PT I	1.024345	19.001011	1.597155	3.108679	0.365065
204 COST TO BE ALLOC PER B PT II	13,244	1,028,095	1,049,846	2,148,476	625,769
205 UNIT COST MULT-WS B PT II	0.026160	4.787850	0.359671	1.184153	0.029589

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	PASTORAL CARE ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 DEPR NEW BUILDING			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 PLANT OPER OLD BUILDING			7.01
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
9.01 HOUSEKEEPING OLD BUILD			9.01
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	1,295,302,200		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 PASTORAL CARE		600	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	177,410,060	184	30
31 INTENSIVE CARE UNIT	26,856,368	50	31
40 SUBPROVIDER - IPF	7,974,594	83	40
43 NURSERY	7,279,538		43
44 SKILLED NURSING FACILITY	10,137,015	50	44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	130,980,109		50
53 ANESTHESIOLOGY	37,740,497		53
54 RADIOLOGY-DIAGNOSTIC	54,209,715		54
54.01 ULTRASOUND	21,215,668		54.01
55 RADIOLOGY-THERAPEUTIC	23,774,731		55
55.01 CYBERKNIFE	19,159,755		55.01
56 RADIOISOTOPE	15,253,445		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	73,432,012		57
58 MAGNETIC RESONANCE IMAGING (MRI)	42,604,313		58
59 CARDIAC CATHETERIZATION	43,334,550		59
60 LABORATORY	126,566,638		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	29,581,351		65
65.01 SLEEP LAB	4,013,583		65.01
66 PHYSICAL THERAPY	20,315,576		66
67 OCCUPATIONAL THERAPY	5,296,200		67
68 SPEECH PATHOLOGY	2,873,475		68
69 ELECTROCARDIOLOGY	8,779,658		69
72 IMPL. DEV. CHARGED TO PATIENT	44,523,726		72
73 DRUGS CHARGED TO PATIENTS	252,008,266		73
74 RENAL DIALYSIS	2,062,129		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	45,858,799		90
91 EMERGENCY	50,832,759	50	91
91.01 OUTPATIENT CLINICS	8,953,155	33	91.01
91.02 CARDIAC REHAB	1,880,464		91.02
91.03 CENTRAL ADMISSION	394,051		91.03
92 OBSERVATION BEDS			92
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
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE		150	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,295,302,200	600	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	PASTORAL CARE ASSIGNED TIME 23	
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 MEALS ON WHEELS			192.01
192.02 GUEST MEALS			192.02
194 OTHER NONREIMBURSABLE			194
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	3,236,833	415,318	202
203 UNIT COST MULT-WS B PT I	0.002499	692.196667	203
204 COST TO BE ALLOC PER B PT II	296,490	25,496	204
205 UNIT COST MULT-WS B PT II	0.000229	42.493333	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	68,185,403		68,185,403	28,012	68,213,415	30
31 INTENSIVE CARE UNIT	12,951,801		12,951,801	53,115	13,004,916	31
40 SUBPROVIDER - IPF	2,961,354		2,961,354		2,961,354	40
43 NURSERY	2,148,323		2,148,323		2,148,323	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	3,929,112		3,929,112	1,355	3,930,467	44
50 OPERATING ROOM	34,728,652		34,728,652	287,595	35,016,247	50
53 ANESTHESIOLOGY	1,401,722		1,401,722		1,401,722	53
54 RADIOLOGY-DIAGNOSTIC	11,365,466		11,365,466		11,365,466	54
54.01 ULTRASOUND	2,933,566		2,933,566		2,933,566	54.01
55 RADIOLOGY-THERAPEUTIC	4,529,856		4,529,856	515	4,530,371	55
55.01 CYBERKNIFE	7,261,339		7,261,339		7,261,339	55.01
56 RADIOISOTOPE	2,932,644		2,932,644		2,932,644	56
57 COMPUTED TOMOGRAPHY (CT) SC	3,799,702		3,799,702		3,799,702	57
58 MAGNETIC RESONANCE IMAGING	2,557,179		2,557,179		2,557,179	58
59 CARDIAC CATHETERIZATION	6,621,985		6,621,985		6,621,985	59
60 LABORATORY	24,425,686		24,425,686	170,803	24,596,489	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,229,727		4,229,727	13,631	4,243,358	65
65.01 SLEEP LAB	812,757		812,757		812,757	65.01
66 PHYSICAL THERAPY	6,225,594		6,225,594		6,225,594	66
67 OCCUPATIONAL THERAPY	1,630,476		1,630,476		1,630,476	67
68 SPEECH PATHOLOGY	769,892		769,892		769,892	68
69 ELECTROCARDIOLOGY	2,716,821		2,716,821		2,716,821	69
72 IMPL. DEV. CHARGED TO PATIE	18,591,738		18,591,738		18,591,738	72
73 DRUGS CHARGED TO PATIENTS	34,002,156		34,002,156		34,002,156	73
74 RENAL DIALYSIS	881,833		881,833		881,833	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	32,301,032		32,301,032		32,301,032	90
91 EMERGENCY	13,582,689		13,582,689		13,582,689	91
91.01 OUTPATIENT CLINICS	5,792,149		5,792,149	43,939	5,836,088	91.01
91.02 CARDIAC REHAB	1,327,735		1,327,735		1,327,735	91.02
91.03 CENTRAL ADMISSION	2,542,683		2,542,683		2,542,683	91.03
92 OBSERVATION BEDS	8,307,000		8,307,000		8,307,000	92
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	7,947,766		7,947,766		7,947,766	101
116 HOSPICE	2,416,774		2,416,774		2,416,774	116
200 SUBTOTAL (SEE INSTRUCTIONS)	336,812,612		336,812,612	598,965	337,411,577	200
201 LESS OBSERVATION BEDS	8,307,000		8,307,000		8,307,000	201
202 TOTAL (SEE INSTRUCTIONS)	328,505,612		328,505,612		329,104,577	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	166,441,285		166,441,285			30
31 INTENSIVE CARE UNIT	26,856,368		26,856,368			31
40 SUBPROVIDER - IPF	7,974,594		7,974,594			40
43 NURSERY	7,279,538		7,279,538			43
44 SKILLED NURSING FACILITY	10,137,015		10,137,015			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	67,896,247	63,083,862	130,980,109	0.265144	0.265144	0.267340 50
53 ANESTHESIOLOGY	20,467,653	17,272,844	37,740,497	0.037141	0.037141	0.037141 53
54 RADIOLOGY-DIAGNOSTIC	16,175,388	38,034,327	54,209,715	0.209657	0.209657	0.209657 54
54.01 ULTRASOUND	3,590,855	17,624,813	21,215,668	0.138274	0.138274	0.138274 54.01
55 RADIOLOGY-THERAPEUTIC	338,880	23,435,851	23,774,731	0.190532	0.190532	0.190554 55
55.01 CYBERKNIFE		19,159,755	19,159,755	0.378989	0.378989	0.378989 55.01
56 RADIOISOTOPE	4,162,286	11,091,159	15,253,445	0.192261	0.192261	0.192261 56
57 COMPUTED TOMOGRAPHY (CT) SC	17,523,328	55,908,684	73,432,012	0.051744	0.051744	0.051744 57
58 MAGNETIC RESONANCE IMAGING	5,918,899	36,685,414	42,604,313	0.060022	0.060022	0.060022 58
59 CARDIAC CATHETERIZATION	23,383,218	19,951,332	43,334,550	0.152811	0.152811	0.152811 59
60 LABORATORY	45,958,795	80,607,843	126,566,638	0.192987	0.192987	0.194336 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	26,584,236	2,997,115	29,581,351	0.142986	0.142986	0.143447 65
65.01 SLEEP LAB	12,771	4,000,812	4,013,583	0.202502	0.202502	0.202502 65.01
66 PHYSICAL THERAPY	8,899,164	11,416,412	20,315,576	0.306444	0.306444	0.306444 66
67 OCCUPATIONAL THERAPY	3,137,580	2,158,620	5,296,200	0.307858	0.307858	0.307858 67
68 SPEECH PATHOLOGY	1,836,818	1,036,657	2,873,475	0.267931	0.267931	0.267931 68
69 ELECTROCARDIOLOGY	4,538,274	4,241,384	8,779,658	0.309445	0.309445	0.309445 69
72 IMPL. DEV. CHARGED TO PATIE	32,459,739	12,063,987	44,523,726	0.417569	0.417569	0.417569 72
73 DRUGS CHARGED TO PATIENTS	150,028,992	101,979,274	252,008,266	0.134925	0.134925	0.134925 73
74 RENAL DIALYSIS	1,897,686	164,443	2,062,129	0.427632	0.427632	0.427632 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	117,473	45,741,326	45,858,799	0.704358	0.704358	0.704358 90
91 EMERGENCY	16,912,265	33,920,494	50,832,759	0.267203	0.267203	0.267203 91
91.01 OUTPATIENT CLINICS	296,462	8,656,693	8,953,155	0.646939	0.646939	0.651847 91.01
91.02 CARDIAC REHAB	301,349	1,579,115	1,880,464	0.706068	0.706068	0.706068 91.02
91.03 CENTRAL ADMISSION	114,464	279,587	394,051	6.452675	6.452675	6.452675 91.03
92 OBSERVATION BEDS	3,484,852	7,483,923	10,968,775	0.757332	0.757332	0.757332 92
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
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	674,726,474	620,575,726	1,295,302,200			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	674,726,474	620,575,726	1,295,302,200			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	12,492,587		12,492,587	56,118	222.61	29,599	6,589,033	30
31 INTENSIVE CARE UNIT	1,966,126		1,966,126	7,043	279.16	3,481	971,756	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	333,173		333,173	3,021	110.29	1,021	112,606	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	85,632		85,632	3,774	22.69			43
44 SKILLED NURSING FACILITY	473,184		473,184	7,653	61.83	6,791	419,888	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	15,350,702		15,350,702	77,609		40,892	8,093,283	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	6,540,972	130,980,109	0.049939	33,031,582	1,649,564	50
53 ANESTHESIOLOGY	352,810	37,740,497	0.009348	9,795,727	91,570	53
54 RADIOLOGY-DIAGNOSTIC	3,128,061	54,209,715	0.057703	11,567,394	667,473	54
54.01 ULTRASOUND	319,056	21,215,668	0.015039	2,261,859	34,016	54.01
55 RADIOLOGY-THERAPEUTIC	397,683	23,774,731	0.016727	149,886	2,507	55
55.01 CYBERKNIFE	238,771	19,159,755	0.012462			55.01
56 RADIOISOTOPE	377,179	15,253,445	0.024727	2,770,569	68,508	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	591,824	73,432,012	0.008059	11,508,381	92,746	57
58 MAGNETIC RESONANCE IMAGING (M	605,143	42,604,313	0.014204	3,576,927	50,807	58
59 CARDIAC CATHETERIZATION	1,644,149	43,334,550	0.037941	16,871,781	640,132	59
60 LABORATORY	3,191,073	126,566,638	0.025213	28,639,140	722,079	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	487,840	29,581,351	0.016491	18,220,046	300,467	65
65.01 SLEEP LAB	26,736	4,013,583	0.006661	3,312	22	65.01
66 PHYSICAL THERAPY	324,952	20,315,576	0.015995	3,679,853	58,859	66
67 OCCUPATIONAL THERAPY	143,853	5,296,200	0.027162	914,536	24,841	67
68 SPEECH PATHOLOGY	23,892	2,873,475	0.008315	1,079,597	8,977	68
69 ELECTROCARDIOLOGY	710,540	8,779,658	0.080930	4,061,933	328,732	69
72 IMPL. DEV. CHARGED TO PATIENT	475,204	44,523,726	0.010673	19,860,756	211,974	72
73 DRUGS CHARGED TO PATIENTS	1,274,302	252,008,266	0.005057	84,580,491	427,724	73
74 RENAL DIALYSIS	56,540	2,062,129	0.027418	1,325,933	36,354	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,142,940	45,858,799	0.024923	112,952	2,815	90
91 EMERGENCY	2,185,740	50,832,759	0.042999	9,631,795	414,158	91
91.01 OUTPATIENT CLINICS	508,383	8,953,155	0.056783	190,224	10,801	91.01
91.02 CARDIAC REHAB	402,696	1,880,464	0.214147	192,366	41,195	91.02
91.03 CENTRAL ADMISSION	176,049	394,051	0.446767	83,250	37,193	91.03
92 OBSERVATION BEDS	1,521,344	10,968,775	0.138698	2,065,946	286,543	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	26,847,732	1,076,613,400		266,176,236	6,210,057	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		127,364			127,364	31
31 INTENSIVE CARE UNIT		34,610			34,610	32
32 CORONARY CARE UNIT						33
33 BURN INTENSIVE CARE UNIT						34
34 SURGICAL INTENSIVE CARE UNIT						35
35 OTHER SPECIAL CARE (SPECIFY)						40
40 SUBPROVIDER - IPF		57,452			57,452	41
41 SUBPROVIDER - IRF						42
42 SUBPROVIDER I						43
43 NURSERY						44
44 SKILLED NURSING FACILITY		34,610			34,610	45
45 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		254,036			254,036	

