

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
 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.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		244,108	183,243		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		66,316	9		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		310,424	183,252		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 BIESTERFIELD ROAD
 2 CITY: ELK GROVE VILLAGE

STATE: IL

P.O.BOX:
 ZIP CODE: 60007-3397 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	ALEXIAN BROTHERS MEDICAL CENTE	14-0258	16980	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	ALEXIAN REHABILITATION UNIT	14-T258	16980	5	01/01/1980	N	P	O	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	ALEXIAN BROTHERS HOME HEALTH A	14-7583	16980		06/01/1994	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	ALEXIAN BROTHERS HOSPICE	14-1632	16980		01/01/1976				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012			TO: 06/30/2012					20
21	TYPE OF CONTROL				1					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		MEDICAID	OTHER	
		MEDICAID		STATE		MEDICAID				
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID				HMO
1	2	3	4	5	6					
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	5,533	533	25				389		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.	363		117						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.							1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.							1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:			ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:			ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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)			64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).
 (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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)			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.			N	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.				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.			Y	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.			N N	76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 N Y	XIX 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 N	2 105
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 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		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: 5,404,683 PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 149019	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: ALEXIAN BROTHERS HOSPITAL NETW CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 3040 SALT CREEK LANE	P.O. BOX:	142
143	CITY: ARLINGTON HEIGHTS	STATE: IL	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 V	TITLE XIX
	PART A	PART B		
155	HOSPITAL	N	N	N
156	SUBPROVIDER - IPF	N	N	N
157	SUBPROVIDER - IRF	N	N	N
158	SUBPROVIDER - (OTHER)	N	N	N
159	SNF	N	N	N
160	HHA	N	N	N
161	CMHC	N	N	N

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

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. N 167

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	2				
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	
2	3	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	5				
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	7				
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		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	
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	
16	17	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	10/05/2012	Y	10/05/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|------------------|-----------------|--------|----|
| 41 FIRST NAME: | LAST NAME: | TITLE: | 41 |
| 42 EMPLOYER: | | | 42 |
| 43 PHONE NUMBER: | E-MAIL ADDRESS: | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	72,109,662	72,109,662	2,328,120.00	30.97	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,749,893	7,749,893	226,092.00	34.28	10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,141,202	1,141,202	18,403.00	62.01	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		13,176,107	13,176,107	297,827.00	44.24	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		15,667,705	15,667,705			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,734,489	1,734,489			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		59,310	59,310	1,830.00	32.41	26
27	ADMINISTRATIVE & GENERAL		6,277,469	-240,029	6,037,440	164,171.00	36.78
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS		442,114	442,114	28,528.00	15.50	29
30	OPERATION OF PLANT		660,996	660,996	24,251.00	27.26	30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		1,310,518	1,310,518	97,588.00	13.43	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,031,596	-155,438	876,158	60,653.00	14.45
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		329,605	155,438	485,043	33,572.00	14.45
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,165,187	1,165,187	24,166.00	48.22	38
39	CENTRAL SERVICES AND SUPPLY		388,287	388,287	21,487.00	18.07	39
40	PHARMACY		2,076,520	2,076,520	54,014.00	38.44	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,302,184	1,302,184	57,392.00	22.69	41
42	SOCIAL SERVICE		971,889	240,029	1,211,918	27,367.00	44.28
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	72,109,662		72,109,662	2,328,120.00	30.97	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	7,749,893		7,749,893	226,092.00	34.28	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	64,359,769		64,359,769	2,102,028.00	30.62	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	14,317,309		14,317,309	316,230.00	45.27	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	15,667,705		15,667,705		24.34	5
6	TOTAL (SUM OF LINES 3 THRU 5)	94,344,783		94,344,783	2,418,258.00	39.01	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	16,015,675		16,015,675	595,019.00	26.92	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,144,339	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,920,629	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)	7,448,485	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	519,518	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	127,905	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	183,306	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	462,682	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	5,183,544	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	63,994	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	347,792	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	17,402,194	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	1,146,046	17,256,550	1
2	HOSPITAL	1,141,202	15,667,705	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF	3,433	806,542	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	1,411	645,931	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE		136,372	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.: 14-7583

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		2,332		102	2,434	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,320.00		490.00		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)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL					5
6 DIRECT NURSING SERVICE			5.49	5.49	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			3.80	3.80	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			1.30	1.30	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.24	0.24	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.16	0.16	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			1.19	1.19	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20
20.01	29404	20.01

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	13,194	389	296	160	14,039	21
22 SKILLED NURSING VISIT CHARGES	2,241,838	66,130	50,320	27,200	2,385,488	22
23 PHYSICAL THERAPY VISITS	6,626	121	98	84	6,929	23
24 PHYSICAL THERAPY VISIT CHARGES	1,258,873	22,990	18,620	15,960	1,316,443	24
25 OCCUPATIONAL THERAPY VISITS	2,451	56	7	39	2,553	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	465,624	10,640	1,330	7,410	485,004	26
27 SPEECH PATHOLOGY VISITS	367	16	1	3	387	27
28 SPEECH PATHOLOGY VISIT CHARGES	69,730	3,040	190	570	73,530	28
29 MEDICAL SOCIAL SERVICE VISITS	262	21	2	4	289	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	55,020	4,410	420	840	60,690	30
31 HOME HEALTH AIDE VISITS	3,203	225	3	24	3,455	31
32 HOME HEALTH AIDE VISIT CHARGES	384,360	27,000	360	2,880	414,600	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	26,103	828	407	314	27,652	33
34 OTHER CHARGES	105,047	1,243	3,374	1,853	111,517	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	4,580,492	135,453	74,614	56,713	4,847,272	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,329		144	27	1,500	36
37 TOTAL NUMBER OF OUTLIER EPISODES		28			28	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	105,047	1,243	3,374	1,853	111,517	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1632

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----							
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	7,058	300	1,102	16	748	8,106 2
3	INPATIENT RESPITE CARE	20		20			20 3
4	GENERAL INPATIENT CARE	443		348	43	92	535 4
5	TOTAL HOSPICE DAYS	7,521	300	1,470	59	840	8,661 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	254	14	119	9	21	289 6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	29.61	21.43	12.35	6.56	40.00	29.97 8
9	UNDUPLICATED CENSUS COUNT	220	11	107	8	19	250 9

