

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: 02-27-2013 TIME: 10:30____
 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 NORTHWEST COMMUNITY HOSPITAL (14-0252) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2011 AND ENDING 09/30/2012, 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		-43,984	186,079	-483,804	1
2 SUBPROVIDER - IPF		16,002	2		2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-27,982	186,081	-483,804	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: 800 WEST CENTRAL ROAD
 2 CITY: ARLINGTON HEIGHTS

STATE: IL

P.O.BOX:
 ZIP CODE: 60005

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	NORTHWEST COMMUNITY HOSPITAL	14-0252	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	NWCH PSYCHIATRIC UNIT	14-S252	16974	4	11/01/1985	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									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	NORTHWEST COMMUNITY HOME CARE	14-7094	16974		07/01/1966	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									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: 10/01/2011			TO: 09/30/2012					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		OUT-OF-STATE		OUT-OF-STATE		OTHER		
		MEDICAID	ELIGIBLE	MEDICAID	ELIGIBLE	MEDICAID	MEDICAID			
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID	MEDICAID		
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS		
		1	2	3	4	5	6	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	7,590					1,138		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	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1	2
									N	N 39

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	45
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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

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))
	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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.3+COL.4) 5
PROGRAM NAME	PROGRAM CODE		3	4	5
1	2				
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 X 1 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	RESPI- RATORY 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 15-18 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: 1,144,873 PAID LOSSES: 5,056,542 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 N	2	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	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	161

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 10:30

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

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

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. Y 167

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

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 1.00 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
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)	N		1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	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.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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	02/14/2013	Y	02/14/2013
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 | |
|---|-----|------|----|
| | 1 | 2 | |
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | | 36 |
| 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | N | | 38 |
| 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|--|------------------------------------|-----------------------------|----|
| 41 FIRST NAME: RAJ | LAST NAME: SHAH | TITLE: SR. REIMBURSEMENT CO | 41 |
| 42 EMPLOYER: STRATEGIC REIMBURSEMENT, INC. | | | 42 |
| 43 PHONE NUMBER: 630-530-7100 EXT 107 | E-MAIL ADDRESS: RAJ.SHAH@SRINC.ORG | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	180,331,699	460,000	180,791,699	5,678,949.00	31.84
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE		88,217		88,217	1,781.00	49.53
4.01	PHYSICIAN-PART A - TEACHING						
5	PHYSICIAN-PART B		3,260,985		3,260,985	40,523.00	80.47
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					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		13,706,242	-718,650	12,987,592	350,208.00	37.09
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		757,786		757,786	12,795.00	59.23
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		678,216		678,216	6,631.00	102.28
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)		52,046,439		52,046,439		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		4,110,293		4,110,293		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A - ADMINISTRATIVE		27,919		27,919		
22.01	PHYSICIAN PART A - TEACHING						
23	PHYSICIAN PART B		1,032,032		1,032,032		
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		3,769,069		3,769,069	41,395.00	91.05
27	ADMINISTRATIVE & GENERAL		24,738,734	460,000	25,198,734	714,079.00	35.29
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		3,769,509		3,769,509	19,584.00	192.48
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT		3,864,367		3,864,367	135,867.00	28.44
31	LAUNDRY & LINEN SERVICE						
32	HOUSEKEEPING		4,361,818		4,361,818	312,756.00	13.95
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		3,118,251	-880,021	2,238,230	137,184.00	16.32
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA			880,021	880,021	55,534.00	15.85
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		3,817,755		3,817,755	91,769.00	41.60
39	CENTRAL SERVICES AND SUPPLY		1,568,181		1,568,181	94,131.00	16.66
40	PHARMACY		4,534,433		4,534,433	110,438.00	41.06
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,561,853		2,561,853	109,111.00	23.48
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	180,840,223	460,000	181,300,223	5,658,010.00	32.04	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	13,706,242	-718,650	12,987,592	350,208.00	37.09	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	167,133,981	1,178,650	168,312,631	5,307,802.00	31.71	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,436,002		1,436,002	19,426.00	73.92	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	52,074,358		52,074,358		30.94	5
6	TOTAL (SUM OF LINES 3 THRU 5)	220,644,341	1,178,650	221,822,991	5,327,228.00	41.64	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	56,103,970	460,000	56,563,970	1,821,848.00	31.05	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	11,135,956	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	6,109,049	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	21,711,242	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,321,790	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	122,272	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	808,314	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,630,170	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	12,736,022	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	316,222	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)	434,049	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	891,597	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	57,216,683	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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 OLTC		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.: 14-7094

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3,221	84	1,045	4,350	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,918.00	33.00	1,012.00	2,963.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00	1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL			21.06	21.06	5
6 DIRECT NURSING SERVICE			24.48	24.48	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			19.93	19.93	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE					10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE					12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			2.12	2.12	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			2.08	2.08	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 CONTINUUM PERSONNEL			4.39	4.39	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).		11340	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	14,241	35	533	401	15,210	21
22 SKILLED NURSING VISIT CHARGES	2,790,648	6,860	104,860	78,988	2,981,356	22
23 PHYSICAL THERAPY VISITS	11,503	36	150	325	12,014	23
24 PHYSICAL THERAPY VISIT CHARGES	2,439,272	7,632	31,800	68,900	2,547,604	24
25 OCCUPATIONAL THERAPY VISITS	1,187	27	4	47	1,265	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	250,584	5,724	848	9,964	267,120	26
27 SPEECH PATHOLOGY VISITS	239	6	1	10	256	27
28 SPEECH PATHOLOGY VISIT CHARGES	50,668	1,272	212	2,120	54,272	28
29 MEDICAL SOCIAL SERVICE VISITS	641	8	9	22	680	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	149,760	1,872	2,106	5,148	158,886	30
31 HOME HEALTH AIDE VISITS	1,533	33	3	25	1,594	31
32 HOME HEALTH AIDE VISIT CHARGES	198,770	4,290	390	3,250	206,700	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	29,344	145	700	830	31,019	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	5,879,702	27,650	140,216	168,370	6,215,938	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,083		248	73	2,404	36
37 TOTAL NUMBER OF OUTLIER EPISODES		2			2	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	125,905		10,845	1,835	138,585	38

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)			0.259916	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			16,102,260	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			95,540,785	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			24,832,579	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			8,730,319	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			8,730,319	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	28,491,269		28,491,269	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,405,337		7,405,337	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	7,405,337		7,405,337	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				24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			39,247,542	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,167,663	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			38,079,879	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			9,897,570	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			17,302,907	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			26,033,226	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		55,828,208	55,828,208	-28,031,261	1	
2	00200				17,053,340	2	
3	00300					3	
4	00400	3,769,069	39,637,085	43,406,154		4	
5	00500	24,738,734	31,966,288	56,705,022	10,977,392	5	
6	00600					6	
7	00700	3,864,367	7,581,840	11,446,207	174,707	7	
8	00800					8	
9	00900	4,361,818	1,286,858	5,648,676		9	
10	01000	3,118,251	2,277,107	5,395,358	-1,790,623	10	
11	01100				1,790,623	11	
12	01200					12	
13	01300	3,817,755	701,708	4,519,463		13	
14	01400	1,568,181	1,762,125	3,330,306	-1,104,794	14	
15	01500	4,534,433	15,972,910	20,507,343	-15,197,110	15	
16	01600	2,561,853	2,359,195	4,921,048	-26	16	
17	01700					17	
19	01900					19	
20	02000					20	
21	02100					21	
22	02200					22	
23	02300				268,510	23	
INPATIENT ROUTINE SERV COST CENTERS							
30	03000	35,953,277	7,121,340	43,074,617	-9,144,716	30	
31	03100	8,879,879	2,683,120	11,562,999	-758,761	31	
35	02060	2,565,540	1,482,740	4,048,280	-176,693	35	
40	04000	4,452,124	500,306	4,952,430	-462,521	40	
43	04300				1,829,330	43	
ANCILLARY SERVICE COST CENTERS							
50	05000	12,887,938	24,120,397	37,008,335	-20,395,795	50	
52	05200				4,729,284	52	
53	05300	134,278	763,327	897,605	-736,353	53	
54	05400	13,183,929	9,315,250	22,499,179	-2,094,707	54	
54.01	05401	1,750,237	1,355,619	3,105,856	-38,819	54.01	
56.01	03480	485,625	122,311	607,936	-62,470	56.01	
60	06000	5,672,308	6,315,267	11,987,575	-173,417	60	
62	06200	584,403	2,456,239	3,040,642	-1,695	62	
62.30	06250					62.30	
65	06500	2,273,380	571,136	2,844,516	-131,814	65	
66	06600	6,194,209	1,715,997	7,910,206	-150,385	66	
69	06900	2,591,024	654,261	3,245,285	-86,930	69	
69.01	03630	1,819,608	6,300,114	8,119,722	-5,627,616	69.01	
69.02	03160	681,471	272,480	953,951	-6,244	69.02	
71	07100				21,634,409	71	
72	07200				14,454,923	72	
73	07300				15,123,365	73	
74	07400		905,256	905,256	-8,859	74	
76.97	07697					76.97	
76.98	07698					76.98	
76.99	07699					76.99	
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	5,191,210	2,087,967	7,279,177	-336,752	90.01	
90.02	09002				1,610,745	90.02	
91	09100	13,442,680	5,363,990	18,806,670	-2,384,683	91	
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	6,028,017	947,585	6,975,602	1,169	101	
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)		177,105,598	234,428,026	411,533,624	744,753	118
NONREIMBURSABLE COST CENTERS							
190	19000	151,054	324,176	475,230	-307	190	
192	19200		1,062,195	1,062,195	-1,294	192	
192.01	19201					192.01	
192.02	19202	1,562,180	351,808	1,913,988	-1,147,779	192.02	
192.03	19203	221,523	60,301	281,824	-13,613	192.03	
192.04	19204				446,918	192.04	
194	07950	245,093	141,570	386,663		194	
194.01	07951	608,359	1,980,860	2,589,219	-2,641	194.01	
194.02	07952					194.02	
194.03	07953	437,892	652,446	1,090,338	-26,037	194.03	
200	TOTAL (SUM OF LINES 118-199)		180,331,699	239,001,382	419,333,081	200	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	27,796,947	3,152,044	30,948,991	1
2	00200	17,053,340	-1,371	17,051,969	2
3	00300				3
4	00400	43,406,154	-127,439	43,278,715	4
5	00500	67,682,414	-3,208,031	64,474,383	5
6	00600				6
7	00700	11,620,914	-6,309	11,614,605	7
8	00800				8
9	00900	5,648,676		5,648,676	9
10	01000	3,604,735	-16,754	3,587,981	10
11	01100	1,790,623	-1,537,720	252,903	11
12	01200				12
13	01300	4,519,463	-69,711	4,449,752	13
14	01400	2,225,512		2,225,512	14
15	01500	5,310,233		5,310,233	15
16	01600	4,921,022	-288,384	4,632,638	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	268,510	-265,228	3,282	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	33,929,901	-158,602	33,771,299	30
31	03100	10,804,238	-891,552	9,912,686	31
35	02060	3,871,587	-1,010,303	2,861,284	35
40	04000	4,489,909	-167,931	4,321,978	40
43	04300	1,829,330		1,829,330	43
ANCILLARY SERVICE COST CENTERS					
50	05000	16,612,540	-369,731	16,242,809	50
52	05200	4,729,284		4,729,284	52
53	05300	161,252		161,252	53
54	05400	20,404,472	-50,170	20,354,302	54
54.01	05401	3,067,037	-57,146	3,009,891	54.01
56.01	03480	545,466		545,466	56.01
60	06000	11,814,158	-1,670	11,812,488	60
62	06200	3,038,947		3,038,947	62
62.30	06250				62.30
65	06500	2,712,702		2,712,702	65
66	06600	7,759,821	-41,377	7,718,444	66
69	06900	3,158,355	-258,597	2,899,758	69
69.01	03630	2,492,106	-35,131	2,456,975	69.01
69.02	03160	947,707	-93,965	853,742	69.02
71	07100	21,634,409		21,634,409	71
72	07200	14,454,923		14,454,923	72
73	07300	15,123,365	-21,500	15,101,865	73
74	07400	896,397		896,397	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	6,942,425	-2,989,941	3,952,484	90.01
90.02	09002	1,610,745		1,610,745	90.02
91	09100	16,421,987	-319,406	16,102,581	91
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	6,976,771	-25	6,976,746	101
SPECIAL PURPOSE COST CENTERS					
118		412,278,377	-8,835,950	403,442,427	118
NONREIMBURSABLE COST CENTERS					
190	19000	474,923		474,923	190
192	19200	1,060,901		1,060,901	192
192.01	19201				192.01
192.02	19202	766,209		766,209	192.02
192.03	19203	268,211	-98,847	169,364	192.03
192.04	19204	446,918		446,918	192.04
194	07950	386,663	-22,405	364,258	194
194.01	07951	2,586,578		2,586,578	194.01
194.02	07952				194.02
194.03	07953	1,064,301	7,389,801	8,454,102	194.03
200		419,333,081	-1,567,401	417,765,680	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE	-----	
		COST CENTER	LINE #		SALARY	OTHER
	1	2	3	4	5	
1 SHARED EXPENSES	A	CAFETERIA	11	880,021	910,602	1
500 TOTAL RECLASSIFICATIONS				880,021	910,602	500
CODE LETTER - A						
1 FLOAT POOL	B	ADULTS & PEDIATRICS	30	276,222	22,950	1
2		INTENSIVE CARE UNIT	31	53,590	4,453	2
3		SUBPROVIDER - IPF	40	17,624	1,464	3
4		NEONATAL INTENSIVE CARE UNIT	35	4,676	388	4
5		OPERATING ROOM	50	1,079	90	5
6		EMERGENCY	91	5,395	448	6
7		HOME HEALTH AGENCY	101	1,079	90	7
500 TOTAL RECLASSIFICATIONS				359,665	29,883	500
CODE LETTER - B						
1 TREATMENT CENTER LEASE EXP	C	CAP REL COSTS-BLDG & FIXT	1		151,532	1
500 TOTAL RECLASSIFICATIONS					151,532	500
CODE LETTER - C						
1 COST OF MEDICAL SUPPLIES SOLD	D	MEDICAL SUPPLIES CHRGED TO PA	71		21,634,409	1
2		IMPL. DEV. CHARGED TO PATIENT	72		14,454,923	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
500 TOTAL RECLASSIFICATIONS					36,089,332	500
CODE LETTER - D						
1 COST OF DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	73		15,123,365	1
500 TOTAL RECLASSIFICATIONS					15,123,365	500
CODE LETTER - E						
1 PARAMEDICAL EDUCATION	F	PARAMED ED PRGM- EMERGENCY ME	23	231,051	37,459	1
2		EMS CONTINUING EDUCATION	192.04	384,569	62,349	2
500 TOTAL RECLASSIFICATIONS				615,620	99,808	500
CODE LETTER - F						
1 DEPRECIATION EXPENSE	G	CAP REL COSTS-MVBLE EQUIP	2		17,053,340	1
500 TOTAL RECLASSIFICATIONS					17,053,340	500
CODE LETTER - G						
1 SALT CREEK OCCUPANCY COSTS	H	CAP REL COSTS-BLDG & FIXT	1		21,900	1
2		OPERATION OF PLANT	7		175,203	2
500 TOTAL RECLASSIFICATIONS					197,103	500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 PARTIAL HOSPITALIZATION PROGRAM	I	PARTIAL HOSPITALIZATION PROGR	90.02		1,352,973	257,772	1
2							2
500 TOTAL RECLASSIFICATIONS					1,352,973	257,772	500
CODE LETTER - I							
1 PROPERTY INSURANCE	J	CAP REL COSTS-BLDG & FIXT	1			537,261	1
2							2
3							3
4							4
500 TOTAL RECLASSIFICATIONS						537,261	500
CODE LETTER - J							
1 BALANCE OF GENERAL OVERHEAD	K	ADMINISTRATIVE & GENERAL	5		460,000	11,228,614	1
500 TOTAL RECLASSIFICATIONS					460,000	11,228,614	500
CODE LETTER - K							
1 MOM-BABY LDR UNITS COST ALLOCATION	L	NURSERY	43		1,574,823	254,507	1
2		DELIVERY ROOM & LABOR ROOM	52		3,710,772	1,018,512	2
500 TOTAL RECLASSIFICATIONS					5,285,595	1,273,019	500
CODE LETTER - L							
GRAND TOTAL (INCREASES)					8,953,874	82,951,631	