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	56,118	2.27	29,599	67,190	30
31 INTENSIVE CARE UNIT	7,043	4.91	3,481	17,092	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,021	19.02	1,021	19,419	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	3,774				43
44 SKILLED NURSING FACILITY	7,653	4.52	6,791	30,695	44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,609		40,892	134,396	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0200)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>			

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
55 RADIOLOGY-THERAPEUTIC							55
55.01 CYBERKNIFE							55.01
56 RADIOISOTOPE							56
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
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY			34,610		34,610	34,610	91
91.01 OUTPATIENT CLINICS			22,842		22,842	22,842	91.01
91.02 CARDIAC REHAB							91.02
91.03 CENTRAL ADMISSION							91.03
92 OBSERVATION BEDS			15,509		15,509	15,509	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			72,961		72,961	72,961	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0200)	[] 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	130,980,109			33,031,582	13,174,399	50	
53	ANESTHESIOLOGY	37,740,497			9,795,727	3,234,352	53	
54	RADIOLOGY-DIAGNOSTIC	54,209,715			11,567,394	10,292,582	54	
54.01	ULTRASOUND	21,215,668			2,261,859	3,562,153	54.01	
55	RADIOLOGY-THERAPEUTIC	23,774,731			149,886	10,010,267	55	
55.01	CYBERKNIFE	19,159,755				10,996,404	55.01	
56	RADIOISOTOPE	15,253,445			2,770,569	3,767,157	56	
57	COMPUTED TOMOGRAPHY (CT) SCA	73,432,012			11,508,381	15,959,596	57	
58	MAGNETIC RESONANCE IMAGING (	42,604,313			3,576,927	9,222,645	58
59	CARDIAC CATHETERIZATION	43,334,550			16,871,781	7,052,654	59	
60	LABORATORY	126,566,638			28,639,140	4,203,488	60	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
65	RESPIRATORY THERAPY	29,581,351			18,220,046	813,301	65	
65.01	SLEEP LAB	4,013,583			3,312	820,639	65.01	
66	PHYSICAL THERAPY	20,315,576			3,679,853	237,956	66	
67	OCCUPATIONAL THERAPY	5,296,200			914,536	483	67	
68	SPEECH PATHOLOGY	2,873,475			1,079,597		68	
69	ELECTROCARDIOLOGY	8,779,658			4,061,933	2,751,255	69	
72	IMPL. DEV. CHARGED TO PATIEN	44,523,726			19,860,756	6,625,342	72	
73	DRUGS CHARGED TO PATIENTS	252,008,266			84,580,491	34,369,300	73	
74	RENAL DIALYSIS	2,062,129			1,325,933	123,401	74	
76.97	CARDIAC REHABILITATION						76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	45,858,799			112,952	7,431,320	90	
91	EMERGENCY	50,832,759	0.000681	0.000681	9,631,795	6,559	3,970	
91.01	OUTPATIENT CLINICS	8,953,155	0.002551	0.002551	190,224	485	677	
91.02	CARDIAC REHAB	1,880,464			192,366	735,478	91.02	
91.03	CENTRAL ADMISSION	394,051			83,250	61,364	91.03	
92	OBSERVATION BEDS	10,968,775	0.001414	0.001414	2,065,946	2,921	2,416,241	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	1,076,613,400			266,176,236	9,965	153,957,100	8,064

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SERVICES DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS		
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.265144	13,174,399			3,493,113				50
53 ANESTHESIOLOGY	0.037141	3,234,352			120,127				53
54 RADIOLOGY-DIAGNOSTIC	0.209657	10,292,582			2,157,912				54
54.01 ULTRASOUND	0.138274	3,562,153			492,553				54.01
55 RADIOLOGY-THERAPEUTIC	0.190532	10,010,267			1,907,276				55
55.01 CYBERKNIFE	0.378989	10,996,404			4,167,516				55.01
56 RADIOISOTOPE	0.192261	3,767,157			724,277				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744	15,959,596			825,813				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022	9,222,645			553,562				58
59 CARDIAC CATHETERIZATION	0.152811	7,052,654			1,077,723				59
60 LABORATORY	0.192987	4,203,488			811,219				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.142986	813,301			116,291				65
65.01 SLEEP LAB	0.202502	820,639			166,181				65.01
66 PHYSICAL THERAPY	0.306444	237,956			72,920				66
67 OCCUPATIONAL THERAPY	0.307858	483			149				67
68 SPEECH PATHOLOGY	0.267931								68
69 ELECTROCARDIOLOGY	0.309445	2,751,255			851,362				69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569	6,625,342			2,766,537				72
73 DRUGS CHARGED TO PATIENTS	0.134925	34,369,300		153,893	4,637,278		20,764		73
74 RENAL DIALYSIS	0.427632	123,401			52,770				74
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.704358	7,431,320		234	5,234,310		165		90
91 EMERGENCY	0.267203	5,829,952			1,557,781				91
91.01 OUTPATIENT CLINICS	0.646939	265,371			171,679				91.01
91.02 CARDIAC REHAB	0.706068	735,478			519,297				91.02
91.03 CENTRAL ADMISSION	6.452675	61,364			395,962				91.03
92 OBSERVATION BEDS	0.757332	2,416,241			1,829,897				92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		153,957,100			154,127	34,703,505		20,929	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		153,957,100			154,127	34,703,505		20,929	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S200) [] 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	6,540,972	130,980,109	0.049939			50
53 ANESTHESIOLOGY	352,810	37,740,497	0.009348			53
54 RADIOLOGY-DIAGNOSTIC	3,128,061	54,209,715	0.057703	3,888	224	54
54.01 ULTRASOUND	319,056	21,215,668	0.015039	2,763	42	54.01
55 RADIOLOGY-THERAPEUTIC	397,683	23,774,731	0.016727			55
55.01 CYBERKNIFE	238,771	19,159,755	0.012462			55.01
56 RADIOISOTOPE	377,179	15,253,445	0.024727	4,614	114	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	591,824	73,432,012	0.008059	17,773	143	57
58 MAGNETIC RESONANCE IMAGING (M	605,143	42,604,313	0.014204	3,638	52	58
59 CARDIAC CATHETERIZATION	1,644,149	43,334,550	0.037941			59
60 LABORATORY	3,191,073	126,566,638	0.025213	153,433	3,869	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	487,840	29,581,351	0.016491	840	14	65
65.01 SLEEP LAB	26,736	4,013,583	0.006661			65.01
66 PHYSICAL THERAPY	324,952	20,315,576	0.015995	15,160	242	66
67 OCCUPATIONAL THERAPY	143,853	5,296,200	0.027162	1,629	44	67
68 SPEECH PATHOLOGY	23,892	2,873,475	0.008315			68
69 ELECTROCARDIOLOGY	710,540	8,779,658	0.080930	5,296	429	69
72 IMPL. DEV. CHARGED TO PATIENT	475,204	44,523,726	0.010673			72
73 DRUGS CHARGED TO PATIENTS	1,274,302	252,008,266	0.005057	421,520	2,132	73
74 RENAL DIALYSIS	56,540	2,062,129	0.027418			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,142,940	45,858,799	0.024923	360	9	90
91 EMERGENCY	2,185,740	50,832,759	0.042999	82,020	3,527	91
91.01 OUTPATIENT CLINICS	508,383	8,953,155	0.056783	1,070	61	91.01
91.02 CARDIAC REHAB	402,696	1,880,464	0.214147			91.02
91.03 CENTRAL ADMISSION	176,049	394,051	0.446767			91.03
92 OBSERVATION BEDS	1,521,344	10,968,775	0.138698			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	26,847,732	1,076,613,400		714,004	10,902	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS	<input checked="" type="checkbox"/>
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S200)	<input type="checkbox"/>	SNF	<input type="checkbox"/>			TEFRA	<input type="checkbox"/>
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>				