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART 1, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.225958	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				14,238,480	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				72,449,234	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				16,370,484	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.				2,132,004	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)				2,132,004	19
			UNINSURED	INSURED		
			PATIENTS	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	12,938,488			12,938,488	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,923,555			2,923,555	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE	2,923,555			2,923,555	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					N 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)				10,378,648	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				747,046	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				9,631,602	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				2,176,338	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				5,099,893	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				7,231,897	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 CAP REL COSTS-BLDG & FIXT		7,615,640	7,615,640	-1,972,787	1
2	00200 CAP REL COSTS-MVBLE EQUIP				4,283,991	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	59,310	11,563,771	11,623,081		4
5.01	00540 NONPATIENT PHONES	243,386	245,918	489,304		5.01
5.02	00550 DATA PROCESSING					5.02
5.03	00560 PURCHASING		-187,092	-187,092		5.03
5.04	00570 ADMITTING	931,185	89,679	1,020,864		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	446,960	40,370	487,330		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	4,655,938	52,091,221	56,747,159	-298,265	5.06
6	00600 MAINTENANCE & REPAIRS	442,114	1,061,712	1,503,826		6
7	00700 OPERATION OF PLANT	660,996	2,694,061	3,355,057		7
8	00800 LAUNDRY & LINEN SERVICE				709,003	8
9	00900 HOUSEKEEPING	1,310,518	1,407,722	2,718,240	-709,003	9
10	01000 DIETARY	1,031,596	2,012,740	3,044,336	-925,903	10
11	01100 CAFETERIA	329,605	-82,738	246,867	925,903	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	1,165,187	185,269	1,350,456		13
14	01400 CENTRAL SERVICES & SUPPLY	388,287	1,035,323	1,423,610	-222,673	14
15	01500 PHARMACY	2,076,520	10,048,843	12,125,363	-9,089,494	15
16	01600 MEDICAL RECORDS & LIBRARY	1,302,184	714,829	2,017,013		16
17	01700 SOCIAL SERVICE	971,889	442,763	1,414,652	298,265	17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD					21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	56,665	151,069	207,734		23
30	03000 ADULTS & PEDIATRICS	16,443,033	2,794,384	19,237,417	97,653	30
31	03100 INTENSIVE CARE UNIT	3,845,350	778,283	4,623,633	-80,968	31
41	04100 SUBPROVIDER - IRF	3,603,723	3,968,830	7,572,553	-37,460	41
43	04300 NURSERY ANCILLARY SERVICE COST CENTERS	804,057	150,946	955,003	-4,452	43
50	05000 OPERATING ROOM	4,013,543	7,039,278	11,052,821	-2,808,383	50
50.01	03950 GAMMA KNIFE	149,929	796,824	946,753		50.01
50.02	03330 ENDOSCOPY	864,733	894,896	1,759,629	-260,825	50.02
51	05100 RECOVERY ROOM	762,957	110,221	873,178	-9,419	51
52	05200 DELIVERY ROOM & LABOR ROOM	1,276,514	310,203	1,586,717	-79,556	52
53	05300 ANESTHESIOLOGY		620,260	620,260		53
54	05400 RADIOLOGY-DIAGNOSTIC	972,984	404,191	1,377,175	-27,228	54
54.01	03630 ULTRASOUND	586,790	115,013	701,803		54.01
54.02	03951 PET SCAN	45,196	327,553	372,749		54.02
54.03	03480 RADIATION ONCOLOGY	632,380	221,569	853,949		54.03
54.04	03440 MAMMOGRAPHY	496,467	309,212	805,679		54.04
56	05600 RADIOISOTOPE	231,469	542,038	773,507		56
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	624,016	417,871	1,041,887	-106,938	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	404,009	436,334	840,343	-82,241	58
59	05900 CARDIAC CATHETERIZATION	1,946,113	9,789,878	11,735,991	-7,368,758	59
60	06000 LABORATORY	3,010,584	3,894,936	6,905,520		60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	06300 BLOOD STORING, PROCESSING & TRANS.	300,335	973,432	1,273,767		63
64	06400 INTRAVENOUS THERAPY	734,891	376,748	1,111,639		64
65	06500 RESPIRATORY THERAPY	1,295,714	391,233	1,686,947		65
66	06600 PHYSICAL THERAPY	1,465,055	169,945	1,635,000		66
66.01	06601 REHAB OUTPATIENT	959,875	106,866	1,066,741		66.01
66.02	06602 REHAB MED SURGICAL	835,948	87,958	923,906		66.02
69	06900 ELECTROCARDIOLOGY	364,385	98,142	462,527		69
70	07000 ELECTROENCEPHALOGRAPHY	73,282	26,100	99,382		70
70.01	03952 NEUROMEG		-25,480	-25,480	-162,157	70.01
70.02	03953 SLEEP LAB	252,007	58,447	310,454		70.02
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				7,401,795	71
72	07200 IMPL. DEV. CHARGED TO PATIENT		8,849,064	8,849,064	3,877,408	72
73	07300 DRUGS CHARGED TO PATIENTS				9,089,494	73
74	07400 RENAL DIALYSIS	18,877	613,873	632,750		74
76.97	07697 CARDIAC REHABILITATION	222,266	42,744	265,010		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS					76.99
90	09000 CLINIC	614,849	182,780	797,629		90
90.01	04950 DAY REHAB	386,159	74,007	460,166		90.01
90.02	04951 IMAGING CENTERS	343,442	605,812	949,254	-15,032	90.02
90.03	09001 COUMADIN CLINIC	91,991	18,668	110,659		90.03
90.04	09002 WOUND CLINIC	290,528	530,436	820,964		90.04
90.05	04952 CARDIOVASCULAR IMAGING CENTERS	518,881	547,279	1,066,160	-117,585	90.05
91	09100 EMERGENCY	2,465,485	1,394,278	3,859,763	-155,338	91
92	09200 OBSERVATION BEDS					92

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-
		1	2	(COL. 1 + COL. 2) 3	CATIONS 4
101	10100 OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY	2,886,094	671,581	3,557,675	101
113	11300 SPECIAL PURPOSE COST CENTERS INTEREST EXPENSE		5,644,482	5,644,482	-2,149,047 113
116	11600 HOSPICE	609,329	697,397	1,306,726	116
118	11800 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	71,515,580	147,189,612	218,705,192	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,729	126,960	201,689	190
191	19100 RESEARCH				191
192	19200 PHYSICIANS' PRIVATE OFFICES	519,353	4,334,232	4,853,585	192
200	20000 TOTAL (SUM OF LINES 118-199)	72,109,662	151,650,804	223,760,466	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	5,642,853	3,756,653	9,399,506	1
2	00200	4,283,991	-2,638,776	1,645,215	2
3	00300				3
4	00400	11,623,081	-178	11,622,903	4
5.01	00540	489,304	-125,587	363,717	5.01
5.02	00550		7,447,121	7,447,121	5.02
5.03	00560	-187,092	1,444,927	1,257,835	5.03
5.04	00570	1,020,864		1,020,864	5.04
5.05	00580	487,330	2,402,873	2,890,203	5.05
5.06	00590	56,448,894	-26,682,480	29,766,414	5.06
6	00600	1,503,826	-42,205	1,461,621	6
7	00700	3,355,057	1,776,526	5,131,583	7
8	00800	709,003		709,003	8
9	00900	2,009,237		2,009,237	9
10	01000	2,118,433	-70,594	2,047,839	10
11	01100	1,172,770	-681,142	491,628	11
12	01200				12
13	01300	1,350,456		1,350,456	13
14	01400	1,200,937	-2,535	1,198,402	14
15	01500	3,035,869		3,035,869	15
16	01600	2,017,013	197,189	2,214,202	16
17	01700	1,712,917		1,712,917	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	207,734	-4,483	203,251	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	19,335,070	66,680	19,401,750	30
31	03100	4,542,665		4,542,665	31
41	04100	7,535,093	169,025	7,704,118	41
43	04300	950,551		950,551	43
ANCILLARY SERVICE COST CENTERS					
50	05000	8,244,438	-904,161	7,340,277	50
50.01	03950	946,753		946,753	50.01
50.02	03330	1,498,804		1,498,804	50.02
51	05100	863,759		863,759	51
52	05200	1,507,161		1,507,161	52
53	05300	620,260		620,260	53
54	05400	1,349,947	-16,631	1,333,316	54
54.01	03630	701,803		701,803	54.01
54.02	03951	372,749		372,749	54.02
54.03	03480	853,949		853,949	54.03
54.04	03440	805,679		805,679	54.04
56	05600	773,507		773,507	56
57	05700	934,949		934,949	57
58	05800	758,102		758,102	58
59	05900	4,367,233	-953,674	3,413,559	59
60	06000	6,905,520	-430,341	6,475,179	60
62.30	06250				62.30
63	06300	1,273,767		1,273,767	63
64	06400	1,111,639		1,111,639	64
65	06500	1,686,947		1,686,947	65
66	06600	1,635,000		1,635,000	66
66.01	06601	1,066,741		1,066,741	66.01
66.02	06602	923,906		923,906	66.02
69	06900	462,527		462,527	69
70	07000	99,382	-7,054	92,328	70
70.01	03952	-187,637	419,856	232,219	70.01
70.02	03953	310,454		310,454	70.02
71	07100	7,401,795		7,401,795	71
72	07200	12,726,472		12,726,472	72
73	07300	9,089,494		9,089,494	73
74	07400	632,750		632,750	74
76.97	07697	265,010	-2,308	262,702	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	797,629		797,629	90
90.01	04950	460,166		460,166	90.01
90.02	04951	934,222		934,222	90.02
90.03	09001	110,659		110,659	90.03
90.04	09002	820,964	6,831	827,795	90.04
90.05	04952	948,575		948,575	90.05
91	09100	3,704,425	-175,000	3,529,425	91
92	09200				92