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 SHARED EXPENSES	A	DIETARY	10	880,021	910,602	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				880,021	910,602	500
1 FLOAT POOL	B	ADULTS & PEDIATRICS	30	359,665	29,883	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				359,665	29,883	500
1 TREATMENT CENTER LEASE EXP	C	OUTPATIENT TREATMENT CENTERS	90.01		151,532	10 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					151,532	500
1 COST OF MEDICAL SUPPLIES SOLD	D	CENTRAL SERVICES & SUPPLY	14		1,104,794	1
2		PHARMACY	15		73,745	2
3		MEDICAL RECORDS & LIBRARY	16		26	3
4		ADULTS & PEDIATRICS	30		2,495,726	4
5		INTENSIVE CARE UNIT	31		816,804	5
6		SUBPROVIDER - IPF	40		13,925	6
7		NEONATAL INTENSIVE CARE UNIT	35		181,757	7
8		OPERATING ROOM	50		20,396,964	8
9		ANESTHESIOLOGY	53		736,353	9
10		RADIOLOGY-DIAGNOSTIC	54		2,094,707	10
11		OFFSITE-DIAGNOSTIC SERVICES	54.01		38,819	11
12		ONCOLOGY	56.01		62,470	12
13		LABORATORY	60		173,417	13
14		WHOLE BLOOD & PACKED RED BLOO	62		1,695	14
15		RESPIRATORY THERAPY	65		131,814	15
16		PHYSICAL THERAPY	66		147,947	16
17		ELECTROCARDIOLOGY	69		86,930	17
18		CARDIAC CATH LAB	69.01		5,627,616	18
19		CARDIAC REHABILITATION	69.02		6,244	19
20		RENAL DIALYSIS	74		8,859	20
21		OUTPATIENT TREATMENT CENTERS	90.01		165,012	21
22		EMERGENCY	91		1,675,098	22
23		GIFT, FLOWER, COFFEE SHOP & C	190		307	23
24		PHYSICIANS' PRIVATE OFFICES	192		1,294	24
25		RESIDENTIAL TREATMENT CENTER	192.02		4,718	25
26		MOBILE DENTAL CLINIC	192.03		13,613	26
27		MARKETING/COMMUNICATION	194.01		2,641	27
28		OTHER NRCC	194.03		26,037	28
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					36,089,332	500
1 COST OF DRUGS SOLD	E	PHARMACY	15		15,123,365	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					15,123,365	500
1 PARAMEDICAL EDUCATION	F	EMERGENCY	91	615,620	99,808	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				615,620	99,808	500
1 DEPRECIATION EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1		17,053,340	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					17,053,340	500
1 SALT CREEK OCCUPANCY COSTS	H	ADMINISTRATIVE & GENERAL	5		197,103	9 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					197,103	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 PARTIAL HOSPITALIZATION PROGRAM	I	SUBPROVIDER - IPF	40	420,016	47,668	1
2		RESIDENTIAL TREATMENT CENTER	192.02	932,957	210,104	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				1,352,973	257,772	500
1 PROPERTY INSURANCE	J	ADMINISTRATIVE & GENERAL	5		514,119	12 1
2		OPERATION OF PLANT	7		496	2
3		PHYSICAL THERAPY	66		2,438	3
4		OUTPATIENT TREATMENT CENTERS	90.01		20,208	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					537,261	500
1 BALANCE OF GENERAL OVERHEAD	K	CAP REL COSTS-BLDG & FIXT	1		11,688,614	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					11,688,614	500
1 MOM-BABY LDR UNITS COST ALLOCATION	L	ADULTS & PEDIATRICS	30	5,285,595	1,273,019	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				5,285,595	1,273,019	500
GRAND TOTAL (DECREASES)				8,493,874	83,411,631	

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	1,789,072					1,789,072	1
2 LAND IMPROVEMENTS	14,284,190				65,484	14,218,706	2
3 BUILDINGS AND FIXTURES	311,133,324				11,270,611	299,862,713	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	212,011,686				7,436,148	204,575,538	5
6 MOVABLE EQUIPMENT	105,980,254	1,434,095		1,434,095		107,414,349	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	645,198,526	1,434,095		1,434,095	18,772,243	627,860,378	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	645,198,526	1,434,095		1,434,095	18,772,243	627,860,378	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	TOTAL(1)	
						CAPITAL- RELATED COSTS (SEE INSTR.) 14	(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	33,884,504		10,293,815			11,649,889	55,828,208 1	
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	33,884,504		10,293,815			11,649,889	55,828,208 3	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	504,438,251		504,438,251	0.824468				1
2 CAP REL COSTS-MVBLE EQUIP	107,396,819		107,396,819	0.175532				2
3 TOTAL (SUM OF LINES 1-2)	611,835,070		611,835,070	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.) 14	(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	8,295,599	211,849	10,254,393	537,261		11,649,889	30,948,991 1
2 CAP REL COSTS-MVBLE EQUIP	17,051,969						17,051,969 2
3 TOTAL	25,347,568	211,849	10,254,393	537,261		11,649,889	48,000,960 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	-1,381,526	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-89,323	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-6,023	OPERATION OF PLANT	7	10 11
9 PARKING LOT (CHAPTER 21)					12
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,700,842			13 14
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					15
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				16 17
13 LAUNDRY AND LINEN SERVICE					18
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,537,720	CAFETERIA	11	19 20
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					21
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					22
17 SALE OF DRUGS TO OTHER THAN PATIENTS					23
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					24
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					25
20 VENDING MACHINES					26
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					27
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					28
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	29 30
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	31 32
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	33 34
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	35
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	36
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	37
29 PHYSICIANS' ASSISTANT					38
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	39 40
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	41 42
32 CAH HIT ADJ FOR DEPRECIATION AND					43
33					44
34					45
35 PHO EXP	A	-2,245,536	ADMINISTRATIVE & GENERAL	5	46
36 OPERATING REV-OVERHEAD CC	B	-998	ADMINISTRATIVE & GENERAL	5	47
36.01 OPERATING REV : OVERHEAD CC	B	-16,754	DIETARY	10	48
37					49
38 IHA, AHA AND CMHC DUES	A	-56,013	ADMINISTRATIVE & GENERAL	5	50
39					51
40					52
41					53
41.08 SWAP BASIS SETTLEMENT	A	38,726	CAP REL COSTS-BLDG & FIXT	1	11 41.08
41.09 AMORT OF CAPITALIZED INT INCOME	B	-78,148	CAP REL COSTS-BLDG & FIXT	1	11 41.09
41.71 NC HEALTH COST	A	7,986,416	OTHER NRCC	194.03	41.71
41.88 PIANO DEPRECIATION	A	-1,371	CAP REL COSTS-MVBLE EQUIP	2	9 41.88
42 WELLNESS CENTER RENT TO COST	A	1,037	PHYSICAL THERAPY	66	42
42.01 WELLNESS CENTER RENT TO COST	A	-78,806	CARDIAC REHABILITATION	69.02	42.01
43 INTERCOMPANY RENT	A	4,572	OFFSITE-DIAGNOSTIC SERVICES	54.01	43
43.02 INTERCOMPANY RENT	A	-38,904	PHYSICAL THERAPY	66	43.02
43.03 INTERCOMPANY RENT	A	63,247	OUTPATIENT TREATMENT CENTERS	90.01	43.03
43.04 INTERCOMPANY RENT	A	60,317	CAP REL COSTS-BLDG & FIXT	1	10 43.04
44 BANK LOAN INTEREST EXP	A	-61,718	OFFSITE-DIAGNOSTIC SERVICES	54.01	44
45					45
45.01 MISC OPERATING INCOME	B	-739,666	ADMINISTRATIVE & GENERAL	5	45.01
45.02 MISC OPERATING INCOME	B	-286	OPERATION OF PLANT	7	45.02
45.03 MISC OPERATING INCOME	B	-69,711	NURSING ADMINISTRATION	13	45.03
45.04 MISC OPERATING INCOME	B	-288,384	MEDICAL RECORDS & LIBRARY	16	45.04
45.05 MISC OPERATING INCOME	B	-158,602	ADULTS & PEDIATRICS	30	45.05
45.06 MISC OPERATING INCOME	B	-167,931	SUBPROVIDER - IPF	40	45.06
45.07 MISC OPERATING INCOME	B	-109,006	OPERATING ROOM	50	45.07