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
55 RADIOLOGY-THERAPEUTIC							55
55.01 CYBERKNIFE							55.01
56 RADIOISOTOPE							56
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
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY			34,610		34,610	34,610	91
91.01 OUTPATIENT CLINICS			22,842		22,842	22,842	91.01
91.02 CARDIAC REHAB							91.02
91.03 CENTRAL ADMISSION							91.03
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			57,452		57,452	57,452	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-S200)	[] SNF		[] TEFRA
BOXES	[] TITLE XIX	[] IRF	[] NF		
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	INPAT PGM CHARGES COL. 10	(COL. 8 x COL. 10) O/P PGM CHARGES COL. 12 (COL. 9 x COL. 12)
	7	8	9	10	11 12 13
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	130,980,109				50
53 ANESTHESIOLOGY	37,740,497				53
54 RADIOLOGY-DIAGNOSTIC	54,209,715			3,888	54
54.01 ULTRASOUND	21,215,668			2,763	54.01
55 RADIOLOGY-THERAPEUTIC	23,774,731				55
55.01 CYBERKNIFE	19,159,755				55.01
56 RADIOISOTOPE	15,253,445			4,614	56
57 COMPUTED TOMOGRAPHY (CT) SCA	73,432,012			17,773	57
58 MAGNETIC RESONANCE IMAGING (	42,604,313			3,638	58
59 CARDIAC CATHETERIZATION	43,334,550				59
60 LABORATORY	126,566,638			153,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILI					62.30
65 RESPIRATORY THERAPY	29,581,351			840	65
65.01 SLEEP LAB	4,013,583				65.01
66 PHYSICAL THERAPY	20,315,576			15,160	66
67 OCCUPATIONAL THERAPY	5,296,200			1,629	67
68 SPEECH PATHOLOGY	2,873,475				68
69 ELECTROCARDIOLOGY	8,779,658			5,296	69
72 IMPL. DEV. CHARGED TO PATIEN	44,523,726				72
73 DRUGS CHARGED TO PATIENTS	252,008,266			421,520	73
74 RENAL DIALYSIS	2,062,129				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	45,858,799			360	90
91 EMERGENCY	50,832,759	0.000681	0.000681	82,020	91
91.01 OUTPATIENT CLINICS	8,953,155	0.002551	0.002551	1,070	91.01
91.02 CARDIAC REHAB	1,880,464				91.02
91.03 CENTRAL ADMISSION	394,051				91.03
92 OBSERVATION BEDS	10,968,775				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	1,076,613,400			714,004	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-S200) [] 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	0.265144						50
53 ANESTHESIOLOGY	0.037141						53
54 RADIOLOGY-DIAGNOSTIC	0.209657						54
54.01 ULTRASOUND	0.138274						54.01
55 RADIOLOGY-THERAPEUTIC	0.190532						55
55.01 CYBERKNIFE	0.378989						55.01
56 RADIOISOTOPE	0.192261						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022						58
59 CARDIAC CATHETERIZATION	0.152811						59
60 LABORATORY	0.192987						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142986						65
65.01 SLEEP LAB	0.202502						65.01
66 PHYSICAL THERAPY	0.306444						66
67 OCCUPATIONAL THERAPY	0.307858						67
68 SPEECH PATHOLOGY	0.267931						68
69 ELECTROCARDIOLOGY	0.309445						69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569						72
73 DRUGS CHARGED TO PATIENTS	0.134925						73
74 RENAL DIALYSIS	0.427632						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.704358						90
91 EMERGENCY	0.267203						91
91.01 OUTPATIENT CLINICS	0.646939						91.01
91.02 CARDIAC REHAB	0.706068						91.02
91.03 CENTRAL ADMISSION	6.452675						91.03
92 OBSERVATION BEDS	0.757332						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS	<input checked="" type="checkbox"/>
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input checked="" type="checkbox"/>	SNF (14-5826)				TEFRA	<input type="checkbox"/>
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF					

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	ULTRASOUND					54.01
55	RADIOLOGY-THERAPEUTIC					55
55.01	CYBERKNIFE					55.01
56	RADIOISOTOPE					56
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
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY		34,610		34,610	34,610
91.01	OUTPATIENT CLINICS		22,842		22,842	22,842
91.02	CARDIAC REHAB					91.02
91.03	CENTRAL ADMISSION					91.03
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		57,452		57,452	57,452

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	[] IPF	[XX] SNF (14-5826)		[] 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	130,980,109		26,864			50
53	ANESTHESIOLOGY	37,740,497					53
54	RADIOLOGY-DIAGNOSTIC	54,209,715		45,731			54
54.01	ULTRASOUND	21,215,668		18,681			54.01
55	RADIOLOGY-THERAPEUTIC	23,774,731		1,962			55
55.01	CYBERKNIFE	19,159,755					55.01
56	RADIOISOTOPE	15,253,445					56
57	COMPUTED TOMOGRAPHY (CT) SCA	73,432,012		7,615			57
58	MAGNETIC RESONANCE IMAGING (	42,604,313		4,990			58
59	CARDIAC CATHETERIZATION	43,334,550					59
60	LABORATORY	126,566,638		776,265			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	29,581,351		366,041			65
65.01	SLEEP LAB	4,013,583					65.01
66	PHYSICAL THERAPY	20,315,576		3,233,178			66
67	OCCUPATIONAL THERAPY	5,296,200		1,654,013			67
68	SPEECH PATHOLOGY	2,873,475		428,865			68
69	ELECTROCARDIOLOGY	8,779,658		2,062			69
72	IMPL. DEV. CHARGED TO PATIEN	44,523,726					72
73	DRUGS CHARGED TO PATIENTS	252,008,266		3,092,458			73
74	RENAL DIALYSIS	2,062,129					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	45,858,799					90
91	EMERGENCY	50,832,759	0.000681	0.000681	7,947	5	91
91.01	OUTPATIENT CLINICS	8,953,155	0.002551	0.002551			91.01
91.02	CARDIAC REHAB	1,880,464					91.02
91.03	CENTRAL ADMISSION	394,051					91.03
92	OBSERVATION BEDS	10,968,775					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,076,613,400		9,666,672		5	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 [] IPF [XX] SNF (14-5826) [] 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	0.265144						50
53 ANESTHESIOLOGY	0.037141						53
54 RADIOLOGY-DIAGNOSTIC	0.209657						54
54.01 ULTRASOUND	0.138274						54.01
55 RADIOLOGY-THERAPEUTIC	0.190532						55
55.01 CYBERKNIFE	0.378989						55.01
56 RADIOISOTOPE	0.192261						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022						58
59 CARDIAC CATHETERIZATION	0.152811						59
60 LABORATORY	0.192987						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142986						65
65.01 SLEEP LAB	0.202502						65.01
66 PHYSICAL THERAPY	0.306444						66
67 OCCUPATIONAL THERAPY	0.307858						67
68 SPEECH PATHOLOGY	0.267931						68
69 ELECTROCARDIOLOGY	0.309445						69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569						72
73 DRUGS CHARGED TO PATIENTS	0.134925						73
74 RENAL DIALYSIS	0.427632						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.704358						90
91 EMERGENCY	0.267203						91
91.01 OUTPATIENT CLINICS	0.646939						91.01
91.02 CARDIAC REHAB	0.706068						91.02
91.03 CENTRAL ADMISSION	6.452675						91.03
92 OBSERVATION BEDS	0.757332						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED 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	12,492,587		12,492,587	56,118	222.61	4,073	906,691	30
31 INTENSIVE CARE UNIT	1,966,126		1,966,126	7,043	279.16	525	146,559	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	333,173		333,173	3,021	110.29	1,167	128,708	40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	85,632		85,632	3,774	22.69	562	12,752	43
44 SKILLED NURSING FACILITY	473,184		473,184	7,653	61.83			44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	15,350,702		15,350,702	77,609		6,327	1,194,710	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [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	6,540,972	130,980,109	0.049939		50
53 ANESTHESIOLOGY	352,810	37,740,497	0.009348		53
54 RADIOLOGY-DIAGNOSTIC	3,128,061	54,209,715	0.057703		54
54.01 ULTRASOUND	319,056	21,215,668	0.015039		54.01
55 RADIOLOGY-THERAPEUTIC	397,683	23,774,731	0.016727		55
55.01 CYBERKNIFE	238,771	19,159,755	0.012462		55.01
56 RADIOISOTOPE	377,179	15,253,445	0.024727		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	591,824	73,432,012	0.008059		57
58 MAGNETIC RESONANCE IMAGING (M	605,143	42,604,313	0.014204		58
59 CARDIAC CATHETERIZATION	1,644,149	43,334,550	0.037941		59
60 LABORATORY	3,191,073	126,566,638	0.025213		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	487,840	29,581,351	0.016491		65
65.01 SLEEP LAB	26,736	4,013,583	0.006661		65.01
66 PHYSICAL THERAPY	324,952	20,315,576	0.015995		66
67 OCCUPATIONAL THERAPY	143,853	5,296,200	0.027162		67
68 SPEECH PATHOLOGY	23,892	2,873,475	0.008315		68
69 ELECTROCARDIOLOGY	710,540	8,779,658	0.080930		69
72 IMPL. DEV. CHARGED TO PATIENT	475,204	44,523,726	0.010673		72
73 DRUGS CHARGED TO PATIENTS	1,274,302	252,008,266	0.005057		73
74 RENAL DIALYSIS	56,540	2,062,129	0.027418		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,142,940	45,858,799	0.024923		90
91 EMERGENCY	2,185,740	50,832,759	0.042999		91
91.01 OUTPATIENT CLINICS	508,383	8,953,155	0.056783		91.01
91.02 CARDIAC REHAB	402,696	1,880,464	0.214147		91.02
91.03 CENTRAL ADMISSION	176,049	394,051	0.446767		91.03
92 OBSERVATION BEDS	1,521,344	10,968,775	0.138698		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	26,847,732	1,076,613,400			200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		127,364			127,364	31
31 INTENSIVE CARE UNIT		34,610			34,610	32
32 CORONARY CARE UNIT						33
33 BURN INTENSIVE CARE UNIT						34
34 SURGICAL INTENSIVE CARE UNIT						35
35 OTHER SPECIAL CARE (SPECIFY)						40
40 SUBPROVIDER - IPF		57,452			57,452	41
41 SUBPROVIDER - IRF						42
42 SUBPROVIDER I						43
43 NURSERY						44
44 SKILLED NURSING FACILITY		34,610			34,610	45
45 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		254,036			254,036	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM	
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU	
	DAYS	COL.6)	DAYS	COSTS	
	6	7	8	(COL.7 x	
				COL.8)	
				9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	56,118	2.27	4,073	9,246	30
31 INTENSIVE CARE UNIT	7,043	4.91	525	2,578	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,021	19.02	1,167	22,196	40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	3,774		562		43
44 SKILLED NURSING FACILITY	7,653	4.52			44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,609		6,327	34,020	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0200)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN						SCHOOL	MEDICAL	COST	COST
	ANESTHETIST		HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	ULTRASOUND					54.01
55	RADIOLOGY-THERAPEUTIC					55
55.01	CYBERKNIFE					55.01
56	RADIOISOTOPE					56
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
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY		34,610		34,610	34,610
91.01	OUTPATIENT CLINICS		22,842		22,842	22,842
91.02	CARDIAC REHAB					91.02
91.03	CENTRAL ADMISSION					91.03
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		57,452		57,452	57,452