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	
OTHER REIMBURSABLE COST CENTERS					
101	10100 HOME HEALTH AGENCY	3,557,675		3,557,675	101
SPECIAL PURPOSE COST CENTERS					
113	11300 INTEREST EXPENSE	3,495,435	-3,495,435		113
116	11600 HOSPICE	1,306,726		1,306,726	116
118	SUBTOTALS (SUM OF LINES 1-117)	218,705,192	-18,544,903	200,160,289	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	201,689		201,689	190
191	19100 RESEARCH				191
192	19200 PHYSICIANS' PRIVATE OFFICES	4,853,585	-3,002,254	1,851,331	192
200	TOTAL (SUM OF LINES 118-199)	223,760,466	-21,547,157	202,213,309	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 CHARGEABLE DRUGS	A	DRUGS CHARGED TO PATIENTS	73			9,089,494 1
500 TOTAL RECLASSIFICATIONS						9,089,494 500
CODE LETTER - A						
1 BED RENTALS	B	ADULTS & PEDIATRICS	30			222,673 1
500 TOTAL RECLASSIFICATIONS						222,673 500
CODE LETTER - B						
1 LAUNDRY	C	LAUNDRY & LINEN SERVICE	8			709,003 1
500 TOTAL RECLASSIFICATIONS						709,003 500
CODE LETTER - C						
1 PASTORAL CARE	D	SOCIAL SERVICE	17		240,029	58,236 1
500 TOTAL RECLASSIFICATIONS					240,029	58,236 500
CODE LETTER - D						
1 SHARED DIETARY	E	CAFETERIA	11		155,438	770,465 1
500 TOTAL RECLASSIFICATIONS					155,438	770,465 500
CODE LETTER - E						
1 EQUIPMENT DEPRECIATION	F	CAP REL COSTS-MVBLE EQUIP	2			4,121,834 1
500 TOTAL RECLASSIFICATIONS						4,121,834 500
CODE LETTER - F						
1 IMPLANTS	G	IMPL. DEV. CHARGED TO PATIENT	72			3,877,408 1
2						2
500 TOTAL RECLASSIFICATIONS						3,877,408 500
CODE LETTER - G						
1 SUPPLIES	H	MEDICAL SUPPLIES CHRGED TO PA	71			7,401,795 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
500 TOTAL RECLASSIFICATIONS						7,401,795 500
CODE LETTER - H						
1 NEUROMEG CAPITAL	I	CAP REL COSTS-MVBLE EQUIP	2			162,157 1
500 TOTAL RECLASSIFICATIONS						162,157 500
CODE LETTER - I						
1 INTEREST EXPENSE	J	CAP REL COSTS-BLDG & FIXT	1			2,149,047 1
500 TOTAL RECLASSIFICATIONS						2,149,047 500
CODE LETTER - J						
GRAND TOTAL (INCREASES)					395,467	28,562,112

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 CHARGEABLE DRUGS	A	PHARMACY	15		9,089,494	1
500 TOTAL RECLASSIFICATIONS					9,089,494	500
1 BED RENTALS	B	CENTRAL SERVICES & SUPPLY	14		222,673	1
500 TOTAL RECLASSIFICATIONS					222,673	500
1 LAUNDRY	C	HOUSEKEEPING	9		709,003	1
500 TOTAL RECLASSIFICATIONS					709,003	500
1 PASTORAL CARE	D	ADMINISTRATIVE AND GENERAL	5.06	240,029	58,236	1
500 TOTAL RECLASSIFICATIONS				240,029	58,236	500
1 SHARED DIETARY	E	DIETARY	10	155,438	770,465	1
500 TOTAL RECLASSIFICATIONS				155,438	770,465	500
1 EQUIPMENT DEPRECIATION	F	CAP REL COSTS-BLDG & FIXT	1		4,121,834	9 1
500 TOTAL RECLASSIFICATIONS					4,121,834	500
1 IMPLANTS	G	CARDIAC CATHETERIZATION	59		3,790,585	1
2 OPERATING ROOM			50		86,823	2
500 TOTAL RECLASSIFICATIONS					3,877,408	500
1 SUPPLIES	H	OPERATING ROOM	50		2,721,560	1
2 ENDOSCOPY			50.02		260,825	2
3 COMPUTED TOMOGRAPHY (CT) SCAN			57		106,938	3
4 MAGNETIC RESONANCE IMAGING (M			58		82,241	4
5 CARDIAC CATHETERIZATION			59		3,578,173	5
6 CARDIOVASCULAR IMAGING CENTER			90.05		117,585	6
7 IMAGING CENTERS			90.02		15,032	7
8 EMERGENCY			91		155,338	8
9 ADULTS & PEDIATRICS			30		125,020	9
10 INTENSIVE CARE UNIT			31		80,968	10
11 SUBPROVIDER - IRF			41		37,460	11
12 NURSERY			43		4,452	12
13 RECOVERY ROOM			51		9,419	13
14 DELIVERY ROOM & LABOR ROOM			52		79,556	14
15 RADIOLOGY-DIAGNOSTIC			54		27,228	15
500 TOTAL RECLASSIFICATIONS					7,401,795	500
1 NEUROMEG CAPITAL	I	NEUROMEG	70.01		162,157	9 1
500 TOTAL RECLASSIFICATIONS					162,157	500
1 INTEREST EXPENSE	J	INTEREST EXPENSE	113		2,149,047	11 1
500 TOTAL RECLASSIFICATIONS					2,149,047	500
GRAND TOTAL (DECREASES)				395,467	28,562,112	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	1,405,000		8,695,000	8,695,000		10,100,000	1
2 LAND IMPROVEMENTS	2,266,000				2,266,000		2
3 BUILDINGS AND FIXTURES	307,764,000		173,225,000	173,225,000	307,764,000	173,225,000	3
4 BUILDING IMPROVEMENTS	15,586,000		3,634,000	3,634,000	15,586,000	3,634,000	4
5 FIXED EQUIPMENT	45,968,000		525,000	525,000	45,968,000	525,000	5
6 MOVABLE EQUIPMENT	133,390,000		33,379,000	33,379,000	133,390,000	33,379,000	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	506,379,000		219,458,000	219,458,000	504,974,000	220,863,000	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	506,379,000		219,458,000	219,458,000	504,974,000	220,863,000	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	7,615,640						7,615,640
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	7,615,640						7,615,640

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	187,484,000		187,484,000	0.848870				1
2 CAP REL COSTS-MVBLE EQUIP	33,379,000		33,379,000	0.151130				2
3 TOTAL (SUM OF LINES 1-2)	220,863,000		220,863,000	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	7,250,459		2,149,047				9,399,506
2 CAP REL COSTS-MVBLE EQUIP	1,645,215						1,645,215
3 TOTAL	8,895,674		2,149,047				11,044,721