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
45.08 MISC OPERATING INCOME	B	-17,410	RADIOLOGY-DIAGNOSTIC	54	45.08
45.09 MISC OPERATING INCOME	B	-1,670	LABORATORY	60	45.09
45.10 MISC OPERATING INCOME	B	-879	PHYSICAL THERAPY	66	45.10
45.11 MISC OPERATING INCOME	B	-10,310	CARDIAC CATH LAB	69.01	45.11
45.12 MISC OPERATING INCOME	B	-2,513	CARDIAC REHABILITATION	69.02	45.12
45.14 MISC OPERATING INCOME	B	-21,500	DRUGS CHARGED TO PATIENTS	73	45.14
45.15 MISC OPERATING INCOME	B	-319,406	EMERGENCY	91	45.15
45.16 MISC OPERATING INCOME	B	-15,000	ELECTROCARDIOLOGY	69	45.16
45.17 MISC OPERATING INCOME	B	-25	HOME HEALTH AGENCY	101	45.17
45.18 PARAMED EDUCATION-EMS STUDENT TUIT	B	-265,228	PARAMED ED PRGM- EMERGENCY MED.	23	45.18
45.26 NON ALLOWABLE TRAVEL	A	-12,646	ADMINISTRATIVE & GENERAL	5	45.26
45.27 COMMUNITY SUPPORT CONTRIBUTIONS	A	-5,712	ADMINISTRATIVE & GENERAL	5	45.27
45.28 COMMUNITY SUPPORT CONTRIBUTIONS	A	-153,020	OTHER NRCC	194.03	45.28
45.31 NON ALLOWABLE MEALS	A	-16,957	ADMINISTRATIVE & GENERAL	5	45.31
45.32 CSM AND 901 DEPRECIATION	A	-2,596,560	CAP REL COSTS-BLDG & FIXT	1	9 45.32
45.33 AMORT OF DEPR EXP OF DEMOLISHED	A	68,111	CAP REL COSTS-BLDG & FIXT	1	9 45.33
45.35 MEDICARE DEPR METHOD	A	7,041,124	CAP REL COSTS-BLDG & FIXT	1	9 45.35
46 PT B PHYSICIANS	A	-98,847	MOBILE DENTAL CLINIC	192.03	46
46.01 PT B PHYSICIANS	A	-22,405	CORPORATE HEALTH	194	46.01
46.02 PT B PHYSICIANS	A	-443,595	OTHER NRCC	194.03	46.02
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,567,401			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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	4	EMPLOYEE BENEFITS	127,439	127,439						1
2	5	ADMINISTRATIVE & GENERAL	72,628	720	71,908	165,600	395	31,448	1,572	2
3	31	INTENSIVE CARE UNIT	1,024,217	891,551	132,665	165,600	2,197	174,915	8,746	3
4	35	NEONATAL INTENSIVE CARE	1,010,303	1,010,303						4
5	50	OPERATING ROOM	295,525	229,500	66,025	208,000	348	34,800	1,740	5
6	54	RADIOLOGY-DIAGNOSTIC	32,760	32,760						6
7	60	LABORATORY	309,200		309,200	215,700	3,046	315,876	15,794	7
8	66	PHYSICAL THERAPY	6,720		6,720	177,200	48	4,089	204	8
9	69	ELECTROCARDIOLOGY	252,116	236,976	15,140	165,600	107	8,519	426	9
10	69.01	CARDIAC CATH LAB	41,620		41,620	165,600	211	16,799	840	10
11	69.02	CARDIAC REHABILITATION	34,938		34,938	165,600	280	22,292	1,115	11
12	90.01	OUTPATIENT TREATMENT CEN	3,053,188	3,053,188						12
13	91	EMERGENCY	1,276,700		1,276,700	177,200	22,398	1,908,137	95,407	13
200		TOTAL	7,537,354	5,582,437	1,954,916		29,030	2,516,875	125,844	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	4	EMPLOYEE BENEFITS	AGGREGATE						127,439	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE				31,448	40,460	41,180	2
3	31	INTENSIVE CARE UNIT	AGGREGATE				174,915		891,552	3
4	35	NEONATAL INTENSIVE CARE	AGGREGATE						1,010,303	4
5	50	OPERATING ROOM	AGGREGATE				34,800	31,225	260,725	5
6	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE						32,760	6
7	60	LABORATORY	AGGREGATE				315,876			7
8	66	PHYSICAL THERAPY	AGGREGATE				4,089	2,631	2,631	8
9	69	ELECTROCARDIOLOGY	AGGREGATE				8,519	6,621	243,597	9
10	69.01	CARDIAC CATH LAB	AGGREGATE				16,799	24,821	24,821	10
11	69.02	CARDIAC REHABILITATION	AGGREGATE				22,292	12,646	12,646	11
12	90.01	OUTPATIENT TREATMENT CEN	AGGREGATE						3,053,188	12
13	91	EMERGENCY	AGGREGATE				1,908,137			13
200		TOTAL					2,516,875	118,404	5,700,842	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	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	30,948,991	30,948,991				1
2 CAP REL COSTS-MVBLE EQUIP	17,051,969		17,051,969			2
4 EMPLOYEE BENEFITS	43,278,715	455,949	25,382	43,760,046		4
5 ADMINISTRATIVE & GENERAL	64,474,383	7,162,563	5,514,059	6,229,127	83,380,132	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,614,605	4,202,130	131,055	955,272	16,903,062	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,648,676		39,110	1,078,241	6,766,027	9
10 DIETARY	3,587,981	371,314	134,522	553,290	4,647,107	10
11 CAFETERIA	252,903	244,183	66,823	217,541	781,450	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,449,752	303,133	5,571	943,749	5,702,205	13
14 CENTRAL SERVICES & SUPPLY	2,225,512	553,426	28,464	387,654	3,195,056	14
15 PHARMACY	5,310,233	220,684	281,383	1,120,912	6,933,212	15
16 MEDICAL RECORDS & LIBRARY	4,632,638	187,820	39,867	633,290	5,493,615	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	3,282	21,582		57,116	81,980	23
30 ADULTS & PEDIATRICS	33,771,299	4,598,013	2,097,131	7,560,475	48,026,918	30
31 INTENSIVE CARE UNIT	9,912,686	1,145,691	351,519	2,208,354	13,618,250	31
35 NEONATAL INTENSIVE CARE UNIT	2,861,284	88,826	264,485	635,357	3,849,952	35
40 SUBPROVIDER - IPF	4,321,978	758,190	49,936	1,001,094	6,131,198	40
43 NURSERY	1,829,330	180,105	55,835	389,296	2,454,566	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,242,809	2,793,795	2,111,955	3,186,165	24,334,724	50
52 DELIVERY ROOM & LABOR ROOM	4,729,284	417,778	129,507	917,303	6,193,872	52
53 ANESTHESIOLOGY	161,252	23,277	67,500	33,194	285,223	53
54 RADIOLOGY-DIAGNOSTIC	20,354,302	1,525,477	3,102,277	3,259,067	28,241,123	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	3,009,891		625,479	432,659	4,068,029	54.01
56.01 ONCOLOGY	545,466	756,451	4,699	120,047	1,426,663	56.01
60 LABORATORY	11,812,488	601,540	549,367	1,402,195	14,365,590	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,038,947	41,470	24,690	144,464	3,249,571	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,712,702	141,043	53,119	561,980	3,468,844	65
66 PHYSICAL THERAPY	7,718,444	437,800	79,049	1,531,208	9,766,501	66
69 ELECTROCARDIOLOGY	2,899,758	239,546	166,098	640,501	3,945,903	69
69.01 CARDIAC CATH LAB	2,456,975	106,440	404,883	449,807	3,418,105	69.01
69.02 CARDIAC REHABILITATION	853,742	392,941	6,296	168,460	1,421,439	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,634,409				21,634,409	71
72 IMPL. DEV. CHARGED TO PATIENT	14,454,923				14,454,923	72
73 DRUGS CHARGED TO PATIENTS	15,101,865				15,101,865	73
74 RENAL DIALYSIS	896,397		4,073		900,470	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	3,952,484	963,222	95,785	1,283,267	6,294,758	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	1,610,745	216,447		334,455	2,161,647	90.02
91 EMERGENCY	16,102,581	699,552	452,235	3,172,183	20,426,551	91
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	6,976,746	230,806	45,780	1,490,393	8,743,725	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	403,442,427	30,081,194	17,007,934	43,098,116	401,868,665	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	474,923	252,611	3,970	37,341	768,845	190
192 PHYSICIANS' PRIVATE OFFICES	1,060,901		2,471		1,063,372	192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	766,209		18,041	155,544	939,794	192.02
192.03 MOBILE DENTAL CLINIC	169,364		2,450	54,760	226,574	192.03
192.04 EMS CONTINUING EDUCATION	446,918			95,065	541,983	192.04
194 CORPORATE HEALTH	364,258	121,334	7,947	60,587	554,126	194
194.01 MARKETING/COMMUNICATION	2,586,578	89,897	1,499	150,386	2,828,360	194.01
194.02 FOUNDATION		40,088	785		40,873	194.02