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	O/P PGM	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	130,980,109						50
53 ANESTHESIOLOGY	37,740,497						53
54 RADIOLOGY-DIAGNOSTIC	54,209,715						54
54.01 ULTRASOUND	21,215,668						54.01
55 RADIOLOGY-THERAPEUTIC	23,774,731						55
55.01 CYBERKNIFE	19,159,755						55.01
56 RADIOISOTOPE	15,253,445						56
57 COMPUTED TOMOGRAPHY (CT) SCA	73,432,012						57
58 MAGNETIC RESONANCE IMAGING (	42,604,313						58
59 CARDIAC CATHETERIZATION	43,334,550						59
60 LABORATORY	126,566,638						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	29,581,351						65
65.01 SLEEP LAB	4,013,583						65.01
66 PHYSICAL THERAPY	20,315,576						66
67 OCCUPATIONAL THERAPY	5,296,200						67
68 SPEECH PATHOLOGY	2,873,475						68
69 ELECTROCARDIOLOGY	8,779,658						69
72 IMPL. DEV. CHARGED TO PATIEN	44,523,726						72
73 DRUGS CHARGED TO PATIENTS	252,008,266						73
74 RENAL DIALYSIS	2,062,129						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	45,858,799						90
91 EMERGENCY	50,832,759	0.000681	0.000681				91
91.01 OUTPATIENT CLINICS	8,953,155	0.002551	0.002551				91.01
91.02 CARDIAC REHAB	1,880,464						91.02
91.03 CENTRAL ADMISSION	394,051						91.03
92 OBSERVATION BEDS	10,968,775						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,076,613,400						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] 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	0.265144						50
53 ANESTHESIOLOGY	0.037141						53
54 RADIOLOGY-DIAGNOSTIC	0.209657						54
54.01 ULTRASOUND	0.138274						54.01
55 RADIOLOGY-THERAPEUTIC	0.190532						55
55.01 CYBERKNIFE	0.378989						55.01
56 RADIOISOTOPE	0.192261						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022						58
59 CARDIAC CATHETERIZATION	0.152811						59
60 LABORATORY	0.192987						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142986						65
65.01 SLEEP LAB	0.202502						65.01
66 PHYSICAL THERAPY	0.306444						66
67 OCCUPATIONAL THERAPY	0.307858						67
68 SPEECH PATHOLOGY	0.267931						68
69 ELECTROCARDIOLOGY	0.309445						69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569						72
73 DRUGS CHARGED TO PATIENTS	0.134925						73
74 RENAL DIALYSIS	0.427632						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.704358						90
91 EMERGENCY	0.267203						91
91.01 OUTPATIENT CLINICS	0.646939						91.01
91.02 CARDIAC REHAB	0.706068						91.02
91.03 CENTRAL ADMISSION	6.452675						91.03
92 OBSERVATION BEDS	0.757332						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S200) [] 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	6,540,972	130,980,109	0.049939				50
53	ANESTHESIOLOGY	352,810	37,740,497	0.009348				53
54	RADIOLOGY-DIAGNOSTIC	3,128,061	54,209,715	0.057703	31,604	1,824		54
54.01	ULTRASOUND	319,056	21,215,668	0.015039				54.01
55	RADIOLOGY-THERAPEUTIC	397,683	23,774,731	0.016727				55
55.01	CYBERKNIFE	238,771	19,159,755	0.012462				55.01
56	RADIOISOTOPE	377,179	15,253,445	0.024727				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	591,824	73,432,012	0.008059				57
58	MAGNETIC RESONANCE IMAGING (M	605,143	42,604,313	0.014204				58
59	CARDIAC CATHETERIZATION	1,644,149	43,334,550	0.037941				59
60	LABORATORY	3,191,073	126,566,638	0.025213	142,593	3,595		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	487,840	29,581,351	0.016491	9,408	155		65
65.01	SLEEP LAB	26,736	4,013,583	0.006661				65.01
66	PHYSICAL THERAPY	324,952	20,315,576	0.015995	1,373	22		66
67	OCCUPATIONAL THERAPY	143,853	5,296,200	0.027162				67
68	SPEECH PATHOLOGY	23,892	2,873,475	0.008315	560	5		68
69	ELECTROCARDIOLOGY	710,540	8,779,658	0.080930	3,925	318		69
72	IMPL. DEV. CHARGED TO PATIENT	475,204	44,523,726	0.010673				72
73	DRUGS CHARGED TO PATIENTS	1,274,302	252,008,266	0.005057	183,644	929		73
74	RENAL DIALYSIS	56,540	2,062,129	0.027418				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,142,940	45,858,799	0.024923				90
91	EMERGENCY	2,185,740	50,832,759	0.042999	65,894	2,833		91
91.01	OUTPATIENT CLINICS	508,383	8,953,155	0.056783	144	8		91.01
91.02	CARDIAC REHAB	402,696	1,880,464	0.214147				91.02
91.03	CENTRAL ADMISSION	176,049	394,051	0.446767				91.03
92	OBSERVATION BEDS	1,521,344	10,968,775	0.138698				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	26,847,732	1,076,613,400		439,145	9,689		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (14-S200)	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	ULTRASOUND					54.01
55	RADIOLOGY-THERAPEUTIC					55
55.01	CYBERKNIFE					55.01
56	RADIOISOTOPE					56
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
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY		34,610		34,610	34,610
91.01	OUTPATIENT CLINICS		22,842		22,842	22,842
91.02	CARDIAC REHAB					91.02
91.03	CENTRAL ADMISSION					91.03
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		57,452		57,452	57,452

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	PGM COL. 10	(COL. 8 x COL. 10)	COL. 12	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	130,980,109						50
53 ANESTHESIOLOGY	37,740,497						53
54 RADIOLOGY-DIAGNOSTIC	54,209,715			31,604			54
54.01 ULTRASOUND	21,215,668						54.01
55 RADIOLOGY-THERAPEUTIC	23,774,731						55
55.01 CYBERKNIFE	19,159,755						55.01
56 RADIOISOTOPE	15,253,445						56
57 COMPUTED TOMOGRAPHY (CT) SCA	73,432,012						57
58 MAGNETIC RESONANCE IMAGING (	42,604,313						58
59 CARDIAC CATHETERIZATION	43,334,550						59
60 LABORATORY	126,566,638			142,593			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	29,581,351			9,408			65
65.01 SLEEP LAB	4,013,583						65.01
66 PHYSICAL THERAPY	20,315,576			1,373			66
67 OCCUPATIONAL THERAPY	5,296,200						67
68 SPEECH PATHOLOGY	2,873,475			560			68
69 ELECTROCARDIOLOGY	8,779,658			3,925			69
72 IMPL. DEV. CHARGED TO PATIEN	44,523,726						72
73 DRUGS CHARGED TO PATIENTS	252,008,266			183,644			73
74 RENAL DIALYSIS	2,062,129						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	45,858,799						90
91 EMERGENCY	50,832,759	0.000681	0.000681	65,894	45		91
91.01 OUTPATIENT CLINICS	8,953,155	0.002551	0.002551	144			91.01
91.02 CARDIAC REHAB	1,880,464						91.02
91.03 CENTRAL ADMISSION	394,051						91.03
92 OBSERVATION BEDS	10,968,775						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,076,613,400			439,145	45		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S200) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	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	0.265144						50
53 ANESTHESIOLOGY	0.037141						53
54 RADIOLOGY-DIAGNOSTIC	0.209657						54
54.01 ULTRASOUND	0.138274						54.01
55 RADIOLOGY-THERAPEUTIC	0.190532						55
55.01 CYBERKNIFE	0.378989						55.01
56 RADIOISOTOPE	0.192261						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022						58
59 CARDIAC CATHETERIZATION	0.152811						59
60 LABORATORY	0.192987						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142986						65
65.01 SLEEP LAB	0.202502						65.01
66 PHYSICAL THERAPY	0.306444						66
67 OCCUPATIONAL THERAPY	0.307858						67
68 SPEECH PATHOLOGY	0.267931						68
69 ELECTROCARDIOLOGY	0.309445						69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569						72
73 DRUGS CHARGED TO PATIENTS	0.134925						73
74 RENAL DIALYSIS	0.427632						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.704358						90
91 EMERGENCY	0.267203						91
91.01 OUTPATIENT CLINICS	0.646939						91.01
91.02 CARDIAC REHAB	0.706068						91.02
91.03 CENTRAL ADMISSION	6.452675						91.03
92 OBSERVATION BEDS	0.757332						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] 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)	56,118	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	56,118	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,284	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)	29,599	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)	68,213,415	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	68,213,415	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.715237	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)	1,935.15	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)	68,213,415	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,215.54 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 35,978,768 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) 35,978,768 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	13,004,916	7,043	1,846.50	3,481	6,427,667	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					52,304,441	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					94,710,876	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 7,645,071 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,220,022 51
 52 TOTAL PROGRAM EXCLUDABLE COST 13,865,093 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 80,845,783 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) 6,834 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,215.54 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 8,307,000 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	12,492,587	68,213,415	0.183140	8,307,000	1,521,344	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	127,364	68,213,415	0.001867	8,307,000	15,509	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-S200) [] 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)	3,021	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,021	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,021	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)	1,021	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)	2,961,354	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	2,961,354	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.482724	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)	2,030.68	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)	2,961,354	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII-PT A IPF (14-S200) 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)	980.26 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,000,845 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)	1,000,845 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	119,688 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,120,533 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	132,025 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	10,961 51
52	TOTAL PROGRAM EXCLUDABLE COST	142,986 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	977,547 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 [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5826) [] 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)	7,653	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,653	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,653	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)	6,791	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)	3,930,467	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	3,930,467	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,280,341	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,280,341	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.423526	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)	1,212.64	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)	3,930,467	37