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-1,500	PURCHASING	5.03	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,171,808			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,615,371			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-681,142	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	11,435	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	1,112,065	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-2,638,776	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 NEUROMEG	A	478,445	NEUROMEG	70.01	33
34					34
34.01 PHYSICIAN APPLICATION FEES	B	-12,500	ADMINISTRATIVE AND GENERAL	5.06	34.01
34.02 DAY CARE CENTER	A	-178	EMPLOYEE BENEFITS	4	34.02
34.03 WEIGHT MANAGEMENT	A	-65,472	ADMINISTRATIVE AND GENERAL	5.06	34.03
34.05 NON ALLOW PATIENT TRANSPORTATION	A	-42,205	MAINTENANCE & REPAIRS	6	34.05
35 ALCOHOL	A	-2,500	ADMINISTRATIVE AND GENERAL	5.06	35
36 REAL ESTATE TAXES	A	-62,478	ADMINISTRATIVE AND GENERAL	5.06	36
36.01 REAL ESTATE TAXES	A	-32,322	OPERATION OF PLANT	7	36.01
37 BAD DEBT	A	-10,378,648	ADMINISTRATIVE AND GENERAL	5.06	37
38 MISC INCOME	B	-120,226	ADMINISTRATIVE AND GENERAL	5.06	38
38.01 MISC INCOME	B	-114,953	OPERATION OF PLANT	7	38.01
38.02 MISC INCOME	B	-70,594	DIETARY	10	38.02
38.03 MISC INCOME	B	-11,415	ADULTS & PEDIATRICS	30	38.03
38.04 MISC INCOME	B	-16,631	RADIOLOGY-DIAGNOSTIC	54	38.04
38.05 MISC INCOME	B	-430,341	LABORATORY	60	38.05
38.06 MISC INCOME	B	-2,308	CARDIAC REHABILITATION	76.97	38.06
38.08 MISC INCOME	B	-2,535	CENTRAL SERVICES & SUPPLY	14	38.08
39 PHYSICIAN PART B	A	-3,002,254	PHYSICIANS' PRIVATE OFFICES	192	39
39.01 PHYSICIAN PART B	A	-408,990	ADMINISTRATIVE AND GENERAL	5.06	39.01
40 ANSWERING SERVICE	A	-125,587	NONPATIENT PHONES	5.01	40
41 RENTAL INCOME	B	-70,657	CAP REL COSTS-BLDG & FIXT	1	9 41
42 SATELLITE DISH	B	-38,228	OPERATION OF PLANT	7	42
43 CLINICAL PASTORAL EDUCATION INCOME	B	-4,483	PARAMED ED PRGM-(SPECIFY)	23	43
44 LOBBYING PORTION OF DUES	A	-25,000	ADMINISTRATIVE AND GENERAL	5.06	44
45					45
46					46
47					47
48					48

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
				COST CENTER 3	LINE NO. 4	
49						49
50	TOTAL (SUM OF LINES 1 THRU 49)		-21,547,157			50
	TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.06	ADMINISTRATIVE AND GENERAL	9,947,083	25,553,749	-15,606,666	1
2	1	CAP REL COSTS-BLDG & FIXT	2,678,753		2,678,753	9 2
3	5.03	PURCHASING	1,446,427		1,446,427	3
4	5.06	ADMINISTRATIVE AND GENERAL	542,163	542,163		4
4.01	5.02	DATA PROCESSING	7,447,121		7,447,121	4.01
4.02	30	ADULTS & PEDIATRICS	151,425		151,425	4.02
4.03	41	SUBPROVIDER - IRF	169,025		169,025	4.03
4.04	90.04	WOUND CLINIC	34,944	28,113	6,831	4.04
4.05	5.05	CASHIERING/ACCOUNTS RECEIVABLE	2,402,873		2,402,873	4.05
4.06	1	CAP REL COSTS-BLDG & FIXT	36,492		36,492	9 4.06
4.07	7	OPERATION OF PLANT	2,586,118	716,454	1,869,664	4.07
4.08	7	OPERATION OF PLANT	92,365		92,365	4.08
4.09	4	EMPLOYEE BENEFITS	132,448	132,448		4.09
4.10	16	MEDICAL RECORDS & LIBRARY	185,754		185,754	4.10
4.11	113	INTEREST EXPENSE	2,149,047	5,644,482	-3,495,435	4.11
5		TOTALS (SUM OF LINES 1-4)	30,002,038	32,617,409	-2,615,371	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	PERCENT OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B ALEXIAN BROTHERS HOSPITAL NETW	100.00				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	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	30 ADULTS & PEDIATRICS	CARDIO	73,330	73,330				1
2	50 OPERATING ROOM	CVA SURGEONS	904,161	904,161				2
3	59 CARDIAC CATHETERIZATION	INTERVENTIONAL	953,674	953,674				3
4	91 EMERGENCY	MEA	175,000	175,000				4
5	70.01 NEUROMEG	NEUROMEG	58,589	58,589				5
6	70 ELECTROENCEPHALOGRAPHY	AMBULATORY EEG	7,054	7,054				6
200	TOTAL		2,171,808	2,171,808				200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