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 10:30

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	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
194.03 OTHER NRCC	8,454,102	363,867	6,872	108,247	8,933,088	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	417,765,680	30,948,991	17,051,969	43,760,046	417,765,680	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	83,380,132					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,214,829	21,117,891				7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,687,129		8,453,156			9
10 DIETARY	1,158,770	409,934	164,090	6,379,901		10
11 CAFETERIA	194,857	269,581	107,909		1,353,797	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,421,862	334,662	133,960		28,351	13
14 CENTRAL SERVICES & SUPPLY	796,697	610,988	244,569		33,665	14
15 PHARMACY	1,728,817	243,637	97,524		38,670	15
16 MEDICAL RECORDS & LIBRARY	1,369,849	207,355	83,001		38,287	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	20,442	23,827	9,538		2,279	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,975,750	5,076,254	2,031,943	5,164,969	378,516	30
31 INTENSIVE CARE UNIT	3,395,751	1,264,854	506,301	347,969	79,155	31
35 NEONATAL INTENSIVE CARE UNIT	959,997	98,065	39,254		22,085	35
40 SUBPROVIDER - IPF	1,528,833	837,050	335,058	678,075	38,906	40
43 NURSERY	612,053	198,838	79,592		732	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,067,936	3,084,377	1,234,627		129,705	50
52 DELIVERY ROOM & LABOR ROOM	1,544,461	461,231	184,624		1,725	52
53 ANESTHESIOLOGY	71,121	25,698	10,286		2,449	53
54 RADIOLOGY-DIAGNOSTIC	7,042,009	1,684,142	674,135		130,812	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	1,014,375					54.01
56.01 ONCOLOGY	355,743	835,130	334,289		4,606	56.01
60 LABORATORY	3,582,103	664,106	265,831		81,368	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	810,290	45,783	18,326		6,746	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	864,967	155,713	62,329		25,454	65
66 PHYSICAL THERAPY	2,435,306	483,335	193,472		67,412	66
69 ELECTROCARDIOLOGY	983,923	264,461	105,860		27,017	69
69.01 CARDIAC CATH LAB	852,315	117,511	47,038		15,103	69.01
69.02 CARDIAC REHABILITATION	354,440	433,811	173,647		7,006	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,394,605					71
72 IMPL. DEV. CHARGED TO PATIENT	3,604,378					72
73 DRUGS CHARGED TO PATIENTS	3,765,695					73
74 RENAL DIALYSIS	224,535					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	1,569,617	1,063,407	425,665			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	539,013	238,960	95,652		18,228	90.02
91 EMERGENCY	5,093,422	772,313	309,145		146,868	91
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	2,180,274	254,812	101,997			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	79,416,164	20,159,835	8,069,662	6,191,013	1,325,145	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	191,714	278,885	111,633		3,320	190
192 PHYSICIANS' PRIVATE OFFICES	265,155					192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	234,340			188,888	8,496	192.02
192.03 MOBILE DENTAL CLINIC	56,497				2,083	192.03
192.04 EMS CONTINUING EDUCATION	135,145					192.04
194 CORPORATE HEALTH	138,173	133,954	53,619		2,205	194
194.01 MARKETING/COMMUNICATION	705,260	99,247	39,727		6,689	194.01
194.02 FOUNDATION	10,192	44,257	17,716			194.02
194.03 OTHER NRCC	2,227,492	401,713	160,799		5,859	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	83,380,132	21,117,891	8,453,156	6,379,901	1,353,797	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,621,040					13
14 CENTRAL SERVICES & SUPPLY		4,880,975				14
15 PHARMACY	298,055		9,339,915			15
16 MEDICAL RECORDS & LIBRARY				7,192,107		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	17,562				155,628	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,917,453		99,807	498,166		30
31 INTENSIVE CARE UNIT	610,097		14,072	130,842		31
35 NEONATAL INTENSIVE CARE UNIT	170,228		1,315	45,967		35
40 SUBPROVIDER - IPF	299,874		53	93,086		40
43 NURSERY	5,645			29,252		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	999,726		44,079	622,796		50
52 DELIVERY ROOM & LABOR ROOM	13,297			68,905		52
53 ANESTHESIOLOGY	18,879		5,990	66,995		53
54 RADIOLOGY-DIAGNOSTIC			11,613	1,800,065		54
54.01 OFFSITE-DIAGNOSTIC SERVICES			3,389	180,556		54.01
56.01 ONCOLOGY	35,501			17,574		56.01
60 LABORATORY			133	999,304		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			5	78,392		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			935	84,712		65
66 PHYSICAL THERAPY			1,397	134,351		66
69 ELECTROCARDIOLOGY	208,237		1,044	230,720		69
69.01 CARDIAC CATH LAB	116,412		7,225	203,069		69.01
69.02 CARDIAC REHABILITATION	54,004		43	9,083		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		2,915,614		672,026		71
72 IMPL. DEV. CHARGED TO PATIENT		1,948,061		255,210		72
73 DRUGS CHARGED TO PATIENTS			8,968,456	333,779		73
74 RENAL DIALYSIS				23,321		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	306,711		97,874	45,330		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM				19,718		90.02
91 EMERGENCY	1,132,007		41,311	507,671	155,628	91
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	417,352	17,300	1,324	41,217		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	7,621,040	4,880,975	9,300,065	7,192,107	155,628	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			62			192.02
192.03 MOBILE DENTAL CLINIC			119			192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH						194
194.01 MARKETING/COMMUNICATION						194.01
194.02 FOUNDATION						194.02
194.03 OTHER NRCC			39,669			194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,621,040	4,880,975	9,339,915	7,192,107	155,628	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS				4
5	ADMINISTRATIVE & GENERAL				5
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT				7
8	LAUNDRY & LINEN SERVICE				8
9	HOUSEKEEPING				9
10	DIETARY				10
11	CAFETERIA				11
12	MAINTENANCE OF PERSONNEL				12
13	NURSING ADMINISTRATION				13
14	CENTRAL SERVICES & SUPPLY				14
15	PHARMACY				15
16	MEDICAL RECORDS & LIBRARY				16
17	SOCIAL SERVICE				17
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL				20
21	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	PARAMED ED PRGM- EMERGENCY MED. SVC.				23
	INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	76,169,776		76,169,776	30
31	INTENSIVE CARE UNIT	19,967,291		19,967,291	31
35	NEONATAL INTENSIVE CARE UNIT	5,186,863		5,186,863	35
40	SUBPROVIDER - IPF	9,942,133		9,942,133	40
43	NURSERY	3,380,678		3,380,678	43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	36,517,970		36,517,970	50
52	DELIVERY ROOM & LABOR ROOM	8,468,115		8,468,115	52
53	ANESTHESIOLOGY	486,641		486,641	53
54	RADIOLOGY-DIAGNOSTIC	39,583,899		39,583,899	54
54.01	OFFSITE-DIAGNOSTIC SERVICES	5,266,349		5,266,349	54.01
56.01	ONCOLOGY	3,009,506		3,009,506	56.01
60	LABORATORY	19,958,435		19,958,435	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,209,113		4,209,113	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	4,662,954		4,662,954	65
66	PHYSICAL THERAPY	13,081,774		13,081,774	66
69	ELECTROCARDIOLOGY	5,767,165		5,767,165	69
69.01	CARDIAC CATH LAB	4,776,778		4,776,778	69.01
69.02	CARDIAC REHABILITATION	2,453,473		2,453,473	69.02
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	30,616,654		30,616,654	71
72	IMPL. DEV. CHARGED TO PATIENT	20,262,572		20,262,572	72
73	DRUGS CHARGED TO PATIENTS	28,169,795		28,169,795	73
74	RENAL DIALYSIS	1,148,326		1,148,326	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	OUTPATIENT TREATMENT CENTERS	9,803,362		9,803,362	90.01
90.02	PARTIAL HOSPITALIZATION PROGRAM	3,073,218		3,073,218	90.02
91	EMERGENCY	28,584,916		28,584,916	91
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	11,758,001		11,758,001	101
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (SUM OF LINES 1-117)	396,305,757		396,305,757	118
	NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354,397		1,354,397	190
192	PHYSICIANS' PRIVATE OFFICES	1,328,527		1,328,527	192
192.01	DAY SURGERY CENTER				192.01
192.02	RESIDENTIAL TREATMENT CENTER	1,371,580		1,371,580	192.02
192.03	MOBILE DENTAL CLINIC	285,273		285,273	192.03
192.04	EMS CONTINUING EDUCATION	677,128		677,128	192.04
194	CORPORATE HEALTH	882,077		882,077	194
194.01	MARKETING/COMMUNICATION	3,679,283		3,679,283	194.01
194.02	FOUNDATION	113,038		113,038	194.02
194.03	OTHER NRCC	11,768,620		11,768,620	194.03
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINES 118-201)	417,765,680		417,765,680	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	4,285	455,949	25,382	485,616	485,616	4
5 ADMINISTRATIVE & GENERAL	838,811	7,162,563	5,514,059	13,515,433	69,120	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	59,288	4,202,130	131,055	4,392,473	10,600	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING			39,110	39,110	11,964	9
10 DIETARY	3,695	371,314	134,522	509,531	6,139	10
11 CAFETERIA		244,183	66,823	311,006	2,414	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	137	303,133	5,571	308,841	10,472	13
14 CENTRAL SERVICES & SUPPLY		553,426	28,464	581,890	4,302	14
15 PHARMACY		220,684	281,383	502,067	12,438	15
16 MEDICAL RECORDS & LIBRARY		187,820	39,867	227,687	7,027	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.		21,582		21,582	634	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	24,623	4,598,013	2,097,131	6,719,767	83,936	30
31 INTENSIVE CARE UNIT	1,371	1,145,691	351,519	1,498,581	24,505	31
35 NEONATAL INTENSIVE CARE UNIT	859	88,826	264,485	354,170	7,050	35
40 SUBPROVIDER - IPF	632	758,190	49,936	808,758	11,108	40
43 NURSERY		180,105	55,835	235,940	4,320	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	193,070	2,793,795	2,111,955	5,098,820	35,355	50
52 DELIVERY ROOM & LABOR ROOM		417,778	129,507	547,285	10,179	52
53 ANESTHESIOLOGY		23,277	67,500	90,777	368	53
54 RADIOLOGY-DIAGNOSTIC	1,154,387	1,525,477	3,102,277	5,782,141	36,164	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	381,475		625,479	1,006,954	4,801	54.01
56.01 ONCOLOGY	310	756,451	4,699	761,460	1,332	56.01
60 LABORATORY	86,543	601,540	549,367	1,237,450	15,559	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		41,470	24,690	66,160	1,603	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,300	141,043	53,119	198,462	6,236	65
66 PHYSICAL THERAPY	625,428	437,800	79,049	1,142,277	16,991	66
69 ELECTROCARDIOLOGY	5,571	239,546	166,098	411,215	7,107	69
69.01 CARDIAC CATH LAB	18,000	106,440	404,883	529,323	4,991	69.01
69.02 CARDIAC REHABILITATION	75,594	392,941	6,296	474,831	1,869	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	143,539			143,539		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	-9,650			-9,650		73
74 RENAL DIALYSIS			4,073	4,073		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	363,130	963,222	95,785	1,422,137	14,239	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM		216,447		216,447	3,711	90.02
91 EMERGENCY	2,431	699,552	452,235	1,154,218	35,199	91
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	310	230,806	45,780	276,896	16,538	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,978,139	30,081,194	17,007,934	51,067,267	478,271	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		252,611	3,970	256,581	414	190