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
11/29/2012 19:26

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5826) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	3,930,467	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	513.59	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	3,487,790	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,487,790	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,487,790	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	2,257,416	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,745,206	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] 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)	56,118	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	56,118	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,284	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)	4,073	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)	3,774	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	562	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)	68,185,403	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	68,185,403	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95,371,827	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.714943	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)	1,935.15	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)	68,185,403	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0200) [] 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) 1,215.04 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,948,858 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) 4,948,858 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)	2,148,323	3,774	569.24	562	319,913 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	12,951,801	7,043	1,838.96	525	965,454 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,234,225 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,077,826 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 1,077,826 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) 6,834 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

COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	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
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] 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)	3,021	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,021	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,021	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)	1,167	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)	2,961,354	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	2,961,354	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,134,670	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.482724	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)	2,030.68	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)	2,961,354	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S200) [] 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)	980.26 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,143,963 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)	1,143,963 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	79,754 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,223,717 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	150,904 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	9,734 51
52	TOTAL PROGRAM EXCLUDABLE COST	160,638 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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		79,037,765		30
31 INTENSIVE CARE UNIT		16,841,744		31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.267340	33,031,582	8,830,663	50
53 ANESTHESIOLOGY	0.037141	9,795,727	363,823	53
54 RADIOLOGY-DIAGNOSTIC	0.209657	11,567,394	2,425,185	54
54.01 ULTRASOUND	0.138274	2,261,859	312,756	54.01
55 RADIOLOGY-THERAPEUTIC	0.190554	149,886	28,561	55
55.01 CYBERKNIFE	0.378989			55.01
56 RADIOISOTOPE	0.192261	2,770,569	532,672	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744	11,508,381	595,490	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022	3,576,927	214,694	58
59 CARDIAC CATHETERIZATION	0.152811	16,871,781	2,578,194	59
60 LABORATORY	0.194336	28,639,140	5,565,616	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.143447	18,220,046	2,613,611	65
65.01 SLEEP LAB	0.202502	3,312	671	65.01
66 PHYSICAL THERAPY	0.306444	3,679,853	1,127,669	66
67 OCCUPATIONAL THERAPY	0.307858	914,536	281,547	67
68 SPEECH PATHOLOGY	0.267931	1,079,597	289,258	68
69 ELECTROCARDIOLOGY	0.309445	4,061,933	1,256,945	69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569	19,860,756	8,293,236	72
73 DRUGS CHARGED TO PATIENTS	0.134925	84,580,491	11,412,023	73
74 RENAL DIALYSIS	0.427632	1,325,933	567,011	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.704358	112,952	79,559	90
91 EMERGENCY	0.267203	9,631,795	2,573,645	91
91.01 OUTPATIENT CLINICS	0.651847	190,224	123,997	91.01
91.02 CARDIAC REHAB	0.706068	192,366	135,823	91.02
91.03 CENTRAL ADMISSION	6.452675	83,250	537,185	91.03
92 OBSERVATION BEDS	0.757332	2,065,946	1,564,607	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		266,176,236	52,304,441	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		266,176,236		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-S200) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		2,696,772		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.267340			50
53 ANESTHESIOLOGY	0.037141			53
54 RADIOLOGY-DIAGNOSTIC	0.209657	3,888	815	54
54.01 ULTRASOUND	0.138274	2,763	382	54.01
55 RADIOLOGY-THERAPEUTIC	0.190554			55
55.01 CYBERKNIFE	0.378989			55.01
56 RADIOISOTOPE	0.192261	4,614	887	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744	17,773	920	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022	3,638	218	58
59 CARDIAC CATHETERIZATION	0.152811			59
60 LABORATORY	0.194336	153,433	29,818	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.143447	840	120	65
65.01 SLEEP LAB	0.202502			65.01
66 PHYSICAL THERAPY	0.306444	15,160	4,646	66
67 OCCUPATIONAL THERAPY	0.307858	1,629	502	67
68 SPEECH PATHOLOGY	0.267931			68
69 ELECTROCARDIOLOGY	0.309445	5,296	1,639	69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569			72
73 DRUGS CHARGED TO PATIENTS	0.134925	421,520	56,874	73
74 RENAL DIALYSIS	0.427632			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.704358	360	254	90
91 EMERGENCY	0.267203	82,020	21,916	91
91.01 OUTPATIENT CLINICS	0.651847	1,070	697	91.01
91.02 CARDIAC REHAB	0.706068			91.02
91.03 CENTRAL ADMISSION	6.452675			91.03
92 OBSERVATION BEDS	0.757332			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		714,004	119,688	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		714,004		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	[]	IPF	[XX]	SNF (14-5826)	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265144	26,864	7,123	50
53 ANESTHESIOLOGY	0.037141			53
54 RADIOLOGY-DIAGNOSTIC	0.209657	45,731	9,588	54
54.01 ULTRASOUND	0.138274	18,681	2,583	54.01
55 RADIOLOGY-THERAPEUTIC	0.190532	1,962	374	55
55.01 CYBERKNIFE	0.378989			55.01
56 RADIOISOTOPE	0.192261			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744	7,615	394	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022	4,990	300	58
59 CARDIAC CATHETERIZATION	0.152811			59
60 LABORATORY	0.192987	776,265	149,809	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.142986	366,041	52,339	65
65.01 SLEEP LAB	0.202502			65.01
66 PHYSICAL THERAPY	0.306444	3,233,178	990,788	66
67 OCCUPATIONAL THERAPY	0.307858	1,654,013	509,201	67
68 SPEECH PATHOLOGY	0.267931	428,865	114,906	68
69 ELECTROCARDIOLOGY	0.309445	2,062	638	69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569			72
73 DRUGS CHARGED TO PATIENTS	0.134925	3,092,458	417,250	73
74 RENAL DIALYSIS	0.427632			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.704358			90
91 EMERGENCY	0.267203	7,947	2,123	91
91.01 OUTPATIENT CLINICS	0.646939			91.01
91.02 CARDIAC REHAB	0.706068			91.02
91.03 CENTRAL ADMISSION	6.452675			91.03
92 OBSERVATION BEDS	0.757332			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		9,666,672	2,257,416	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		9,666,672		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL (14-0200) SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265144			50
53 ANESTHESIOLOGY	0.037141			53
54 RADIOLOGY-DIAGNOSTIC	0.209657			54
54.01 ULTRASOUND	0.138274			54.01
55 RADIOLOGY-THERAPEUTIC	0.190532			55
55.01 CYBERKNIFE	0.378989			55.01
56 RADIOISOTOPE	0.192261			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022			58
59 CARDIAC CATHETERIZATION	0.152811			59
60 LABORATORY	0.192987			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.142986			65
65.01 SLEEP LAB	0.202502			65.01
66 PHYSICAL THERAPY	0.306444			66
67 OCCUPATIONAL THERAPY	0.307858			67
68 SPEECH PATHOLOGY	0.267931			68
69 ELECTROCARDIOLOGY	0.309445			69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569			72
73 DRUGS CHARGED TO PATIENTS	0.134925			73
74 RENAL DIALYSIS	0.427632			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.704358			90
91 EMERGENCY	0.267203			91
91.01 OUTPATIENT CLINICS	0.646939			91.01
91.02 CARDIAC REHAB	0.706068			91.02
91.03 CENTRAL ADMISSION	6.452675			91.03
92 OBSERVATION BEDS	0.757332			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S200)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		1,531,494		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265144			50
53 ANESTHESIOLOGY	0.037141			53
54 RADIOLOGY-DIAGNOSTIC	0.209657	31,604	6,626	54
54.01 ULTRASOUND	0.138274			54.01
55 RADIOLOGY-THERAPEUTIC	0.190532			55
55.01 CYBERKNIFE	0.378989			55.01
56 RADIOISOTOPE	0.192261			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.051744			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.060022			58
59 CARDIAC CATHETERIZATION	0.152811			59
60 LABORATORY	0.192987	142,593	27,519	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.142986	9,408	1,345	65
65.01 SLEEP LAB	0.202502			65.01
66 PHYSICAL THERAPY	0.306444	1,373	421	66
67 OCCUPATIONAL THERAPY	0.307858			67
68 SPEECH PATHOLOGY	0.267931	560	150	68
69 ELECTROCARDIOLOGY	0.309445	3,925	1,215	69
72 IMPL. DEV. CHARGED TO PATIENT	0.417569			72
73 DRUGS CHARGED TO PATIENTS	0.134925	183,644	24,778	73
74 RENAL DIALYSIS	0.427632			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.704358			90
91 EMERGENCY	0.267203	65,894	17,607	91
91.01 OUTPATIENT CLINICS	0.646939	144	93	91.01
91.02 CARDIAC REHAB	0.706068			91.02
91.03 CENTRAL ADMISSION	6.452675			91.03
92 OBSERVATION BEDS	0.757332			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		439,145	79,754	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		439,145		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0200)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	55,556,247	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,150,146	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	263.33	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	58,706,393	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)	58,706,393	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,864,647	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0200)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	84,282	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	9,965	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	63,665,287	59
60	PRIMARY PAYER PAYMENTS	30,593	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	63,634,694	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,144,660	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	199,407	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	443,794	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	310,656	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	393,090	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	58,601,283	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SEQUESTRATION PER PSR)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	58,601,283	71
72	INTERIM PAYMENTS	58,595,887	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	5,396	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0200) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	20,929	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	34,695,441	2
3	PPS PAYMENTS	29,532,565	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	80,075	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	8,064	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	20,929	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	154,127	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)	154,127	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)	154,127	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	133,198	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)	20,929	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)	29,620,704	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	6,571,824	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	23,069,809	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)	23,069,809	30
31	PRIMARY PAYER PAYMENTS	5,537	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	23,064,272	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)	495,980	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	347,186	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	469,160	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	23,411,458	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-154	38
39	OTHER ADJUSTMENTS (FDO LOSS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	23,411,612	40
41	INTERIM PAYMENTS	23,285,559	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	126,053	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S200) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF
 SUB (OTHER) SNF (14-5826)