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.		12	13	14	15	16	17	18	
10	11								
1	30 ADULTS & PEDIATRICS			CARDIO				73,330	1
2	50 OPERATING ROOM			CVA SURGEONS				904,161	2
3	59 CARDIAC CATHETERIZATION			INTERVENTIONAL				953,674	3
4	91 EMERGENCY			MEA				175,000	4
5	70.01 NEUROMEG			NEUROMEG				58,589	5
6	70 ELECTROENCEPHALOGRAPHY			AMBULATORY EEG				7,054	6
200	TOTAL							2,171,808	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	9,399,506	9,399,506				1
2 CAP REL COSTS-MVBLE EQUIP	1,645,215		1,645,215			2
4 EMPLOYEE BENEFITS	11,622,903	46,325	5,985	11,675,213		4
5.01 NONPATIENT PHONES	363,717	20,170	13,461	39,439	436,787	5.01
5.02 DATA PROCESSING	7,447,121	5,947			35,035	5.02
5.03 PURCHASING	1,257,835		202		7,145	5.03
5.04 ADMITTING	1,020,864	54,714	649	150,891	12,677	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,890,203		1,893	72,426	16,596	5.05
5.06 ADMINISTRATIVE AND GENERAL	29,766,414	405,572	62,266	715,563	63,394	5.06
6 MAINTENANCE & REPAIRS	1,461,621	25,316	48,173	71,641	14,752	6
7 OPERATION OF PLANT	5,131,583	2,247,962	70,090	107,109	1,613	7
8 LAUNDRY & LINEN SERVICE	709,003					8
9 HOUSEKEEPING	2,009,237	52,172	7,483	212,359	4,149	9
10 DIETARY	2,047,839	160,937	4,597	141,974	10,833	10
11 CAFETERIA	491,628	181,595	4,610	78,597		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,350,456	9,315	51,599	188,809	4,379	13
14 CENTRAL SERVICES & SUPPLY	1,198,402	201,991	32,703	62,919	2,766	14
15 PHARMACY	3,035,869	73,883	2,422	336,483	7,606	15
16 MEDICAL RECORDS & LIBRARY	2,214,202	140,929	3,587	211,008	18,670	16
17 SOCIAL SERVICE	1,712,917	9,741		196,382	2,766	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	203,251	11,556		9,182	3,688	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,401,750	1,870,819	169,699	2,664,493	41,028	30
31 INTENSIVE CARE UNIT	4,542,665	343,146	71,742	623,108	13,599	31
41 SUBPROVIDER - IRF	7,704,118	545,851	66,463	583,954	11,525	41
43 NURSERY	950,551	33,830	3,147	130,291	4,610	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,340,277	504,821	237,468	650,363	13,599	50
50.01 GAMMA KNIFE	946,753	46,200	19,138	24,295	230	50.01
50.02 ENDOSCOPY	1,498,804	87,204	19,611	140,123	1,152	50.02
51 RECOVERY ROOM	863,759	76,787	9,618	123,631	2,996	51
52 DELIVERY ROOM & LABOR ROOM	1,507,161	246,589	16,280	206,849	5,532	52
53 ANESTHESIOLOGY	620,260	5,697	21,003		461	53
54 RADIOLOGY-DIAGNOSTIC	1,333,316	110,292	99,359	157,664	25,124	54
54.01 ULTRASOUND	701,803	57,368	21,375	95,085	461	54.01
54.02 PET SCAN	372,749	17,491	4,880	7,324		54.02
54.03 RADIATION ONCOLOGY	853,949	124,002	59,271	102,472		54.03
54.04 MAMMOGRAPHY	805,679	74,371	33,049	80,449		54.04
56 RADIOISOTOPE	773,507	72,493	16,309	37,508	2,996	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	934,949	55,503	12,319	101,117	461	57
58 MAGNETIC RESONANCE IMAGING (MRI)	758,102	82,609	15,528	65,466	4,149	58
59 CARDIAC CATHETERIZATION	3,413,559	200,576	97,953	315,352	4,610	59
60 LABORATORY	6,475,179	233,455	40,682	487,841	20,053	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,273,767	10,905	535	48,667	1,152	63
64 INTRAVENOUS THERAPY	1,111,639	6,173	4,420	119,083		64
65 RESPIRATORY THERAPY	1,686,947	28,183	21,719	209,960	3,688	65
66 PHYSICAL THERAPY	1,635,000	104,069	1,393	237,400	3,457	66
66.01 REHAB OUTPATIENT	1,066,741	81,220	606	155,540	3,457	66.01
66.02 REHAB MED SURGICAL	923,906	10,655	300	135,459	2,535	66.02
69 ELECTROCARDIOLOGY	462,527	41,417	10,030	59,046	3,688	69
70 ELECTROENCEPHALOGRAPHY	92,328	30,687	1,153	11,875	3,457	70
70.01 NEUROMEG	232,219	6,561	59,416		230	70.01
70.02 SLEEP LAB	310,454	74,045	19,525	40,836	230	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,401,795					71
72 IMPL. DEV. CHARGED TO PATIENT	12,726,472	5,634				72
73 DRUGS CHARGED TO PATIENTS	9,089,494					73
74 RENAL DIALYSIS	632,750	12,070	1,575	3,059		74
76.97 CARDIAC REHABILITATION	262,702	52,423		36,016	1,613	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	797,629	123,213	8,355	99,631	4,610	90
90.01 DAY REHAB	460,166	26,105	1,110	62,574	230	90.01
90.02 IMAGING CENTERS	934,222		62,812	55,652	2,305	90.02
90.03 COUMADIN CLINIC	110,659	7,249		14,906	230	90.03
90.04 WOUND CLINIC	827,795	76,199	2,301	47,078	691	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	948,575			84,081	230	90.05
91 EMERGENCY	3,529,425	180,368	24,253	399,512	22,819	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	3,557,675		1,510	467,668	22,588	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,306,726		1,999	98,737		116
118 SUBTOTALS (SUM OF LINES 1-117)	200,160,289	9,314,405	1,567,626	11,578,947	435,865	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	201,689	26,531	1,432	12,109	922	190
191 RESEARCH		38,024	5,776			191
192 PHYSICIANS' PRIVATE OFFICES	1,851,331	20,546	70,381	84,157		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	202,213,309	9,399,506	1,645,215	11,675,213	436,787	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL (COLS. 0-4) 4A	
	PROCESSING			/ACCOUNTS RECEIVABLE		
	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING	7,488,103					5.02
5.03 PURCHASING	233,629	1,498,811				5.03
5.04 ADMITTING		767	1,240,562			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,690,958	272		8,672,348		5.05
5.06 ADMINISTRATIVE AND GENERAL	1,563,516				32,576,725	5.06
6 MAINTENANCE & REPAIRS		319			1,621,822	6
7 OPERATION OF PLANT		1,162			7,559,519	7
8 LAUNDRY & LINEN SERVICE					709,003	8
9 HOUSEKEEPING		7,288			2,292,688	9
10 DIETARY		55,083			2,421,263	10
11 CAFETERIA		1,788			758,218	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,203			1,605,761	13
14 CENTRAL SERVICES & SUPPLY		9,668			1,508,449	14
15 PHARMACY		343,279			3,799,542	15
16 MEDICAL RECORDS & LIBRARY		1,009			2,589,405	16
17 SOCIAL SERVICE		197			1,922,003	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)			352		228,029	23
30 ADULTS & PEDIATRICS		33,249	110,727	767,445	25,059,210	30
31 INTENSIVE CARE UNIT		11,698	21,649	150,051	5,777,658	31
41 SUBPROVIDER - IRF		8,114	27,279	189,071	9,136,375	41
43 NURSERY		2,906	6,551	45,407	1,177,293	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		140,507	106,278	736,605	9,729,918	50
50.01 GAMMA KNIFE		128	8,858	61,395	1,106,997	50.01
50.02 ENDOSCOPY		16,615	32,452	224,925	2,020,886	50.02
51 RECOVERY ROOM		1,187	18,174	125,962	1,222,114	51
52 DELIVERY ROOM & LABOR ROOM		5,958	9,911	68,696	2,066,976	52
53 ANESTHESIOLOGY		16,895	25,683	178,006	868,005	53
54 RADIOLOGY-DIAGNOSTIC		1,781	25,530	176,949	1,930,015	54
54.01 ULTRASOUND		339	19,031	131,904	1,027,366	54.01
54.02 PET SCAN		3,781	5,639	39,083	450,947	54.02
54.03 RADIATION ONCOLOGY		575	23,310	161,563	1,325,142	54.03
54.04 MAMMOGRAPHY		786	8,552	59,271	1,062,157	54.04
56 RADIOISOTOPE		15,921	16,021	111,041	1,045,796	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,517	62,883	435,838	1,607,587	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,753	31,038	215,119	1,175,764	58
59 CARDIAC CATHETERIZATION		278,160	58,506	405,504	4,774,220	59
60 LABORATORY		85,182	169,530	1,174,163	8,686,085	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		34,698	7,431	51,504	1,428,659	63
64 INTRAVENOUS THERAPY		10,384	3,277	22,714	1,277,690	64
65 RESPIRATORY THERAPY		7,344	35,238	244,234	2,237,313	65
66 PHYSICAL THERAPY		595	19,986	138,522	2,140,422	66
66.01 REHAB OUTPATIENT		884	8,839	61,262	1,378,549	66.01
66.02 REHAB MED SURGICAL		79	9,176	63,596	1,145,706	66.02
69 ELECTROCARDIOLOGY		655	30,817	213,588	821,768	69
70 ELECTROENCEPHALOGRAPHY		175	2,430	16,839	158,944	70
70.01 NEUROMEG			783	5,427	304,636	70.01
70.02 SLEEP LAB		1,161	4,017	27,841	478,109	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			64,405	446,390	7,912,590	71
72 IMPL. DEV. CHARGED TO PATIENT			320,199	293,110	13,387,705	72
73 DRUGS CHARGED TO PATIENTS			105,126	728,622	9,923,242	73