192 PHYSICIANS' PRIVATE OFFICES			2,471	2,471		192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			18,041	18,041	1,726	192.02
192.03 MOBILE DENTAL CLINIC			2,450	2,450	608	192.03
192.04 EMS CONTINUING EDUCATION					1,055	192.04
194 CORPORATE HEALTH	61	121,334	7,947	129,342	672	194
194.01 MARKETING/COMMUNICATION		89,897	1,499	91,396	1,669	194.01
194.02 FOUNDATION		40,088	785	40,873		194.02
194.03 OTHER NRCC		363,867	6,872	370,739	1,201	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,978,200	30,948,991	17,051,969	51,979,160	485,616	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	HOUSE-	DIETARY	CAFETERIA	
	TRATIVE & GENERAL 5	OF PLANT 7	KEEPING 9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	13,584,553					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	686,687	5,089,760				7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	274,870		325,944			9
10 DIETARY	188,789	98,801	6,327	809,587		10
11 CAFETERIA	31,746	64,973	4,161		414,300	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	231,652	80,659	5,165		8,676	13
14 CENTRAL SERVICES & SUPPLY	129,799	147,258	9,430		10,303	14
15 PHARMACY	281,662	58,721	3,760		11,834	15
16 MEDICAL RECORDS & LIBRARY	223,178	49,976	3,200		11,717	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	3,330	5,743	368		697	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,951,234	1,223,461	78,350	655,417	115,835	30
31 INTENSIVE CARE UNIT	553,241	304,851	19,522	44,156	24,224	31
35 NEONATAL INTENSIVE CARE UNIT	156,404	23,635	1,514		6,759	35
40 SUBPROVIDER - IPF	249,080	201,743	12,919	86,045	11,906	40
43 NURSERY	99,717	47,923	3,069		224	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	988,598	743,386	47,606		39,693	50
52 DELIVERY ROOM & LABOR ROOM	251,626	111,164	7,119		528	52
53 ANESTHESIOLOGY	11,587	6,194	397		750	53
54 RADIOLOGY-DIAGNOSTIC	1,147,296	405,906	25,994		40,032	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	165,264					54.01
56.01 ONCOLOGY	57,958	201,280	12,890		1,410	56.01
60 LABORATORY	583,602	160,061	10,250		24,901	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	132,014	11,035	707		2,064	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	140,922	37,529	2,403		7,790	65
66 PHYSICAL THERAPY	396,764	116,492	7,460		20,630	66
69 ELECTROCARDIOLOGY	160,302	63,739	4,082		8,268	69
69.01 CARDIAC CATH LAB	138,861	28,322	1,814		4,622	69.01
69.02 CARDIAC REHABILITATION	57,746	104,555	6,696		2,144	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	878,898					71
72 IMPL. DEV. CHARGED TO PATIENT	587,231					72
73 DRUGS CHARGED TO PATIENTS	613,513					73
74 RENAL DIALYSIS	36,582					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	255,725	256,299	16,413			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	87,817	57,593	3,688		5,578	90.02
91 EMERGENCY	829,829	186,140	11,920		44,946	91
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	355,214	61,414	3,933			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	12,938,738	4,858,853	311,157	785,618	405,531	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,234	67,216	4,304		1,016	190
192 PHYSICIANS' PRIVATE OFFICES	43,199					192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	38,179			23,969	2,600	192.02
192.03 MOBILE DENTAL CLINIC	9,205				638	192.03
192.04 EMS CONTINUING EDUCATION	22,018					192.04
194 CORPORATE HEALTH	22,511	32,285	2,068		675	194
194.01 MARKETING/COMMUNICATION	114,902	23,920	1,532		2,047	194.01
194.02 FOUNDATION	1,660	10,667	683			194.02
194.03 OTHER NRCC	362,907	96,819	6,200		1,793	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,584,553	5,089,760	325,944	809,587	414,300	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	645,465					13
14 CENTRAL SERVICES & SUPPLY		882,982				14
15 PHARMACY	25,244		895,726			15
16 MEDICAL RECORDS & LIBRARY				522,785		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	1,487				33,841	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	247,093		9,572	36,225		30
31 INTENSIVE CARE UNIT	51,672		1,350	9,514		31
35 NEONATAL INTENSIVE CARE UNIT	14,417		126	3,343		35
40 SUBPROVIDER - IPF	25,398		5	6,769		40
43 NURSERY	478			2,127		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	84,672		4,227	45,287		50
52 DELIVERY ROOM & LABOR ROOM	1,126			5,011		52
53 ANESTHESIOLOGY	1,599		574	4,872		53
54 RADIOLOGY-DIAGNOSTIC			1,114	130,697		54
54.01 OFFSITE-DIAGNOSTIC SERVICES			325	13,129		54.01
56.01 ONCOLOGY	3,007			1,278		56.01
60 LABORATORY			13	72,665		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				5,700		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			90	6,160		65
66 PHYSICAL THERAPY			134	9,769		66
69 ELECTROCARDIOLOGY	17,637		100	16,777		69
69.01 CARDIAC CATH LAB	9,860		693	14,766		69.01
69.02 CARDIAC REHABILITATION	4,574		4	661		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		527,441		48,867		71
72 IMPL. DEV. CHARGED TO PATIENT		352,411		18,558		72
73 DRUGS CHARGED TO PATIENTS			860,103	24,271		73
74 RENAL DIALYSIS				1,696		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	25,977		9,386	3,296		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM				1,434		90.02
91 EMERGENCY	95,876		3,962	36,916		91
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	35,348	3,130	127	2,997		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	645,465	882,982	891,905	522,785		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			6			192.02
192.03 MOBILE DENTAL CLINIC			11			192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH						194
194.01 MARKETING/COMMUNICATION						194.01
194.02 FOUNDATION						194.02
194.03 OTHER NRCC			3,804			194.03
200 CROSS FOOT ADJUSTMENTS					33,841	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	645,465	882,982	895,726	522,785	33,841	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	11,120,890		11,120,890	30
31 INTENSIVE CARE UNIT	2,531,616		2,531,616	31
35 NEONATAL INTENSIVE CARE UNIT	567,418		567,418	35
40 SUBPROVIDER - IPF	1,413,731		1,413,731	40
43 NURSERY	393,798		393,798	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	7,087,644		7,087,644	50
52 DELIVERY ROOM & LABOR ROOM	934,038		934,038	52
53 ANESTHESIOLOGY	117,118		117,118	53
54 RADIOLOGY-DIAGNOSTIC	7,569,344		7,569,344	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	1,190,473		1,190,473	54.01
56.01 ONCOLOGY	1,040,615		1,040,615	56.01
60 LABORATORY	2,104,501		2,104,501	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	219,283		219,283	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	399,592		399,592	65
66 PHYSICAL THERAPY	1,710,517		1,710,517	66
69 ELECTROCARDIOLOGY	689,227		689,227	69
69.01 CARDIAC CATH LAB	733,252		733,252	69.01
69.02 CARDIAC REHABILITATION	653,080		653,080	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,598,745		1,598,745	71
72 IMPL. DEV. CHARGED TO PATIENT	958,200		958,200	72
73 DRUGS CHARGED TO PATIENTS	1,488,237		1,488,237	73
74 RENAL DIALYSIS	42,351		42,351	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	2,003,472		2,003,472	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	376,268		376,268	90.02
91 EMERGENCY	2,399,006		2,399,006	91
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	755,597		755,597	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	50,098,013		50,098,013	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	360,765		360,765	190
192 PHYSICIANS' PRIVATE OFFICES	45,670		45,670	192
192.01 DAY SURGERY CENTER				192.01
192.02 RESIDENTIAL TREATMENT CENTER	84,521		84,521	192.02
192.03 MOBILE DENTAL CLINIC	12,912		12,912	192.03
192.04 EMS CONTINUING EDUCATION	23,073		23,073	192.04
194 CORPORATE HEALTH	187,553		187,553	194
194.01 MARKETING/COMMUNICATION	235,466		235,466	194.01
194.02 FOUNDATION	53,883		53,883	194.02
194.03 OTHER NRCC	843,463		843,463	194.03
200 CROSS FOOT ADJUSTMENTS	33,841		33,841	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	51,979,160		51,979,160	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	694,055					1
2 CAP REL COSTS-MVBLE EQUIP		17,020,295				2
4 EMPLOYEE BENEFITS	10,225	25,335	177,022,630			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	160,626	5,503,821	25,198,734	-83,380,132	334,385,548	5
7 OPERATION OF PLANT	94,236	130,812	3,864,367		16,903,062	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		39,037	4,361,818		6,766,027	9
10 DIETARY	8,327	134,272	2,238,230		4,647,107	10
11 CAFETERIA	5,476	66,699	880,021		781,450	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,798	5,561	3,817,755		5,702,205	13
14 CENTRAL SERVICES & SUPPLY	12,411	28,411	1,568,181		3,195,056	14
15 PHARMACY	4,949	280,860	4,534,433		6,933,212	15
16 MEDICAL RECORDS & LIBRARY	4,212	39,793	2,561,853		5,493,615	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	484		231,051		81,980	23
30 ADULTS & PEDIATRICS	103,114	2,093,235	30,584,239		48,026,918	30
31 INTENSIVE CARE UNIT	25,693	350,866	8,933,469		13,618,250	31
35 NEONATAL INTENSIVE CARE UNIT	1,992	263,994	2,570,216		3,849,952	35
40 SUBPROVIDER - IPF	17,003	49,843	4,049,732		6,131,198	40
43 NURSERY	4,039	55,731	1,574,823		2,454,566	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,653	2,108,032	12,889,017		24,334,724	50
52 DELIVERY ROOM & LABOR ROOM	9,369	129,266	3,710,772		6,193,872	52
53 ANESTHESIOLOGY	522	67,375	134,278		285,223	53
54 RADIOLOGY-DIAGNOSTIC	34,210	3,096,514	13,183,929		28,241,123	54
54.01 OFFSITE-DIAGNOSTIC SERVICES		624,317	1,750,237		4,068,029	54.01
56.01 ONCOLOGY	16,964	4,690	485,625		1,426,663	56.01
60 LABORATORY	13,490	548,347	5,672,308		14,365,590	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930	24,644	584,403		3,249,571	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,163	53,020	2,273,380		3,468,844	65
66 PHYSICAL THERAPY	9,818	78,902	6,194,209		9,766,501	66
69 ELECTROCARDIOLOGY	5,372	165,789	2,591,024		3,945,903	69
69.01 CARDIAC CATH LAB	2,387	404,131	1,819,608		3,418,105	69.01
69.02 CARDIAC REHABILITATION	8,812	6,284	681,471		1,421,439	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					21,634,409	71
72 IMPL. DEV. CHARGED TO PATIENT					14,454,923	72
73 DRUGS CHARGED TO PATIENTS					15,101,865	73
74 RENAL DIALYSIS		4,065			900,470	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	21,601	95,607	5,191,210		6,294,758	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	4,854		1,352,973		2,161,647	90.02
91 EMERGENCY	15,688	451,395	12,832,455		20,426,551	91
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	5,176	45,695	6,029,096		8,743,725	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	674,594	16,976,343	174,344,917	-83,380,132	318,488,533	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	3,963	151,054		768,845	190
192 PHYSICIANS' PRIVATE OFFICES		2,466			1,063,372	192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER		18,007	629,223		939,794	192.02
192.03 MOBILE DENTAL CLINIC		2,445	221,523		226,574	192.03
192.04 EMS CONTINUING EDUCATION			384,569		541,983	192.04
194 CORPORATE HEALTH	2,721	7,932	245,093		554,126	194
194.01 MARKETING/COMMUNICATION	2,016	1,496	608,359		2,828,360	194.01
194.02 FOUNDATION	899	784			40,873	194.02
194.03 OTHER NRCC	8,160	6,859	437,892		8,933,088	194.03