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 HOSPITAL (14-0200) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		58,474,832		23,285,559
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
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 03/30/2012	121,055		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		121,055		3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		58,595,887		23,285,559

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	5,396		126,053	6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		58,601,283		23,411,612	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-S200) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		713,254			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 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 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)		713,254			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.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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	.01 .02	19,478			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		732,732			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 [] IPF [XX] SNF (14-5826)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,246,368		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
	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		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
	.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)		3,246,368		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	NONE		5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE		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	30,699		6.01
	TO PROVIDER .02			6.02
	PROVIDER .02			6.02
	TO PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,277,067		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
11/29/2012 19:26

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0200) [] 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	14,059	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	33,080	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,217	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	56,327	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,295,302,200	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,822,486	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-S200)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	803,706	1
2	NET IPF PPS OUTLIER PAYMENT	1,515	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.254098	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)	805,221	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)	805,221	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	805,221	18
19	DEDUCTIBLES	72,832	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	732,389	20
21	COINSURANCE	19,135	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	713,254	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	713,254	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)	19,478	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	732,732	31
32	INTERIM PAYMENTS	713,254	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	19,478	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 VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	3,445,636 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	30,695 2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	5 3
4	SUBTOTAL (SUM OF LINES 1-3)	3,476,336 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	199,269 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	3,277,067 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (LOSS ON SALE OF ASSETS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	3,277,067 15
16	INTERIM PAYMENTS	3,246,368 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	30,699 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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	6,234,225	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,234,225	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,234,225	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	7,992,251	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)	7,992,251	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)	7,992,251	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	1,758,026	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	6,234,225	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	6,234,225	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)	6,234,225	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)	6,234,225	36
37 OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	6,234,225	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)	6,234,225	40
41 INTERIM PAYMENTS	3,522,142	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,712,083	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S200) [] 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 TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,223,717	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,223,717	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,223,717	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	1,531,494	8
9 ANCILLARY SERVICE CHARGES	439,145	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)	1,970,639	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	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,970,639	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	746,922	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	1,223,717	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	1,223,717	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)	1,223,717	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)	1,223,717	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	1,223,717	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)	1,223,717	40
41 INTERIM PAYMENTS	403,514	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	820,203	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,274,322			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	59,104,753			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	7,084,338			7
8	PREPAID EXPENSES	3,731,249			8
9	OTHER CURRENT ASSETS	15,984,000			9
10	DUE FROM OTHER FUNDS	1,164,613			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	88,343,275			11
FIXED ASSETS					
12	LAND	4,451,704			12
13	LAND IMPROVEMENTS	30,181,018			13
14	ACCUMULATED DEPRECIATION	-6,960,872			14
15	BUILDINGS	329,091,926			15
16	ACCUMULATED DEPRECIATION	-103,661,593			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	231,871,517			19
20	ACCUMULATED DEPRECIATION	-75,795,659			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	236,369,738			23
24	ACCUMULATED DEPRECIATION	-156,661,981			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)	488,885,798			30
OTHER ASSETS					
31	INVESTMENTS	12,475,906			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	9,972,324			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	22,448,230			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	599,677,303			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	18,633,602			37
38	SALARIES, WAGES & FEES PAYABLE	18,137,800			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	30,710,898			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	67,482,300			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	83,400,571			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	83,400,571			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	150,882,871			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	448,794,432			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	448,794,432			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	599,677,303			60

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	164,055,310		164,055,310	2
3 SUBPROVIDER IPF	7,976,536		7,976,536	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	10,146,115		10,146,115	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	182,177,961		182,177,961	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	26,819,219		26,819,219	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	26,819,219		26,819,219	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	208,997,180		208,997,180	18
19 ANCILLARY SERVICES	460,713,543	583,554,934	1,044,268,477	19
20 OUTPATIENT SERVICES		58,393,436	58,393,436	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		11,493,283	11,493,283	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
29 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	669,710,723	653,441,653	1,323,152,376	29

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		382,485,643	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)		382,485,643	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,323,152,376	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	981,895,119	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	341,257,257	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	382,485,643	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-41,228,386	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,721,150	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		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		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	409,226	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	330,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (COMMUNITY EDUCATION CLASSES)		24
24.01	OTHER (ANSWERING SERVICE)	259,372	24.01
24.02	OTHER (LINEN REVENUE)		24.02
24.03	OTHER (DIETARY PATIENT SERVICES REVENUE)	383,968	24.03
24.04	OTHER (POB RENTAL INCOME)	2,148,029	24.04
24.06	OTHER (OTHER MISCELLANEOUS REVENUE)	2,438,034	24.06
24.07	OTHER (CLINIC OTHER REVENUE)	2,520,942	24.07
24.09	OTHER (SCHOOL NURSES)	547,372	24.09
24.10	OTHER (FOUNDATION MGMT REVENUE)	69,029	24.10
24.11	OTHER (FOUNDATION SALARY REIMBURSEMENT)	602,720	24.11
24.12	OTHER (BIRTHING CENTER OTHER REVENUE)		24.12
24.13	OTHER (EMERGENCY OTHER REVENUE)	254,662	24.13
24.14	OTHER (MEANINGFUL USE REVENUE)	3,178,871	24.14
24.15	OTHER (NUCMED REVENUE)	28,800	24.15
24.16	OTHER (ADVANCED PRACTICE NURSE OTHER REVE)	110,702	24.16
24.17	OTHER (CODING REVENUE)	65,152	24.17
24.18	OTHER (MD BILLING)	186,115	24.18
24.19	OTHER (LEASED EMPLOYEE BENEFITS)	604,144	24.19
24.20	OTHER (ENVIRONMENTAL SERVICES)	48,310	24.20
24.21	OTHER (COMMUNICATIONS)		24.21
24.24	OTHER (HHA INCOME)	2,786,306	24.24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	18,692,904	25
26	TOTAL (LINE 5 PLUS LINE 25)	-22,535,482	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)	-22,535,482	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	1,089,673				1,419,743	2,509,416
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	1,634,099		53,938	18,996		1,707,033
8 PHYSICAL THERAPY	639,572		37,688			677,260
9 OCCUPATIONAL THERAPY	40,846		2,529			43,375
10 SPEECH PATHOLOGY	21,526		839			22,365
11 MEDICAL SOCIAL SERVICES	61,331		785			62,116
12 HOME HEALTH AIDE	25,000		3,320			28,320
13 SUPPLIES (SEE INSTRUCTIONS)					126,610	126,610
14 DRUGS						13
15 DME	501,918		1,707		692,190	1,195,815
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)	4,013,965		100,806	18,996	2,238,543	6,372,310

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	-1,307,708	1,201,708	-356,254	845,454	5
6		1,707,033		1,707,033	6
7		677,260		677,260	7
8		43,375		43,375	8
9		22,365		22,365	9
10		62,116		62,116	10
11		28,320		28,320	11
12		126,610		126,610	12
13					13
14		1,195,815		1,195,815	14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-1,307,708	5,064,602	-356,254	4,708,348	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7408

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					-845,454	3,862,894	5
6 SKILLED NURSING CARE						1,707,033	6
7 PHYSICAL THERAPY						677,260	7
8 OCCUPATIONAL THERAPY						43,375	8
9 SPEECH PATHOLOGY						22,365	9
10 MEDICAL SOCIAL SERVICES						62,116	10
11 HOME HEALTH AIDE						28,320	11
12 SUPPLIES (SEE INSTRUCTIONS)						126,610	12
13 DRUGS							13
14 DME						1,195,815	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)					-845,454	3,862,894	24
25 COST TO BE ALLOC (PER W/S H)						845,454	25
26 UNIT COST MULTIPLIER						0.218865	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7408

WORKSHEET H-2
 PART I

HHA COST CENTER	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PASTORAL CARE 23	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				989,555		989,555			1
2 SKILLED NURSING CARE				3,191,280		3,191,280	453,845	3,645,125	2
3 PHYSICAL THERAPY				1,263,148		1,263,148	179,637	1,442,785	3
4 OCCUPATIONAL THERAPY				80,859		80,859	11,499	92,358	4
5 SPEECH PATHOLOGY				41,850		41,850	5,952	47,802	5
6 MEDICAL SOCIAL SERVICES				116,761		116,761	16,605	133,366	6
7 HOME HEALTH AIDE				52,225		52,225	7,427	59,652	7
8 SUPPLIES				195,423		195,423	27,792	223,215	8
9 DRUGS									9
10 DME				2,016,665		2,016,665	286,798	2,303,463	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)				7,947,766		7,947,766	989,555	7,947,766	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.							0.142214		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
 PART II

HHA COST CENTER	OPERATION OF PLANT	PLANT OPER OLD BUILD	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSEKEEPI OL BUILD	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL
	SQUARE FEET	SQUARE FT	POUNDS OF LAUNDRY	SQUARE FEET	SQ FT	MEALS SERVED	FTES	NUMBER HOUSED
	7	7.01	8	9	9.01	10	11	12
1 ADMINISTRATIVE AND GENERAL		7,509			7,509		121,314	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)		7,509			7,509		121,314	20
21 TOTAL COST TO BE ALLOCATED		24,948			7,692		193,757	21
22 UNIT COST MULTIPLIER					1.024371		1.597153	22
22 UNIT COST MULTIPLIER		3.322413						22