74 RENAL DIALYSIS		296	4,757	32,968	687,475	74
76.97 CARDIAC REHABILITATION		548	1,134	7,858	362,294	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		3,906	7,472	51,788	1,096,604	90
90.01 DAY REHAB		68	3,946	27,353	581,552	90.01
90.02 IMAGING CENTERS		864	12,467	86,405	1,154,727	90.02
90.03 COUMADIN CLINIC		442	585	4,052	138,123	90.03
90.04 WOUND CLINIC		14,312	10,253	71,066	1,049,695	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS		5,251	29,157	202,085	1,269,379	90.05
91 EMERGENCY		14,057	49,374	342,209	4,562,017	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL (COLS. 0-4) 4A	
92 OBSERVATION BEDS	5.02	5.03	5.04	5.05		92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		2,820		56,959	4,109,220	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		4,419		17,958	1,429,839	116
118 SUBTOTALS (SUM OF LINES 1-117)	7,488,103	1,477,596	1,240,562	8,672,348	199,879,196	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		24			242,707	190
191 RESEARCH					43,800	191
192 PHYSICIANS' PRIVATE OFFICES		21,191			2,047,606	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,488,103	1,498,811	1,240,562	8,672,348	202,213,309	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL	32,576,725					5.06
6 MAINTENANCE & REPAIRS	311,451	1,933,273				6
7 OPERATION OF PLANT	1,451,715	491,539	9,502,773			7
8 LAUNDRY & LINEN SERVICE	136,156			845,159		8
9 HOUSEKEEPING	440,283	11,408	75,193		2,819,572	9
10 DIETARY	464,975	35,190	231,947		69,370	10
11 CAFETERIA	145,607	39,708	261,721		78,275	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	308,367	2,037	13,425		4,015	13
14 CENTRAL SERVICES & SUPPLY	289,680	44,167	291,116	1,632	87,066	14
15 PHARMACY	729,656	16,155	106,482		31,846	15
16 MEDICAL RECORDS & LIBRARY	497,264	30,816	203,112		60,746	16
17 SOCIAL SERVICE	369,098	2,130	14,039		4,199	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	43,790	2,527	16,655		4,981	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,812,376	409,073	2,696,290	316,146	806,397	30
31 INTENSIVE CARE UNIT	1,109,530	75,032	494,553	86,775	147,909	31
41 SUBPROVIDER - IRF	1,754,531	119,356	786,698	53,525	235,283	41
43 NURSERY	226,085	7,397	48,757	18	14,582	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,868,514	110,384	727,565	136,265	217,598	50
50.01 GAMMA KNIFE	212,585	10,102	66,585		19,914	50.01
50.02 ENDOSCOPY	388,087	19,068	125,682		37,589	50.02
51 RECOVERY ROOM	234,692	16,790	110,669	22,342	33,098	51
52 DELIVERY ROOM & LABOR ROOM	396,938	53,919	355,392	29,773	106,289	52
53 ANESTHESIOLOGY	166,690	1,246	8,210		2,456	53
54 RADIOLOGY-DIAGNOSTIC	370,636	24,116	158,956	25,328	47,540	54
54.01 ULTRASOUND	197,293	12,544	82,681	24,033	24,728	54.01
54.02 PET SCAN	86,599	3,825	25,209		7,539	54.02
54.03 RADIATION ONCOLOGY	254,478	27,114	178,715		53,450	54.03
54.04 MAMMOGRAPHY	203,975	16,262	107,186		32,057	54.04
56 RADIOISOTOPE	200,833	15,851	104,479		31,247	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	308,718	12,136	79,992		23,924	57
58 MAGNETIC RESONANCE IMAGING (MRI)	225,791	18,063	119,059		35,608	58
59 CARDIAC CATHETERIZATION	916,832	43,858	289,077	16,308	86,456	59
60 LABORATORY	1,668,058	51,047	336,463		100,628	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	274,357	2,385	15,717		4,701	63
64 INTRAVENOUS THERAPY	245,365	1,350	8,896		2,661	64
65 RESPIRATORY THERAPY	429,649	6,163	40,619		12,148	65
66 PHYSICAL THERAPY	411,042	22,756	149,988	18,416	44,858	66
66.01 REHAB OUTPATIENT	264,734	17,759	117,056		35,009	66.01
66.02 REHAB MED SURGICAL	220,019	2,330	15,356		4,593	66.02
69 ELECTROCARDIOLOGY	157,811	9,056	59,692		17,853	69
70 ELECTROENCEPHALOGRAPHY	30,523	6,710	44,228	13,359	13,227	70
70.01 NEUROMEG	58,502	1,435	9,455		2,828	70.01
70.02 SLEEP LAB	91,815	16,191	106,717		31,917	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,519,518					71
72 IMPL. DEV. CHARGED TO PATIENT	2,570,948	1,232	8,120		2,429	72
73 DRUGS CHARGED TO PATIENTS	1,905,640					73
74 RENAL DIALYSIS	132,021	2,639	17,395		5,202	74
76.97 CARDIAC REHABILITATION	69,574	11,463	75,553		22,596	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	210,590	26,942	177,579	34,991	53,110	90
90.01 DAY REHAB	111,680	5,708	37,623		11,252	90.01
90.02 IMAGING CENTERS	221,751					90.02
90.03 COUMADIN CLINIC	26,525	1,585	10,448		3,125	90.03
90.04 WOUND CLINIC	201,581	16,662	109,820		32,845	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	243,769					90.05
91 EMERGENCY	876,081	39,439	259,953	66,248	77,746	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	789,126					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	274,583					116
118 SUBTOTALS (SUM OF LINES 1-117)	32,128,487	1,914,665	9,380,123	845,159	2,782,890	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,609	5,801	38,237		11,436	190
191 RESEARCH	8,411	8,314	54,802		16,390	191
192 PHYSICIANS' PRIVATE OFFICES	393,218	4,493	29,611		8,856	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	32,576,725	1,933,273	9,502,773	845,159	2,819,572	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	3,222,745					10
11 CAFETERIA		1,283,529				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		16,178	1,949,783			13
14 CENTRAL SERVICES & SUPPLY		14,382		2,236,492		14
15 PHARMACY		36,158			4,719,839	15
16 MEDICAL RECORDS & LIBRARY		38,413				16
17 SOCIAL SERVICE		18,316				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		1,135				23
30 ADULTS & PEDIATRICS	2,286,146	373,022	985,754			30
31 INTENSIVE CARE UNIT	267,106	74,647	197,265			31
41 SUBPROVIDER - IRF	669,493	77,926	205,930			41
43 NURSERY		12,183	32,194			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		78,191	206,629			50
50.01 GAMMA KNIFE		1,859	4,912			50.01
50.02 ENDOSCOPY		17,605	46,525			50.02
51 RECOVERY ROOM		12,879	34,033			51
52 DELIVERY ROOM & LABOR ROOM		25,291	66,834			52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		23,502				54
54.01 ULTRASOUND		8,695				54.01
54.02 PET SCAN		738				54.02
54.03 RADIATION ONCOLOGY		8,702				54.03
54.04 MAMMOGRAPHY		9,628				54.04
56 RADIOISOTOPE		3,543				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		11,340				57
58 MAGNETIC RESONANCE IMAGING (MRI)		7,477				58
59 CARDIAC CATHETERIZATION		31,132				59
60 LABORATORY		82,159				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		6,084				63
64 INTRAVENOUS THERAPY		11,138				64
65 RESPIRATORY THERAPY		29,913				65
66 PHYSICAL THERAPY		28,354				66
66.01 REHAB OUTPATIENT		17,849				66.01
66.02 REHAB MED SURGICAL		14,194				66.02
69 ELECTROCARDIOLOGY		7,957				69
70 ELECTROENCEPHALOGRAPHY		1,963				70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB		5,889				70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,236,492		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					4,719,839	73
74 RENAL DIALYSIS		278				74
76.97 CARDIAC REHABILITATION		4,323				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		11,821	31,237			90
90.01 DAY REHAB		7,003				90.01
90.02 IMAGING CENTERS		6,954				90.02
90.03 COUMADIN CLINIC		1,636				90.03
90.04 WOUND CLINIC		6,558				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS		11,834				90.05
91 EMERGENCY		52,399	138,470			91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY		44,094				101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		13,916				116
118	SUBTOTALS (SUM OF LINES 1-117)	3,222,745	1,269,258	1,949,783	2,236,492	4,719,839	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,998				190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		12,273				192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	3,222,745	1,283,529	1,949,783	2,236,492	4,719,839	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
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	3,419,756				16
17 SOCIAL SERVICE		2,329,785			17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)			297,117		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,425,902	1,652,699	210,769	42,033,784	30