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/27/2013 10:30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	30,948,991	17,051,969	43,760,046		83,380,132	202
203	UNIT COST MULT-WS B PT I	44.591554	1.001861	0.247200		0.249353	203
204	COST TO BE ALLOC PER B PT II			485,616		13,584,553	204
205	UNIT COST MULT-WS B PT II			0.002743		0.040625	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
	SQUARE FEET	SQUARE FEET	MEALS SERVED	FTE'S	FTE'S	
	7	9	10	11	13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	428,968					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		428,968				9
10 DIETARY	8,327	8,327	253,220			10
11 CAFETERIA	5,476	5,476		166,363		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,798	6,798		3,484	121,505	13
14 CENTRAL SERVICES & SUPPLY	12,411	12,411		4,137		14
15 PHARMACY	4,949	4,949		4,752	4,752	15
16 MEDICAL RECORDS & LIBRARY	4,212	4,212		4,705		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	484	484		280	280	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	103,114	103,114	204,999	46,514	46,514	30
31 INTENSIVE CARE UNIT	25,693	25,693	13,811	9,727	9,727	31
35 NEONATAL INTENSIVE CARE UNIT	1,992	1,992		2,714	2,714	35
40 SUBPROVIDER - IPF	17,003	17,003	26,913	4,781	4,781	40
43 NURSERY	4,039	4,039		90	90	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,653	62,653		15,939	15,939	50
52 DELIVERY ROOM & LABOR ROOM	9,369	9,369		212	212	52
53 ANESTHESIOLOGY	522	522		301	301	53
54 RADIOLOGY-DIAGNOSTIC	34,210	34,210		16,075		54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY	16,964	16,964		566	566	56.01
60 LABORATORY	13,490	13,490		9,999		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930	930		829		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,163	3,163		3,128		65
66 PHYSICAL THERAPY	9,818	9,818		8,284		66
69 ELECTROCARDIOLOGY	5,372	5,372		3,320		69
69.01 CARDIAC CATH LAB	2,387	2,387		1,856	1,856	69.01
69.02 CARDIAC REHABILITATION	8,812	8,812		861	861	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	21,601	21,601			4,890	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	4,854	4,854		2,240		90.02
91 EMERGENCY	15,688	15,688		18,048	18,048	91
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	5,176	5,176			6,654	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	409,507	409,507	245,723	162,842	121,505	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	5,665		408		190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			7,497	1,044		192.02
192.03 MOBILE DENTAL CLINIC				256		192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH	2,721	2,721		271		194
194.01 MARKETING/COMMUNICATION	2,016	2,016		822		194.01
194.02 FOUNDATION	899	899				194.02
194.03 OTHER NRCC	8,160	8,160		720		194.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		SQUARE FEET	SQUARE FEET	MEALS SERVED	FTE'S	FTE'S	
		7	9	10	11	13	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	21,117,891	8,453,156	6,379,901	1,353,797	7,621,040	202
203	UNIT COST MULT-WS B PT I	49.229525	19.705796	25.195091	8.137609	62.722028	203
204	COST TO BE ALLOC PER B PT II	5,089,760	325,944	809,587	414,300	645,465	204
205	UNIT COST MULT-WS B PT II	11.865127	0.759833	3.197168	2.490337	5.312251	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY	36,217,703				14
15 PHARMACY		15,749,747			15
16 MEDICAL RECORDS & LIBRARY			1,524,747,402		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				1,000	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		168,303	105,610,834		30
31 INTENSIVE CARE UNIT		23,729	27,738,454		31
35 NEONATAL INTENSIVE CARE UNIT		2,218	9,744,922		35
40 SUBPROVIDER - IPF		90	19,734,089		40
43 NURSERY			6,201,319		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		74,330	132,032,263		50
52 DELIVERY ROOM & LABOR ROOM			14,607,896		52
53 ANESTHESIOLOGY		10,100	14,202,923		53
54 RADIOLOGY-DIAGNOSTIC		19,582	381,639,040		54
54.01 OFFSITE-DIAGNOSTIC SERVICES		5,715	38,277,726		54.01
56.01 ONCOLOGY			3,725,591		56.01
60 LABORATORY		225	211,851,496		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		8	16,619,017		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,576	17,958,830		65
66 PHYSICAL THERAPY		2,355	28,482,366		66
69 ELECTROCARDIOLOGY		1,761	48,912,477		69
69.01 CARDIAC CATH LAB		12,183	43,050,397		69.01
69.02 CARDIAC REHABILITATION		72	1,925,659		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,634,409		142,468,849		71
72 IMPL. DEV. CHARGED TO PATIENT	14,454,923		54,104,230		72
73 DRUGS CHARGED TO PATIENTS		15,123,365	70,760,927		73
74 RENAL DIALYSIS			4,943,984		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS		165,043	9,609,932		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM			4,180,206		90.02
91 EMERGENCY		69,662	107,625,901	1,000	91
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	128,371	2,232	8,738,074		101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	36,217,703	15,682,549	1,524,747,402	1,000	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 DAY SURGERY CENTER					192.01
192.02 RESIDENTIAL TREATMENT CENTER		104			192.02
192.03 MOBILE DENTAL CLINIC		201			192.03
192.04 EMS CONTINUING EDUCATION					192.04
194 CORPORATE HEALTH					194
194.01 MARKETING/COMMUNICATION					194.01
194.02 FOUNDATION					194.02
194.03 OTHER NRCC		66,893			194.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	4,880,975	9,339,915	7,192,107	155,628	202
203	UNIT COST MULT-WS B PT I	0.134768	0.593020	0.004717	155.628000	203
204	COST TO BE ALLOC PER B PT II	882,982	895,726	522,785	33,841	204
205	UNIT COST MULT-WS B PT II	0.024380	0.056872	0.000343	33.841000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	76,169,776		76,169,776		76,169,776	30
31 INTENSIVE CARE UNIT	19,967,291		19,967,291		19,967,291	31
35 NEONATAL INTENSIVE CARE UNI	5,186,863		5,186,863		5,186,863	35
40 SUBPROVIDER - IPF	9,942,133		9,942,133		9,942,133	40
43 NURSERY	3,380,678		3,380,678		3,380,678	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,517,970		36,517,970	31,225	36,549,195	50
52 DELIVERY ROOM & LABOR ROOM	8,468,115		8,468,115		8,468,115	52
53 ANESTHESIOLOGY	486,641		486,641		486,641	53
54 RADIOLOGY-DIAGNOSTIC	39,583,899		39,583,899		39,583,899	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	5,266,349		5,266,349		5,266,349	54.01
56.01 ONCOLOGY	3,009,506		3,009,506		3,009,506	56.01
60 LABORATORY	19,958,435		19,958,435		19,958,435	60
62 WHOLE BLOOD & PACKED RED BL	4,209,113		4,209,113		4,209,113	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,662,954		4,662,954		4,662,954	65
66 PHYSICAL THERAPY	13,081,774		13,081,774	2,631	13,084,405	66
69 ELECTROCARDIOLOGY	5,767,165		5,767,165	6,621	5,773,786	69
69.01 CARDIAC CATH LAB	4,776,778		4,776,778	24,821	4,801,599	69.01
69.02 CARDIAC REHABILITATION	2,453,473		2,453,473	12,646	2,466,119	69.02
71 MEDICAL SUPPLIES CHRGED TO	30,616,654		30,616,654		30,616,654	71
72 IMPL. DEV. CHARGED TO PATIE	20,262,572		20,262,572		20,262,572	72
73 DRUGS CHARGED TO PATIENTS	28,169,795		28,169,795		28,169,795	73
74 RENAL DIALYSIS	1,148,326		1,148,326		1,148,326	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTER	9,803,362		9,803,362		9,803,362	90.01
90.02 PARTIAL HOSPITALIZATION PRO	3,073,218		3,073,218		3,073,218	90.02
91 EMERGENCY	28,584,916		28,584,916		28,584,916	91
92 OBSERVATION BEDS	3,759,674		3,759,674		3,759,674	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	11,758,001		11,758,001		11,758,001	101
200 SUBTOTAL (SEE INSTRUCTIONS)	400,065,431		400,065,431	77,944	400,143,375	200
201 LESS OBSERVATION BEDS	3,759,674		3,759,674		3,759,674	201
202 TOTAL (SEE INSTRUCTIONS)	396,305,757		396,305,757		396,383,701	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	99,895,652		99,895,652			30
31 INTENSIVE CARE UNIT	27,738,454		27,738,454			31
35 NEONATAL INTENSIVE CARE UNI	9,744,922		9,744,922			35
40 SUBPROVIDER - IPF	19,734,089		19,734,089			40
43 NURSERY	6,201,319		6,201,319			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,380,262	79,652,001	132,032,263	0.276584	0.276584	0.276820 50
52 DELIVERY ROOM & LABOR ROOM	12,934,869	1,673,027	14,607,896	0.579694	0.579694	0.579694 52
53 ANESTHESIOLOGY	7,230,661	6,972,262	14,202,923	0.034263	0.034263	0.034263 53
54 RADIOLOGY-DIAGNOSTIC	108,519,966	273,119,074	381,639,040	0.103721	0.103721	0.103721 54
54.01 OFFSITE-DIAGNOSTIC SERVICES	277,726	38,000,000	38,277,726	0.137583	0.137583	0.137583 54.01
56.01 ONCOLOGY	18,386	3,707,205	3,725,591	0.807793	0.807793	0.807793 56.01
60 LABORATORY	92,794,074	119,057,422	211,851,496	0.094210	0.094210	0.094210 60
62 WHOLE BLOOD & PACKED RED BL	11,984,810	4,634,207	16,619,017	0.253271	0.253271	0.253271 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	16,024,646	1,934,184	17,958,830	0.259647	0.259647	0.259647 65
66 PHYSICAL THERAPY	7,785,227	20,697,139	28,482,366	0.459294	0.459294	0.459386 66
69 ELECTROCARDIOLOGY	16,007,232	32,905,245	48,912,477	0.117908	0.117908	0.118043 69
69.01 CARDIAC CATH LAB	23,552,817	19,497,580	43,050,397	0.110958	0.110958	0.111534 69.01
69.02 CARDIAC REHABILITATION	1,827	1,923,832	1,925,659	1.274095	1.274095	1.280662 69.02
71 MEDICAL SUPPLIES CHRGD TO	87,073,366	55,395,483	142,468,849	0.214901	0.214901	0.214901 71
72 IMPL. DEV. CHARGED TO PATIE	37,179,210	16,925,020	54,104,230	0.374510	0.374510	0.374510 72
73 DRUGS CHARGED TO PATIENTS	48,673,280	22,087,647	70,760,927	0.398098	0.398098	0.398098 73
74 RENAL DIALYSIS	4,600,000	343,984	4,943,984	0.232267	0.232267	0.232267 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTER	27,181	9,582,751	9,609,932	1.020128	1.020128	1.020128 90.01
90.02 PARTIAL HOSPITALIZATION PRO		4,180,206	4,180,206	0.735183	0.735183	0.735183 90.02
91 EMERGENCY	34,021,157	73,604,744	107,625,901	0.265595	0.265595	0.265595 91
92 OBSERVATION BEDS	791,119	4,924,063	5,715,182	0.657840	0.657840	0.657840 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		8,738,074	8,738,074			101
200 SUBTOTAL (SEE INSTRUCTIONS)	725,192,252	799,555,150	1,524,747,402			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	725,192,252	799,555,150	1,524,747,402			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 + COL.4) 5	PGM DAYS 6	(COL.5 x COL.6) 7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	11,120,890		11,120,890	71,881	154.71	35,737	5,528,871 30
31 INTENSIVE CARE UNIT	2,531,616		2,531,616	9,207	274.97	4,643	1,276,686 31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	567,418		567,418	722	785.90		35
40 SUBPROVIDER - IPF	1,413,731		1,413,731	8,971	157.59	1,467	231,185 40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	393,798		393,798	8,877	44.36		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	16,027,453		16,027,453	99,658		41,847	7,036,742 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,087,644	132,032,263	0.053681	26,194,073	1,406,124	50
52 DELIVERY ROOM & LABOR ROOM	934,038	14,607,896	0.063941			52
53 ANESTHESIOLOGY	117,118	14,202,923	0.008246	3,492,165	28,796	53
54 RADIOLOGY-DIAGNOSTIC	7,569,344	381,639,040	0.019834	60,184,373	1,193,697	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	1,190,473	38,277,726	0.031101	178,330	5,546	54.01
56.01 ONCOLOGY	1,040,615	3,725,591	0.279315	17,669	4,935	56.01
60 LABORATORY	2,104,501	211,851,496	0.009934	49,490,406	491,638	60
62 WHOLE BLOOD & PACKED RED BLOO	219,283	16,619,017	0.013195	6,016,470	79,387	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	399,592	17,958,830	0.022250	9,503,896	211,462	65
66 PHYSICAL THERAPY	1,710,517	28,482,366	0.060055	5,174,872	310,777	66
69 ELECTROCARDIOLOGY	689,227	48,912,477	0.014091	9,642,955	135,879	69
69.01 CARDIAC CATH LAB	733,252	43,050,397	0.017032	12,689,920	216,135	69.01
69.02 CARDIAC REHABILITATION	653,080	1,925,659	0.339146	689	234	69.02
71 MEDICAL SUPPLIES CHRGD TO PA	1,598,745	142,468,849	0.011222	44,508,627	499,476	71
72 IMPL. DEV. CHARGED TO PATIENT	958,200	54,104,230	0.017710	20,992,695	371,781	72
73 DRUGS CHARGED TO PATIENTS	1,488,237	70,760,927	0.021032	24,134,605	507,599	73
74 RENAL DIALYSIS	42,351	4,943,984	0.008566	2,996,854	25,671	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	2,003,472	9,609,932	0.208479	23,106	4,817	90.01
90.02 PARTIAL HOSPITALIZATION PROGR	376,268	4,180,206	0.090012			90.02
91 EMERGENCY	2,399,006	107,625,901	0.022290	18,162,395	404,840	91
92 OBSERVATION BEDS	548,916	5,715,182	0.096045	682,052	65,508	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	33,863,879	1,352,694,892		294,086,152	5,964,302	200