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
11/29/2012 19:26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

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	4	5	
1	SKILLED NURSING CARE	2	3,645,125		3,645,125	16,978	214.70	1
2	PHYSICAL THERAPY	3	1,442,785		1,442,785	11,863	121.62	2
3	OCCUPATIONAL THERAPY	4	92,358		92,358	796	116.03	3
4	SPEECH PATHOLOGY	5	47,802		47,802	264	181.07	4
5	MEDICAL SOCIAL SERVICES	6	133,366		133,366	247	539.94	5
6	HOME HEALTH AIDE	7	59,652		59,652	1,045	57.08	6
7	TOTAL (SUM OF LINES 1-6)		5,421,088		5,421,088	31,193		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	223,215		223,215	175,087	1.274880	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

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	8,604	3,579		1,847,279	768,411		2,615,690
2 PHYSICAL THERAPY	6,548	2,279		796,368	277,172		1,073,540
3 OCCUPATIONAL THERAPY	365	189		42,351	21,930		64,281
4 SPEECH PATHOLOGY	151	34		27,342	6,156		33,498
5 MEDICAL SOCIAL SERVICES	124	78		66,953	42,115		109,068
6 HOME HEALTH AIDE	436	394		24,887	22,490		47,377
7 TOTAL (SUM OF LINES 1-6)	16,228	6,553		2,805,180	1,138,274		3,943,454

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	1	16974	8,604	3,579	8
9 PHYSICAL THERAPY	16974	6,548	2,279		9
10 OCCUPATIONAL THERAPY	16974	365	189		10
11 SPEECH PATHOLOGY	16974	151	34		11
12 MEDICAL SOCIAL SERVICES	16974	124	78		12
13 HOME HEALTH AIDE	16974	436	394		13
14 TOTAL (SUM OF LINES 8-13)		16,228	6,553		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	0.306444			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.307858			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.267931			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71				COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.134925			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7408

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
3 TOTAL CHARGES	2,749,452			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,749,452			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	2,749,452			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,060,197	1,240,206	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	48,990	29,122	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	22,087	6,549	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			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)	3,131,274	1,275,877	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	3,131,274	1,275,877	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	3,131,274	1,275,877	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)	3,131,274	1,275,877	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,131,274	1,275,877	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,131,274	1,275,877	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.: 14-7408

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		3,131,274		1,275,877	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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 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 H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		3,131,274		1,275,877	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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,131,274		1,275,877	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

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	76,488			40,924	82,623	200,035	6
7 INPATIENT - GENERAL CARE					300,848	300,848	7
8 INPATIENT - RESPITE CARE VISITING SERVICES					61,255	61,255	8
9 PHYSICIAN SERVICES					6,000	6,000	9
10 NURSING CARE	219,656		10,947			230,603	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	95,283		2,866			98,149	15
16 SPIRITUAL COUNSELING	27,493		2,785			30,278	16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	69,810		7,314			77,124	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					100,989	100,989	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN							26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES					20,039	20,039	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							35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	488,730		23,912	40,924	571,754	1,125,320	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

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	379,978	580,013		580,013	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	759,956	1,505,298		1,505,298	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1577

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								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								76,488
8	INPATIENT CARE SERVICE								76,488
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE								219,656
14	NURSING CARE-CONT.HOME CARE								219,656
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								95,283
20	DIETARY COUNSELING								27,493
21	COUNSELING - OTHER								27,493
22	HH AIDE AND HOMEMAKER								17
23	HH AIDE & HMKR-CONT.HME CARE								69,810
24	OTHER								69,810
25	OTHER HOSPICE SERVICE COSTS								18
26	DRUGS, BIOL. & INFUS. THER.								19
27	ANALGESICS								20
28	SEDATIVES / HYPNOTICS								21
29	OTHER - SPECIFY								22
30	DURABLE MED. EQUIP./OXYGEN								23
31	PATIENT TRANSPORTATION								24
32	IMAGING SERVICES								25
33	LABS AND DIAGNOSTICS								26
34	MEDICAL SUPPLIES								27
35	OUTPAT.SERV.(INCL.E/R DEPT.)								28
36	RADIATION THERAPY								29
37	CHEMOTHERAPY								30
38	OTHER								31
39	HOSPICE NONREIMBURSABLE SERVICE								32
40	BEREAVEMENT PROGRAM COSTS								33
41	VOLUNTEER PROGRAM COSTS								34
42	FUNDRAISING								35
43	OTHER PROGRAM COSTS								36
44	TOTAL (SUM OF LINES 1-38)								76,488
45									219,656
46									69,810
47									122,776
48									488,730
49									39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1577 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								40,924 40,924 39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1577

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	580,013						580,013	580,013	6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	300,848						300,848	188,585	489,433
10	INPATIENT - RESPITE CARE	61,255						61,255	38,398	99,653
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	6,000						6,000	3,761	9,761
13	NURSING CARE	230,603						230,603	144,553	375,156
14	NURSING CARE-CONTINUOUS HOME									
15	PHYSICAL THERAPY									
16	OCCUPATIONAL THERAPY									
17	SPEECH/LANGUAGE PATHOLOGY									
18	MEDICAL SOCIAL SERVICES	98,149						98,149	61,525	159,674
19	SPIRITUAL COUNSELING	30,278						30,278	18,980	49,258
20	DIETARY COUNSELING									
21	COUNSELING - OTHER									
22	HH AIDE AND HOMEMAKER	77,124						77,124	48,345	125,469
23	HH AIDE & HMKR-CONT. HOME CA									
24	OTHER									
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.	100,989						100,989	63,305	164,294
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	20,039						20,039	12,561	32,600
35	OUTPAT.SERV.(INCL.E/R DEPT.)									
36	RADIATION THERAPY									
37	CHEMOTHERAPY									
38	OTHER									
39	HOSPICE NONREIMBURSABLE SERV.									
40	BEREAVEMENT PROGRAM COSTS									
41	VOLUNTEER PROGRAM COSTS									
42	FUNDRAISING									
43	OTHER PROGRAM COSTS									
44	TOTAL (SUM OF LINES 1-38)	1,505,298						1,505,298		1,505,298

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCU COST) 6	
	1	2	3	4	5	6A	6	
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.				100			5
7	ADMINISTRATIVE AND GENERAL				100	-580,013	925,285	6
8	INPATIENT CARE SERVICE							
9	INPATIENT - GENERAL CARE						300,848	7
10	INPATIENT - RESPITE CARE						61,255	8
11	VISITING SERVICES							
12	PHYSICIAN SERVICES						6,000	9
13	NURSING CARE						230,603	10
14	NURSING CARE-CONTINUOUS HOME							11
15	PHYSICAL THERAPY							12
16	OCCUPATIONAL THERAPY							13
17	SPEECH/LANGUAGE PATHOLOGY							14
18	MEDICAL SOCIAL SERVICES						98,149	15
19	SPIRITUAL COUNSELING						30,278	16
20	DIETARY COUNSELING							17
21	COUNSELING - OTHER							18
22	HH AIDE AND HOMEMAKER						77,124	19
23	HH AIDE & HMKR-CONT. HOME CA							20
24	OTHER							21
25	OTHER HOSPICE SERVICE COSTS							
26	DRUGS, BIOL. & INFUS. THER.						100,989	22
27	ANALGESICS							23
28	SEDATIVES / HYPNOTICS							24
29	OTHER - SPECIFY							25
30	DURABLE MED. EQUIP./OXYGEN							26
31	PATIENT TRANSPORTATION							27
32	IMAGING SERVICES							28
33	LABS AND DIAGNOSTICS							29
34	MEDICAL SUPPLIES						20,039	30
35	OUTPAT.SERV.(INCL.E/R DEPT.)							31
36	RADIATION THERAPY							32
37	CHEMOTHERAPY							33
38	OTHER							34
39	HOSPICE NONREIMBURSABLE SERVICE							
40	BEREAVEMENT PROGRAM COSTS							35
41	VOLUNTEER PROGRAM COSTS							36
42	FUNDRAISING							37
43	OTHER PROGRAM COSTS							38
44	COST TO BE ALLOCATED						580,013	39
45	UNIT COST MULTIPLIER						0.626848	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R	I&R	PASTORAL	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	
	SALARY & FRINGES 21	PROGRAM COSTS 22	CARE 23						
1 ADMINISTRATIVE AND GENERAL			103,830	370,165		370,165			1
2 INPATIENT - GENERAL CARE				619,792		619,792	112,100	731,892	2
3 INPATIENT - RESPITE CARE				126,195		126,195	22,825	149,020	3
4 PHYSICIAN SERVICES				12,361		12,361	2,236	14,597	4
5 NURSING CARE				549,877		549,877	99,455	649,332	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				234,649		234,649	42,440	277,089	10
11 SPIRITUAL COUNSELING				71,740		71,740	12,975	84,715	11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS				182,659		182,659	33,037	215,696	14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO				208,053		208,053	37,630	245,683	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				41,283		41,283	7,467	48,750	25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)			103,830	2,416,774		2,416,774		2,416,774	34
35 UNIT COST MULTIPLIER							0.180867		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	1.01	2	3	4	4A	5	6
1 ADMINISTRATIVE AND GENERAL	2,500				351,036		141,198	1
2 INPATIENT - GENERAL CARE							489,433	2
3 INPATIENT - RESPITE CARE							99,653	3
4 PHYSICIAN SERVICES							9,761	4
5 NURSING CARE					219,656		434,223	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					95,283		185,296	10
11 SPIRITUAL COUNSELING					27,493		56,651	11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS					69,810		144,241	14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO							164,294	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							32,600	25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	2,500				763,278		1,757,350	34
35 TOTAL COST TO BE ALLOCATED	46,801				205,251		468,065	35
36 UNIT COST MULTIPLIER	18.720400				0.268907		0.266347	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	HOUSEKEEPI OL BUILD SQ FT	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED
	7	7.01	8	9	9.01	10	11	12
1 ADMINISTRATIVE AND GENERAL		2,500			2,500		16,291	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		2,500			2,500		16,291	34
35 TOTAL COST TO BE ALLOCATED		8,306			2,561		26,019	35
36 UNIT COST MULTIPLIER		3.322400			1.024400		1.597140	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21
1 ADMINISTRATIVE AND GENERAL	16,291							1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	16,291							34
35 TOTAL COST TO BE ALLOCATED	50,643							35
36 UNIT COST MULTIPLIER	3.108649							36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1577
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	I&R PROGRAM COSTS ASSIGNED TIME 22	PASTORAL CARE ASSIGNED TIME 23	
1 ADMINISTRATIVE AND GENERAL		2,500	1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE			5
6 NURSING CARE-CONTINUOUS HOM			6
7 PHYSICAL THERAPY			7
8 OCCUPATIONAL THERAPY			8
9 SPEECH/LANGUAGE PATHOLOGY			9
10 MEDICAL SOCIAL SERV. - DIRE			10
11 SPIRITUAL COUNSELING			11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS			14
15 HH AIDE & HMKR-CONT. HOME C			15
16 OTHER			16
17 DRUGS,BIOLOGICALS & INFUSIO			17
18 ANALGESICS			18
19 SEDATIVES / HYPNOTICS			19
20 OTHER - SPECIFY			20
21 DURABLE MED. EQUIP./OXYGEN			21
22 PATIENT TRANSPORTATION			22
23 IMAGING SERVICES			23
24 LABS AND DIAGNOSTICS			24
25 MEDICAL SUPPLIES			25
26 OUTPAT. SERV.(INCL.E/R DEPT			26
27 RADIATION THERAPY			27
28 CHEMOTHERAPY			28
29 OTHER			29
30 BEREAVEMENT PROGRAM COSTS			30
31 VOLUNTEER PROGRAM COSTS			31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		2,500	34
35 TOTAL COST TO BE ALLOCATED		103,830	35
36 UNIT COST MULTIPLIER		41.532000	36