31 INTENSIVE CARE UNIT	283,434	193,096	24,625	8,731,630	31
41 SUBPROVIDER - IRF	710,420	483,990	61,723	14,295,250	41
43 NURSERY				1,518,509	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				13,075,064	50
50.01 GAMMA KNIFE				1,422,954	50.01
50.02 ENDOSCOPY				2,655,442	50.02
51 RECOVERY ROOM				1,686,617	51
52 DELIVERY ROOM & LABOR ROOM				3,101,412	52
53 ANESTHESIOLOGY				1,046,607	53
54 RADIOLOGY-DIAGNOSTIC				2,580,093	54
54.01 ULTRASOUND				1,377,340	54.01
54.02 PET SCAN				574,857	54.02
54.03 RADIATION ONCOLOGY				1,847,601	54.03
54.04 MAMMOGRAPHY				1,431,265	54.04
56 RADIOISOTOPE				1,401,749	56
57 COMPUTED TOMOGRAPHY (CT) SCAN				2,043,697	57
58 MAGNETIC RESONANCE IMAGING (MRI)				1,581,762	58
59 CARDIAC CATHETERIZATION				6,157,883	59
60 LABORATORY				10,924,440	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.				1,731,903	63
64 INTRAVENOUS THERAPY				1,547,100	64
65 RESPIRATORY THERAPY				2,755,805	65
66 PHYSICAL THERAPY				2,815,836	66
66.01 REHAB OUTPATIENT				1,830,956	66.01
66.02 REHAB MED SURGICAL				1,402,198	66.02
69 ELECTROCARDIOLOGY				1,074,137	69
70 ELECTROENCEPHALOGRAPHY				268,954	70
70.01 NEUROMEG				376,856	70.01
70.02 SLEEP LAB				730,638	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				11,668,600	71
72 IMPL. DEV. CHARGED TO PATIENT				15,970,434	72
73 DRUGS CHARGED TO PATIENTS				16,548,721	73
74 RENAL DIALYSIS				845,010	74
76.97 CARDIAC REHABILITATION				545,803	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				1,642,874	90
90.01 DAY REHAB				754,818	90.01
90.02 IMAGING CENTERS				1,383,432	90.02
90.03 COUMADIN CLINIC				181,442	90.03
90.04 WOUND CLINIC				1,417,161	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS				1,524,982	90.05
91 EMERGENCY				6,072,353	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY				4,942,440	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE				1,718,338	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,419,756	2,329,785	297,117	199,238,747	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				346,788	190
191 RESEARCH				131,717	191
192 PHYSICIANS' PRIVATE OFFICES				2,496,057	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,419,756	2,329,785	297,117	202,213,309	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	NONPATIENT PHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
30	ADULTS & PEDIATRICS	42,033,784	30
31	INTENSIVE CARE UNIT	8,731,630	31
41	SUBPROVIDER - IRF	14,295,250	41
43	NURSERY	1,518,509	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	13,075,064	50
50.01	GAMMA KNIFE	1,422,954	50.01
50.02	ENDOSCOPY	2,655,442	50.02
51	RECOVERY ROOM	1,686,617	51
52	DELIVERY ROOM & LABOR ROOM	3,101,412	52
53	ANESTHESIOLOGY	1,046,607	53
54	RADIOLOGY-DIAGNOSTIC	2,580,093	54
54.01	ULTRASOUND	1,377,340	54.01
54.02	PET SCAN	574,857	54.02
54.03	RADIATION ONCOLOGY	1,847,601	54.03
54.04	MAMMOGRAPHY	1,431,265	54.04
56	RADIOISOTOPE	1,401,749	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,043,697	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,581,762	58
59	CARDIAC CATHETERIZATION	6,157,883	59
60	LABORATORY	10,924,440	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,731,903	63
64	INTRAVENOUS THERAPY	1,547,100	64
65	RESPIRATORY THERAPY	2,755,805	65
66	PHYSICAL THERAPY	2,815,836	66
66.01	REHAB OUTPATIENT	1,830,956	66.01
66.02	REHAB MED SURGICAL	1,402,198	66.02
69	ELECTROCARDIOLOGY	1,074,137	69
70	ELECTROENCEPHALOGRAPHY	268,954	70
70.01	NEUROMEG	376,856	70.01
70.02	SLEEP LAB	730,638	70.02
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,668,600	71
72	IMPL. DEV. CHARGED TO PATIENT	15,970,434	72
73	DRUGS CHARGED TO PATIENTS	16,548,721	73
74	RENAL DIALYSIS	845,010	74
76.97	CARDIAC REHABILITATION	545,803	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	1,642,874	90
90.01	DAY REHAB	754,818	90.01
90.02	IMAGING CENTERS	1,383,432	90.02
90.03	COUMADIN CLINIC	181,442	90.03
90.04	WOUND CLINIC	1,417,161	90.04
90.05	CARDIOVASCULAR IMAGING CENTERS	1,524,982	90.05
91	EMERGENCY	6,072,353	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
101	HOME HEALTH AGENCY	4,942,440	101
	SPECIAL PURPOSE COST CENTERS		
113	INTEREST EXPENSE		113
116	HOSPICE	1,718,338	116
118	SUBTOTALS (SUM OF LINES 1-117)	199,238,747	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	346,788	190
191	RESEARCH	131,717	191
192	PHYSICIANS' PRIVATE OFFICES	2,496,057	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	202,213,309	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		46,325	5,985	52,310	52,310	4
5.01 NONPATIENT PHONES		20,170	13,461	33,631	177	5.01
5.02 DATA PROCESSING		5,947		5,947		5.02
5.03 PURCHASING			202	202		5.03
5.04 ADMITTING		54,714	649	55,363	676	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			1,893	1,893	324	5.05
5.06 ADMINISTRATIVE AND GENERAL		405,572	62,266	467,838	3,206	5.06
6 MAINTENANCE & REPAIRS		25,316	48,173	73,489	321	6
7 OPERATION OF PLANT		2,247,962	70,090	2,318,052	480	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		52,172	7,483	59,655	951	9
10 DIETARY		160,937	4,597	165,534	636	10
11 CAFETERIA		181,595	4,610	186,205	352	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,315	51,599	60,914	846	13
14 CENTRAL SERVICES & SUPPLY		201,991	32,703	234,694	282	14
15 PHARMACY		73,883	2,422	76,305	1,508	15
16 MEDICAL RECORDS & LIBRARY		140,929	3,587	144,516	945	16
17 SOCIAL SERVICE		9,741		9,741	880	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		11,556		11,556	41	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,870,819	169,699	2,040,518	11,939	30
31 INTENSIVE CARE UNIT		343,146	71,742	414,888	2,792	31
41 SUBPROVIDER - IRF		545,851	66,463	612,314	2,616	41
43 NURSERY		33,830	3,147	36,977	584	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		504,821	237,468	742,289	2,914	50
50.01 GAMMA KNIFE		46,200	19,138	65,338	109	50.01
50.02 ENDOSCOPY		87,204	19,611	106,815	628	50.02
51 RECOVERY ROOM		76,787	9,618	86,405	554	51
52 DELIVERY ROOM & LABOR ROOM		246,589	16,280	262,869	927	52
53 ANESTHESIOLOGY		5,697	21,003	26,700		53
54 RADIOLOGY-DIAGNOSTIC		110,292	99,359	209,651	706	54
54.01 ULTRASOUND		57,368	21,375	78,743	426	54.01
54.02 PET SCAN		17,491	4,880	22,371	33	54.02
54.03 RADIATION ONCOLOGY		124,002	59,271	183,273	459	54.03
54.04 MAMMOGRAPHY		74,371	33,049	107,420	360	54.04
56 RADIOISOTOPE		72,493	16,309	88,802	168	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		55,503	12,319	67,822	453	57
58 MAGNETIC RESONANCE IMAGING (MRI)		82,609	15,528	98,137	293	58
59 CARDIAC CATHETERIZATION		200,576	97,953	298,529	1,413	59
60 LABORATORY		233,455	40,682	274,137	2,186	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		10,905	535	11,440	218	63
64 INTRAVENOUS THERAPY		6,173	4,420	10,593	534	64
65 RESPIRATORY THERAPY		28,183	21,719	49,902	941	65
66 PHYSICAL THERAPY		104,069	1,393	105,462	1,064	66
66.01 REHAB OUTPATIENT		81,220	606	81,826	697	66.01
66.02 REHAB MED SURGICAL		10,655	300	10,955	607	66.02
69 ELECTROCARDIOLOGY		41,417	10,030	51,447	265	69
70 ELECTROENCEPHALOGRAPHY		30,687	1,153	31,840	53	70
70.01 NEUROMEG		6,561	59,416	65,977		70.01
70.02 SLEEP LAB		74,045	19,525	93,570	183	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT		5,634		5,634		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		12,070	1,575	13,645	14	74
76.97 CARDIAC REHABILITATION		52,423		52,423	161	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		123,213	8,355	131,568	446	90
90.01 DAY REHAB		26,105	1,110	27,215	280	90.01
90.02 IMAGING CENTERS			62,812	62,812	249	90.02
90.03 COUMADIN CLINIC		7,249		7,249	67	90.03
90.04 WOUND CLINIC		76,199	2,301	78,500	211	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS					377	90.05
91 EMERGENCY		180,368	24,253	204,621	1,790	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