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/27/2013 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/27/2013 10:30

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	71,881		35,737		30
31 INTENSIVE CARE UNIT	9,207		4,643		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	722				35
40 SUBPROVIDER - IPF	8,971		1,467		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	8,877				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	99,658		41,847		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY						56.01
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHABILITATION						69.02
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS						90.01
90.02 PARTIAL HOSPITALIZATION PROGR						90.02
91 EMERGENCY			155,628		155,628	155,628
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			155,628		155,628	155,628

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,032,263			26,194,073		26,362,463	50
52 DELIVERY ROOM & LABOR ROOM	14,607,896						52
53 ANESTHESIOLOGY	14,202,923			3,492,165		1,979,603	53
54 RADIOLOGY-DIAGNOSTIC	381,639,040			60,184,373		104,676,461	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	38,277,726			178,330		12,975,270	54.01
56.01 ONCOLOGY	3,725,591			17,669		1,260,835	56.01
60 LABORATORY	211,851,496			49,490,406		6,708,747	60
62 WHOLE BLOOD & PACKED RED BLO	16,619,017			6,016,470		1,248,799	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	17,958,830			9,503,896		921,228	65
66 PHYSICAL THERAPY	28,482,366			5,174,872		279,002	66
69 ELECTROCARDIOLOGY	48,912,477			9,642,955		10,563,753	69
69.01 CARDIAC CATH LAB	43,050,397			12,689,920		9,585,881	69.01
69.02 CARDIAC REHABILITATION	1,925,659			689		959,723	69.02
71 MEDICAL SUPPLIES CHRGED TO P	142,468,849			44,508,627		17,852,395	71
72 IMPL. DEV. CHARGED TO PATIEN	54,104,230			20,992,695		10,296,665	72
73 DRUGS CHARGED TO PATIENTS	70,760,927			24,134,605		9,496,069	73
74 RENAL DIALYSIS	4,943,984			2,996,854		340,910	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	9,609,932			23,106		652,514	90.01
90.02 PARTIAL HOSPITALIZATION PROG	4,180,206						90.02
91 EMERGENCY	107,625,901	0.001446	0.001446	18,162,395	26,263	18,544,086	26,815 91
92 OBSERVATION BEDS	5,715,182			682,052		1,539,489	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,352,694,892			294,086,152	26,263	236,243,893	26,815 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] 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 CHARGE FROM WKST PT I, COL. 9	RATIO REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS		
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.276584	26,362,463			7,291,435			50
52 DELIVERY ROOM & LABOR ROOM	0.579694							52
53 ANESTHESIOLOGY	0.034263	1,979,603			67,827			53
54 RADIOLOGY-DIAGNOSTIC	0.103721	104,676,461			10,857,147			54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.137583	12,975,270			1,785,177			54.01
56.01 ONCOLOGY	0.807793	1,260,835			1,018,494			56.01
60 LABORATORY	0.094210	6,708,747			632,031			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.253271	1,248,799			316,285			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.259647	921,228			239,194			65
66 PHYSICAL THERAPY	0.459294	279,002			128,144			66
69 ELECTROCARDIOLOGY	0.117908	10,563,753			1,245,551			69
69.01 CARDIAC CATH LAB	0.110958	9,585,881			1,063,630			69.01
69.02 CARDIAC REHABILITATION	1.274095	959,723			1,222,778			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214901	17,852,395			3,836,498			71
72 IMPL. DEV. CHARGED TO PATIENT	0.374510	10,296,665			3,856,204			72
73 DRUGS CHARGED TO PATIENTS	0.398098	9,496,069	1,400	52,578	3,780,366	557	20,931	73
74 RENAL DIALYSIS	0.232267	340,910			79,182			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 OUTPATIENT TREATMENT CENTERS	1.020128	652,514			665,648			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.735183							90.02
91 EMERGENCY	0.265595	18,544,086			4,925,217			91
92 OBSERVATION BEDS	0.657840	1,539,489			1,012,737			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		236,243,893	1,400	52,578	44,023,545	557	20,931	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		236,243,893	1,400	52,578	44,023,545	557	20,931	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-S252) [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,087,644	132,032,263	0.053681			50
52 DELIVERY ROOM & LABOR ROOM	934,038	14,607,896	0.063941			52
53 ANESTHESIOLOGY	117,118	14,202,923	0.008246			53
54 RADIOLOGY-DIAGNOSTIC	7,569,344	381,639,040	0.019834	77,691	1,541	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	1,190,473	38,277,726	0.031101			54.01
56.01 ONCOLOGY	1,040,615	3,725,591	0.279315			56.01
60 LABORATORY	2,104,501	211,851,496	0.009934	273,166	2,714	60
62 WHOLE BLOOD & PACKED RED BLOO	219,283	16,619,017	0.013195			62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	399,592	17,958,830	0.022250			65
66 PHYSICAL THERAPY	1,710,517	28,482,366	0.060055	10,156	610	66
69 ELECTROCARDIOLOGY	689,227	48,912,477	0.014091	52,618	741	69
69.01 CARDIAC CATH LAB	733,252	43,050,397	0.017032			69.01
69.02 CARDIAC REHABILITATION	653,080	1,925,659	0.339146			69.02
71 MEDICAL SUPPLIES CHRGED TO PA	1,598,745	142,468,849	0.011222	7,740	87	71
72 IMPL. DEV. CHARGED TO PATIENT	958,200	54,104,230	0.017710			72
73 DRUGS CHARGED TO PATIENTS	1,488,237	70,760,927	0.021032	158,767	3,339	73
74 RENAL DIALYSIS	42,351	4,943,984	0.008566			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	2,003,472	9,609,932	0.208479			90.01
90.02 PARTIAL HOSPITALIZATION PROGR	376,268	4,180,206	0.090012			90.02
91 EMERGENCY	2,399,006	107,625,901	0.022290	238,752	5,322	91
92 OBSERVATION BEDS	548,916	5,715,182	0.096045			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	33,863,879	1,352,694,892		818,890	14,354	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-S252) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY						56.01
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHABILITATION						69.02
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS						90.01
90.02 PARTIAL HOSPITALIZATION PROGR						90.02
91 EMERGENCY			155,628		155,628	155,628
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			155,628		155,628	155,628

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-S252) [] 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 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 CHARGES	(COL. 8 x COL. 10)	(COL. 9 x COL. 12)	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,032,263						50
52 DELIVERY ROOM & LABOR ROOM	14,607,896						52
53 ANESTHESIOLOGY	14,202,923						53
54 RADIOLOGY-DIAGNOSTIC	381,639,040			77,691			54
54.01 OFFSITE-DIAGNOSTIC SERVICES	38,277,726						54.01
56.01 ONCOLOGY	3,725,591						56.01
60 LABORATORY	211,851,496			273,166			60
62 WHOLE BLOOD & PACKED RED BLO	16,619,017						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	17,958,830						65
66 PHYSICAL THERAPY	28,482,366			10,156			66
69 ELECTROCARDIOLOGY	48,912,477			52,618		1,805	69
69.01 CARDIAC CATH LAB	43,050,397						69.01
69.02 CARDIAC REHABILITATION	1,925,659						69.02
71 MEDICAL SUPPLIES CHRGED TO P	142,468,849			7,740			71
72 IMPL. DEV. CHARGED TO PATIEN	54,104,230						72
73 DRUGS CHARGED TO PATIENTS	70,760,927			158,767		5	73
74 RENAL DIALYSIS	4,943,984						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	9,609,932						90.01
90.02 PARTIAL HOSPITALIZATION PROG	4,180,206					2,023	90.02
91 EMERGENCY	107,625,901	0.001446	0.001446	238,752	345	1,671	2 91
92 OBSERVATION BEDS	5,715,182						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,352,694,892			818,890	345	5,504	2 200

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-S252) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.276584						50
52 DELIVERY ROOM & LABOR ROOM	0.579694						52
53 ANESTHESIOLOGY	0.034263						53
54 RADIOLOGY-DIAGNOSTIC	0.103721						54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.137583						54.01
56.01 ONCOLOGY	0.807793						56.01
60 LABORATORY	0.094210						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.253271						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.259647						65
66 PHYSICAL THERAPY	0.459294						66
69 ELECTROCARDIOLOGY	0.117908	1,805			213		69
69.01 CARDIAC CATH LAB	0.110958						69.01
69.02 CARDIAC REHABILITATION	1.274095						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214901						71
72 IMPL. DEV. CHARGED TO PATIENT	0.374510						72
73 DRUGS CHARGED TO PATIENTS	0.398098	5			2		73
74 RENAL DIALYSIS	0.232267						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	1.020128						90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.735183	2,023			1,487		90.02
91 EMERGENCY	0.265595	1,671			444		91
92 OBSERVATION BEDS	0.657840						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		5,504			2,146		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		5,504			2,146		202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0252) [] 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)	71,881	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	71,881	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68,333	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)	35,737	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)	76,169,776	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	76,169,776	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	99,895,652	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	99,895,652	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.762493	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)	1,461.89	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	76,169,776	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0252) [] 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) 1,059.66 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 37,869,069 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) 37,869,069 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	19,967,291	9,207	2,168.71	4,643	10,069,321	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	5,186,863	722	7,184.02			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					60,264,642	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					108,203,032	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 6,805,557 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,990,565 51
 52 TOTAL PROGRAM EXCLUDABLE COST 12,796,122 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 95,406,910 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) 3,548 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,059.66 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,759,674 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	11,120,890	76,169,776	0.146001	3,759,674	548,916	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<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 checked="" type="checkbox"/>	IPF (14-S252)	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,971	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,971	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,971	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)	1,467	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)	9,942,133	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	9,942,133	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,734,089	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,734,089	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.503805	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)	2,199.76	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)	9,942,133	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S252) [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,108.25 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,625,803 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)	1,625,803 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	172,949 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,798,752 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	231,185 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	14,699 51
52 TOTAL PROGRAM EXCLUDABLE COST	245,884 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,552,868 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 (14-0252) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		52,755,086		30
31 INTENSIVE CARE UNIT		15,400,669		31
35 NEONATAL INTENSIVE CARE UNIT				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.276820	26,194,073	7,251,043	50
52 DELIVERY ROOM & LABOR ROOM	0.579694			52
53 ANESTHESIOLOGY	0.034263	3,492,165	119,652	53
54 RADIOLOGY-DIAGNOSTIC	0.103721	60,184,373	6,242,383	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.137583	178,330	24,535	54.01
56.01 ONCOLOGY	0.807793	17,669	14,273	56.01
60 LABORATORY	0.094210	49,490,406	4,662,491	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.253271	6,016,470	1,523,797	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.259647	9,503,896	2,467,658	65
66 PHYSICAL THERAPY	0.459386	5,174,872	2,377,264	66
69 ELECTROCARDIOLOGY	0.118043	9,642,955	1,138,283	69
69.01 CARDIAC CATH LAB	0.111534	12,689,920	1,415,358	69.01
69.02 CARDIAC REHABILITATION	1.280662	689	882	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214901	44,508,627	9,564,948	71
72 IMPL. DEV. CHARGED TO PATIENT	0.374510	20,992,695	7,861,974	72
73 DRUGS CHARGED TO PATIENTS	0.398098	24,134,605	9,607,938	73
74 RENAL DIALYSIS	0.232267	2,996,854	696,070	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	1.020128	23,106	23,571	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.735183			90.02
91 EMERGENCY	0.265595	18,162,395	4,823,841	91
92 OBSERVATION BEDS	0.657840	682,052	448,681	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		294,086,152	60,264,642	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		294,086,152		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-S252) [] 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
35 NEONATAL INTENSIVE CARE UNIT					35
40 SUBPROVIDER - IPF		3,212,886			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.276820				50
52 DELIVERY ROOM & LABOR ROOM	0.579694				52
53 ANESTHESIOLOGY	0.034263				53
54 RADIOLOGY-DIAGNOSTIC	0.103721	77,691	8,058		54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.137583				54.01
56.01 ONCOLOGY	0.807793				56.01
60 LABORATORY	0.094210	273,166	25,735		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.253271				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.259647				65
66 PHYSICAL THERAPY	0.459386	10,156	4,666		66
69 ELECTROCARDIOLOGY	0.118043	52,618	6,211		69
69.01 CARDIAC CATH LAB	0.111534				69.01
69.02 CARDIAC REHABILITATION	1.280662				69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.214901	7,740	1,663		71
72 IMPL. DEV. CHARGED TO PATIENT	0.374510				72
73 DRUGS CHARGED TO PATIENTS	0.398098	158,767	63,205		73
74 RENAL DIALYSIS	0.232267				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS	1.020128				90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.735183				90.02
91 EMERGENCY	0.265595	238,752	63,411		91
92 OBSERVATION BEDS	0.657840				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		818,890	172,949		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		818,890			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0252)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	75,579,565	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,182,720	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	5,081,951	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	410.31	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)	77,762,285	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)	77,762,285	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,481,848	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0252)
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	5,493	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	26,263	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	84,275,889	59
60	PRIMARY PAYER PAYMENTS	78,284	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	84,197,605	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7,593,624	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	137,771	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	821,635	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	575,145	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	460,434	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	77,041,355	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	77,041,355	71
72	INTERIM PAYMENTS	77,085,339	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-43,984	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0252) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		77,011,139		28,705,827	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 06/01/2012	74,200	06/01/2012	15,200	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99	74,200		15,200	3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		74,200		15,200	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		77,085,339		28,721,027	4

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S252) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,075,514		855
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 .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		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)		1,075,514		855

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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			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	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 10:30

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0252) [] 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	20,167	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	40,380	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,614	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	78,262	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,524,747,402	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	28,491,269	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)	3,248,960	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	3,732,764	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-483,804	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S252)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,173,956	1
2	NET IPF PPS OUTLIER PAYMENT	20,308	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)	24.510929	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,194,264	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,194,264	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,194,264	18
19	DEDUCTIBLES	117,240	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,077,024	20
21	COINSURANCE	31,911	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,045,113	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	65,797	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	46,058	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	35,423	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,091,171	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)	345	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,091,516	31
32	INTERIM PAYMENTS	1,075,514	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	16,002	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