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1577

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	0.306444		1
2	OCCUPATIONAL THERAPY	67	0.307858		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.267931		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.134925		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.192987		6
7	MEDICAL SUPPLIES	71			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.190532		9
9.01	CYBERKNIFE	55.01	0.378989		9.01
10	OTHER ANCILLARY (SPECIFY)	76			10
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

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				2,416,774	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				22,984	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				105.15	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	20,669				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,173,345				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)			2,315		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			243,422		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-020) [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	4,498,528	1
2	CAPITAL DRG OUTLIER PAYMENTS	270,750	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	153.90	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0129	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.0906	8
9	SUM OF LINES 7 AND 8	0.1035	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0212	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	95,369	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,864,647	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPER OLD BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
9.01 HOUSEKEEPING OLD BUILD					9.01
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PASTORAL CARE					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
55 RADIOLOGY-THERAPEUTIC					55
55.01 CYBERKNIFE					55.01
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					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
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 OUTPATIENT CLINICS					91.01
91.02 CARDIAC REHAB					91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192

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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	
192.01 MEALS ON WHEELS						192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE						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	52.74		7.26				60.00 30
31 INTENSIVE CARE UNIT	49.42		7.45				56.87 31
43 NURSERY			14.89				14.89 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	25.22	10.06					35.28 50
53 ANESTHESIOLOGY	25.96	8.57					34.53 53
54 RADIOLOGY-DIAGNOSTIC	21.34	18.99					40.33 54
54.01 ULTRASOUND	10.66	16.79					27.45 54.01
55 RADIOLOGY-THERAPEUTIC	0.63	42.10					42.73 55
55.01 CYBERKNIFE		57.39					57.39 55.01
56 RADIOISOTOPE	18.16	24.70					42.86 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15.67	21.73					37.40 57
58 MAGNETIC RESONANCE IMAGING (MRI)	8.40	21.65					30.05 58
59 CARDIAC CATHETERIZATION	38.93	16.27					55.20 59
60 LABORATORY	22.63	3.32					25.95 60
65 RESPIRATORY THERAPY	61.59	2.75					64.34 65
65.01 SLEEP LAB	0.08	20.45					20.53 65.01
66 PHYSICAL THERAPY	18.11	1.17					19.28 66
67 OCCUPATIONAL THERAPY	17.27	0.01					17.28 67
68 SPEECH PATHOLOGY	37.57						37.57 68
69 ELECTROCARDIOLOGY	46.27	31.34					77.61 69
72 IMPL. DEV. CHARGED TO PATIENT	44.61	14.88					59.49 72
73 DRUGS CHARGED TO PATIENTS	33.56	13.70					47.26 73
74 RENAL DIALYSIS	64.30	5.98					70.28 74
90 CLINIC	0.25	16.21					16.46 90
91 EMERGENCY	18.95	11.47					30.42 91
91.01 OUTPATIENT CLINICS	2.12	2.96					5.08 91.01
91.02 CARDIAC REHAB	10.23	39.11					49.34 91.02
91.03 CENTRAL ADMISSION	21.13	15.57					36.70 91.03
92 OBSERVATION BEDS	18.83	22.03					40.86 92
200 TOTAL CHARGES	24.72	14.31					39.03 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	33.80		38.63				72.43 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.01		0.06				0.07 54
54.01 ULTRASOUND	0.01						0.01 54.01
56 RADIOISOTOPE	0.03						0.03 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.02						0.02 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.01						0.01 58
60 LABORATORY	0.12		0.11				0.23 60
65 RESPIRATORY THERAPY			0.03				0.03 65
66 PHYSICAL THERAPY	0.07		0.01				0.08 66
67 OCCUPATIONAL THERAPY	0.03						0.03 67
68 SPEECH PATHOLOGY			0.02				0.02 68
69 ELECTROCARDIOLOGY	0.06		0.04				0.10 69
73 DRUGS CHARGED TO PATIENTS	0.17		0.07				0.24 73
91 EMERGENCY	0.16		0.13				0.29 91
91.01 OUTPATIENT CLINICS	0.01						0.01 91.01
200 TOTAL CHARGES	0.07		0.04				0.11 200

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

SNF / NF

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							
44 SKILLED NURSING FACILITY	88.74						88.74 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02						0.02 50
54 RADIOLOGY-DIAGNOSTIC	0.08						0.08 54
54.01 ULTRASOUND	0.09						0.09 54.01
55 RADIOLOGY-THERAPEUTIC	0.01						0.01 55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.01						0.01 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.01						0.01 58
60 LABORATORY	0.61						0.61 60
65 RESPIRATORY THERAPY	1.24						1.24 65
66 PHYSICAL THERAPY	15.91						15.91 66
67 OCCUPATIONAL THERAPY	31.23						31.23 67
68 SPEECH PATHOLOGY	14.92						14.92 68
69 ELECTROCARDIOLOGY	0.02						0.02 69
73 DRUGS CHARGED TO PATIENTS	1.23						1.23 73
91 EMERGENCY	0.02						0.02 91
200 TOTAL CHARGES	0.90						0.90 200

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
CMS-2552-10 - SUMMARY REPORT 98

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
194	OTHER NONREIMBURSABLE			12,431,137	7.12	12,431,137	3.59	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	346,510,653	100.00			346,510,653	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	6,540,972	130,980,109	0.049939	33,031,582	1,649,564	50
53 ANESTHESIOLOGY	352,810	37,740,497	0.009348	9,795,727	91,570	53
54 RADIOLOGY-DIAGNOSTIC	3,128,061	54,209,715	0.057703	11,567,394	667,473	54
54.01 ULTRASOUND	319,056	21,215,668	0.015039	2,261,859	34,016	54.01
55 RADIOLOGY-THERAPEUTIC	397,683	23,774,731	0.016727	149,886	2,507	55
55.01 CYBERKNIFE	238,771	19,159,755	0.012462			55.01
56 RADIOISOTOPE	377,179	15,253,445	0.024727	2,770,569	68,508	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	591,824	73,432,012	0.008059	11,508,381	92,746	57
58 MAGNETIC RESONANCE IMAGING (MRI)	605,143	42,604,313	0.014204	3,576,927	50,807	58
59 CARDIAC CATHETERIZATION	1,644,149	43,334,550	0.037941	16,871,781	640,132	59
60 LABORATORY	3,191,073	126,566,638	0.025213	28,639,140	722,079	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	487,840	29,581,351	0.016491	18,220,046	300,467	65
65.01 SLEEP LAB	26,736	4,013,583	0.006661	3,312	22	65.01
66 PHYSICAL THERAPY	324,952	20,315,576	0.015995	3,679,853	58,859	66
67 OCCUPATIONAL THERAPY	143,853	5,296,200	0.027162	914,536	24,841	67
68 SPEECH PATHOLOGY	23,892	2,873,475	0.008315	1,079,597	8,977	68
69 ELECTROCARDIOLOGY	710,540	8,779,658	0.080930	4,061,933	328,732	69
72 IMPL. DEV. CHARGED TO PATIENT	475,204	44,523,726	0.010673	19,860,756	211,974	72
73 DRUGS CHARGED TO PATIENTS	1,274,302	252,008,266	0.005057	84,580,491	427,724	73
74 RENAL DIALYSIS	56,540	2,062,129	0.027418	1,325,933	36,354	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,142,940	45,858,799	0.024923	112,952	2,815	90
91 EMERGENCY	2,185,740	50,832,759	0.042999	9,631,795	414,158	91
91.01 OUTPATIENT CLINICS	508,383	8,953,155	0.056783	190,224	10,801	91.01
91.02 CARDIAC REHAB	402,696	1,880,464	0.214147	192,366	41,195	91.02
91.03 CENTRAL ADMISSION	176,049	394,051	0.446767	83,250	37,193	91.03
92 OBSERVATION BEDS	1,521,344	10,968,775	0.138698	2,065,946	286,543	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	26,847,732	1,076,613,400		266,176,236	6,210,057	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	12,492,587		12,492,587	56,118	222.61	29,599	6,589,033	30
31	INTENSIVE CARE UNIT	1,966,126		1,966,126	7,043	279.16	3,481	971,756	31
200	TOTAL	14,458,713		14,458,713	63,161		33,080	7,560,789	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							7,560,789		
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							6,210,057		
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							13,770,846		
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							6,512		
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							33,080		
PER DISCHARGE CAPITAL COSTS							2,114.69		
PER DIEM CAPITAL COSTS							416.29		

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)	80,845,783
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	362,055,745
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.223

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))	1,101,055
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,410,776
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.323

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)	13,770,846
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.038

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 (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	34,569,607
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)	153,595,260
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.225