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	30,826,386			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	89,471,978			4
5	OTHER RECEIVABLES	5,686,111			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-31,152,105			6
7	INVENTORY	5,315,340			7
8	PREPAID EXPENSES	2,857,926			8
9	OTHER CURRENT ASSETS	9,948			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	103,015,584			11
FIXED ASSETS					
12	LAND	1,789,072			12
13	LAND IMPROVEMENTS	14,218,706			13
14	ACCUMULATED DEPRECIATION	-8,972,833			14
15	BUILDINGS	298,760,163			15
16	ACCUMULATED DEPRECIATION	-98,636,492			16
17	LEASEHOLD IMPROVEMENTS	1,102,550			17
18	ACCUMULATED AMORTIZATION	-275,280			18
19	FIXED EQUIPMENT	204,575,538			19
20	ACCUMULATED DEPRECIATION	-89,103,814			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	107,414,349			23
24	ACCUMULATED DEPRECIATION	-48,639,930			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)	382,232,029			30
OTHER ASSETS					
31	INVESTMENTS	97,484,804			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	36,737,286			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	134,222,090			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	619,469,703			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	9,906,049			37
38	SALARIES, WAGES & FEES PAYABLE	40,107,176			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	6,233,491			40
41	DEFERRED INCOME	122,193			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	40,702,369			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	97,071,278			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	271,665,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	83,841,844			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	355,506,844			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	452,578,122			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	166,891,581			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)	166,891,581			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	619,469,703			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		155,077,375							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		20,381,349							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		175,458,724							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 INTEREST IN AFFILIATES HOS/F	2,109,670								5
6 PENSION RELATED CHANGES	1,939,914								6
7 CHANGE IN INTEREST IN FOUNDA	151,342								7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		4,200,926							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		179,659,650							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET ASSET TRANSFER	12,000,000								13
14 NET ASSETS RELEASED FROM RES	768,069								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		12,768,069							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		166,891,581							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	130,885,610		130,885,610	2
3 SUBPROVIDER IPF	19,734,089		19,734,089	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	150,619,699		150,619,699	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	36,025,074		36,025,074	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT	9,744,922		9,744,922	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	45,769,996		45,769,996	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	196,389,695		196,389,695	18
19 ANCILLARY SERVICES	529,468,352	798,971,764	1,328,440,116	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	725,858,047	798,971,764	1,524,829,811	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		419,333,081	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35 OTHER			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)		419,333,081	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,524,829,811	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,101,274,314	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	423,555,497	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	419,333,081	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	4,222,416	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	858,415	6
7	INCOME FROM INVESTMENTS	1,381,526	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	1,537,720	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	288,384	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	311,078	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (REINSURANCE RECOVERIES)	2,509,914	24
24.01	OTHER (OTHER REVENUE - ACCT 533990)	2,723,299	24.01
24.02	OTHER (PHYSICIAN OFFICES)	2,312,793	24.02
24.03	OTHER (COMMUNICATIONS)	300,452	24.03
24.04	OTHER (OTHER NON OPERATING REVENUE)	175,787	24.04
24.05	OTHER (BASIS SWAP GAIN)	1,064,599	24.05
24.06	OTHER (CHG UNREAL INVESTMENT - LIQUIDITY)	1,831,353	24.06
24.07	OTHER (OTHER INCOME - ACCT 539990)	3,600,144	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	18,895,464	25
26	TOTAL (LINE 5 PLUS LINE 25)	23,117,880	26
27	OTHER EXPENSES (LOSS ON SALE OF FIXED ASSETS)	1,280,670	27
27.01	OTHER EXPENSES (LOSS ON SALE OF INVESTMENTS)	170,408	27.01
27.02	OTHER EXPENSES (CAPITATION CONTRACTS 531810-830)	1,285,453	27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	2,736,531	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	20,381,349	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

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						
2 CAPITAL RELATED-BLDGS & FIXTURES						1
3 CAPITAL RELATED-MOVABLE EQUIPMENT						2
4 PLANT OPERATION & MAINTENANCE						3
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,352,093	98,914	32,847	8,434	72,349	1,564,637
7 SKILLED NURSING CARE	2,268,220	165,934	55,103	14,149	121,371	2,624,777
8 PHYSICAL THERAPY	1,636,532	119,722	39,757	10,209	87,570	1,893,790
9 OCCUPATIONAL THERAPY	177,582	12,991	4,314	1,108	9,502	205,497
10 SPEECH PATHOLOGY	45,182	3,305	1,098	282	2,418	52,285
11 MEDICAL SOCIAL SERVICES	185,989	13,606	4,518	1,160	9,952	215,225
12 HOME HEALTH AIDE	72,690	5,318	1,766	453	3,890	84,117
13 SUPPLIES (SEE INSTRUCTIONS)						12
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS	289,729	21,195	7,039	1,807	15,504	335,274
26 TOTAL (SUM OF LINES 1-23)	6,028,017	440,985	146,442	37,602	322,556	6,975,602

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

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	1,169	1,565,806	-25	1,565,781	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	1,169	6,976,771	-25	6,976,746	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7094

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
1									1
2									2
3									3
4									4
5	1,565,781					1,565,781	1,565,781		5
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23	335,274					335,274	97,019	432,293	23
24	6,976,746					6,976,746		6,976,746	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7094

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					-1,565,781	5,410,965	5
6 SKILLED NURSING CARE						2,624,777	6
7 PHYSICAL THERAPY						1,893,790	7
8 OCCUPATIONAL THERAPY						205,497	8
9 SPEECH PATHOLOGY						52,285	9
10 MEDICAL SOCIAL SERVICES						215,225	10
11 HOME HEALTH AIDE						84,117	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						335,274	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,565,781	5,410,965	24
25 COST TO BE ALLOC (PER W/S H)						1,565,781	25
26 UNIT COST MULTIPLIER						0.289372	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7094

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	1,578,845		1,578,845			1
2 SKILLED NURSING CARE	4,928,721		4,928,721	764,472	5,693,193	2
3 PHYSICAL THERAPY	3,556,097		3,556,097	551,572	4,107,669	3
4 OCCUPATIONAL THERAPY	385,875		385,875	59,852	445,727	4
5 SPEECH PATHOLOGY	98,179		98,179	15,228	113,407	5
6 MEDICAL SOCIAL SERVICES	404,142		404,142	62,685	466,827	6
7 HOME HEALTH AIDE	157,952		157,952	24,499	182,451	7
8 SUPPLIES	17,300		17,300	2,683	19,983	8
9 DRUGS	1,324		1,324	205	1,529	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	629,566		629,566	97,649	727,215	19
20 TOTAL (SUM OF LINES 1-19)	11,758,001		11,758,001	1,578,845	11,758,001	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.				0.155106		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	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	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	5,176	45,695		1,353,172		611,090		5,176	1
2 SKILLED NURSING CARE				2,268,220		3,945,018			2
3 PHYSICAL THERAPY				1,636,532		2,846,351			3
4 OCCUPATIONAL THERAPY				177,582		308,860			4
5 SPEECH PATHOLOGY				45,182		78,584			5
6 MEDICAL SOCIAL SERVICES				185,989		323,481			6
7 HOME HEALTH AIDE				72,690		126,427			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				289,729		503,914			19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	5,176	45,695		6,029,096		8,743,725		5,176	20
21 TOTAL COST TO BE ALLOCATED	230,806	45,780		1,490,393		2,180,274		254,812	21
22 UNIT COST MULTIPLIER	44.591577								22
22 UNIT COST MULTIPLIER		1.001860		0.247200		0.249353		49.229521	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTE'S 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING-ADMINISTRATION FTE'S 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	
1 ADMINISTRATIVE AND GENERAL		5,176				6,654			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							128,371		8
9 DRUGS								2,232	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)		5,176				6,654	128,371	2,232	20
21 TOTAL COST TO BE ALLOCATED		101,997				417,352	17,300	1,324	21
22 UNIT COST MULTIPLIER							0.134766		22
22 UNIT COST MULTIPLIER		19.705757				62.721972		0.593190	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

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)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	5,693,193		5,693,193	23,923	237.98	1
2	PHYSICAL THERAPY	3	4,107,669		4,107,669	15,069	272.59	2
3	OCCUPATIONAL THERAPY	4	445,727		445,727	1,470	303.22	3
4	SPEECH PATHOLOGY	5	113,407		113,407	313	362.32	4
5	MEDICAL SOCIAL SERVICES	6	466,827		466,827	863	540.94	5
6	HOME HEALTH AIDE	7	182,451		182,451	2,149	84.90	6
7	TOTAL (SUM OF LINES 1-6)		11,009,274		11,009,274	43,787		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	19,983		19,983	160,200	0.124738	15
16	COST OF DRUGS	9	1,529		1,529			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

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		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	9,788	5,422		2,329,348	1,290,328		3,619,676	
2 PHYSICAL THERAPY	7,712	4,302		2,102,214	1,172,682		3,274,896	
3 OCCUPATIONAL THERAPY	844	421		255,918	127,656		383,574	
4 SPEECH PATHOLOGY	202	54		73,189	19,565		92,754	
5 MEDICAL SOCIAL SERVICES	367	313		198,525	169,314		367,839	
6 HOME HEALTH AIDE	801	793		68,005	67,326		135,331	
7 TOTAL (SUM OF LINES 1-6)	19,714	11,305		5,027,199	2,846,871		7,874,070	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	COST OF SERVICES		TOTAL PROGRAM COST (SUM OF COLS.9-10)
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		1	2	3	4	5	6
8 SKILLED NURSING CARE	11340	9,788	5,422				8
9 PHYSICAL THERAPY	11340	7,712	4,302				9
10 OCCUPATIONAL THERAPY	11340	844	421				10
11 SPEECH PATHOLOGY	11340	202	54				11
12 MEDICAL SOCIAL SERVICES	11340	367	313				12
13 HOME HEALTH AIDE	11340	801	793				13
14 TOTAL (SUM OF LINES 8-13)		19,714	11,305				14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF 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
1 PHYSICAL THERAPY	66	0.459294		COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3
3 SPEECH PATHOLOGY	68			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.214901		COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.398098		COL 2, LINE 16

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7094

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	4,039,154			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)	4,039,154			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	4,039,154			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 REASONABLE COST (SEE INSTRUCTIONS)			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,295,330	1,858,388	11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10,008		12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	50,131	36,806	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	32,336	35,756	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,085		15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
18 TOTAL OTHER PAYMENTS			17
19 DME PAYMENTS			18
20 OXYGEN PAYMENTS			19
21 PROSTHETIC AND ORTHOTIC PAYMENTS			20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	3,388,890	1,930,950	22
24 EXCESS REASONABLE COST (FROM LINE 8)			23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	3,388,890	1,930,950	24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
27 NET COST (LINE 24 MINUS LINE 25)	3,388,890	1,930,950	26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	3,388,890	1,930,950	29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,388,890	1,930,950	31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,388,890	1,930,950	32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-025) [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	6,111,986	1
2	CAPITAL DRG OUTLIER PAYMENTS	213,395	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	213.83	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)	0.0248	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1002	8
9	SUM OF LINES 7 AND 8	0.1250	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0256	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	156,467	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,481,848	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM- EMERGENCY MED					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 OFFSITE-DIAGNOSTIC SERVICES					54.01
56.01 ONCOLOGY					56.01
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.01 CARDIAC CATH LAB					69.01
69.02 CARDIAC REHABILITATION					69.02
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS					90.01
90.02 PARTIAL HOSPITALIZATION PROGRA					90.02
91 EMERGENCY					91
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					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 DAY SURGERY CENTER					192.01
192.02 RESIDENTIAL TREATMENT CENTER					192.02
192.03 MOBILE DENTAL CLINIC					192.03
192.04 EMS CONTINUING EDUCATION					192.04
194 CORPORATE HEALTH					194
194.01 MARKETING/COMMUNICATION					194.01
194.02 FOUNDATION					194.02
194.03 OTHER NRCC					194.03

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 10:30

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	
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