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	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			1,510	1,510	2,095	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			1,999	1,999	442	116
118 SUBTOTALS (SUM OF LINES 1-117)		9,314,405	1,567,626	10,882,031	51,879	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,531	1,432	27,963	54	190
191 RESEARCH		38,024	5,776	43,800		191
192 PHYSICIANS' PRIVATE OFFICES		20,546	70,381	90,927	377	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		9,399,506	1,645,215	11,044,721	52,310	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CASHIERING /ACCOUNTS RECEIVABLE 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES	33,808					5.01
5.02 DATA PROCESSING	2,712	8,659				5.02
5.03 PURCHASING	553	270	1,025			5.03
5.04 ADMITTING	981		1	57,021		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,285	6,581			10,083	5.05
5.06 ADMINISTRATIVE AND GENERAL	4,903	1,808				5.06
6 MAINTENANCE & REPAIRS	1,142					6
7 OPERATION OF PLANT	125		1			7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	321		5			9
10 DIETARY	839		38			10
11 CAFETERIA			1			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	339		1			13
14 CENTRAL SERVICES & SUPPLY	214		7			14
15 PHARMACY	589		235			15
16 MEDICAL RECORDS & LIBRARY	1,445		1			16
17 SOCIAL SERVICE	214					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	285					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,176		23	5,072	858	30
31 INTENSIVE CARE UNIT	1,053		8	992	168	31
41 SUBPROVIDER - IRF	892		6	1,250	211	41
43 NURSERY	357		2	300	51	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,053		96	4,868	824	50
50.01 GAMMA KNIFE	18			406	69	50.01
50.02 ENDOSCOPY	89		11	1,487	252	50.02
51 RECOVERY ROOM	232		1	832	141	51
52 DELIVERY ROOM & LABOR ROOM	428		4	454	77	52
53 ANESTHESIOLOGY	36		12	1,176	199	53
54 RADIOLOGY-DIAGNOSTIC	1,945		1	1,169	198	54
54.01 ULTRASOUND	36			872	148	54.01
54.02 PET SCAN			3	258	44	54.02
54.03 RADIATION ONCOLOGY				1,068	181	54.03
54.04 MAMMOGRAPHY			1	392	66	54.04
56 RADIOISOTOPE	232		11	734	124	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	36		3	2,880	487	57
58 MAGNETIC RESONANCE IMAGING (MRI)	321		3	1,422	241	58
59 CARDIAC CATHETERIZATION	357		189	2,680	454	59
60 LABORATORY	1,552		58	7,961	1,693	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	89		24	340	58	63
64 INTRAVENOUS THERAPY			7	150	25	64
65 RESPIRATORY THERAPY	285		5	1,614	273	65
66 PHYSICAL THERAPY	268			915	155	66
66.01 REHAB OUTPATIENT	268		1	405	69	66.01
66.02 REHAB MED SURGICAL	196			420	71	66.02
69 ELECTROCARDIOLOGY	285			1,412	239	69
70 ELECTROENCEPHALOGRAPHY	268			111	19	70
70.01 NEUROMEG	18			36	6	70.01
70.02 SLEEP LAB	18		1	184	31	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,950	499	71
72 IMPL. DEV. CHARGED TO PATIENT			218	1,937	328	72
73 DRUGS CHARGED TO PATIENTS				4,815	815	73
74 RENAL DIALYSIS				218	37	74
76.97 CARDIAC REHABILITATION	125			52	9	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	357		3	342	58	90
90.01 DAY REHAB	18			181	31	90.01
90.02 IMAGING CENTERS	178		1	571	97	90.02
90.03 COUMADIN CLINIC	18			27	5	90.03
90.04 WOUND CLINIC	54		10	470	79	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	18		4	1,336	226	90.05
91 EMERGENCY	1,766		10	2,262	383	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES	DATA PROCESSING	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,748		2		64	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			3		20	116
118 SUBTOTALS (SUM OF LINES 1-117)	33,737	8,659	1,011	57,021	10,083	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	71					190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES			14			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	33,808	8,659	1,025	57,021	10,083	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL	477,755					5.06
6 MAINTENANCE & REPAIRS	4,567	79,519				6
7 OPERATION OF PLANT	21,288	20,218	2,360,164			7
8 LAUNDRY & LINEN SERVICE	1,997			1,997		8
9 HOUSEKEEPING	6,456	469	18,675		86,532	9
10 DIETARY	6,818	1,447	57,608		2,129	10
11 CAFETERIA	2,135	1,633	65,003		2,402	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,522	84	3,334		123	13
14 CENTRAL SERVICES & SUPPLY	4,248	1,817	72,303	4	2,672	14
15 PHARMACY	10,700	664	26,447		977	15
16 MEDICAL RECORDS & LIBRARY	7,292	1,268	50,446		1,864	16
17 SOCIAL SERVICE	5,412	88	3,487		129	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	642	104	4,137		153	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	70,625	16,826	669,668	745	24,748	30
31 INTENSIVE CARE UNIT	16,270	3,086	122,830	205	4,539	31
41 SUBPROVIDER - IRF	25,728	4,909	195,389	126	7,221	41
43 NURSERY	3,315	304	12,110		448	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,399	4,540	180,702	322	6,678	50
50.01 GAMMA KNIFE	3,117	416	16,537		611	50.01
50.02 ENDOSCOPY	5,691	784	31,215		1,154	50.02
51 RECOVERY ROOM	3,441	691	27,486	53	1,016	51
52 DELIVERY ROOM & LABOR ROOM	5,821	2,218	88,267	70	3,262	52
53 ANESTHESIOLOGY	2,444	51	2,039		75	53
54 RADIOLOGY-DIAGNOSTIC	5,435	992	39,479	60	1,459	54
54.01 ULTRASOUND	2,893	516	20,535	57	759	54.01
54.02 PET SCAN	1,270	157	6,261		231	54.02
54.03 RADIATION ONCOLOGY	3,732	1,115	44,387		1,640	54.03
54.04 MAMMOGRAPHY	2,991	669	26,621		984	54.04
56 RADIOISOTOPE	2,945	652	25,949		959	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,527	499	19,867		734	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,311	743	29,570		1,093	58
59 CARDIAC CATHETERIZATION	13,444	1,804	71,797	39	2,653	59
60 LABORATORY	24,460	2,100	83,566		3,088	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	4,023	98	3,904		144	63
64 INTRAVENOUS THERAPY	3,598	56	2,209		82	64
65 RESPIRATORY THERAPY	6,300	253	10,088		373	65
66 PHYSICAL THERAPY	6,027	936	37,252	44	1,377	66
66.01 REHAB OUTPATIENT	3,882	730	29,073		1,074	66.01
66.02 REHAB MED SURGICAL	3,226	96	3,814		141	66.02
69 ELECTROCARDIOLOGY	2,314	373	14,825		548	69
70 ELECTROENCEPHALOGRAPHY	448	276	10,985	32	406	70
70.01 NEUROMEG	858	59	2,348		87	70.01
70.02 SLEEP LAB	1,346	666	26,505		980	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	22,282					71
72 IMPL. DEV. CHARGED TO PATIENT	37,700	51	2,017		75	72
73 DRUGS CHARGED TO PATIENTS	27,944					73
74 RENAL DIALYSIS	1,936	109	4,320		160	74
76.97 CARDIAC REHABILITATION	1,020	471	18,765		693	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,088	1,108	44,104	83	1,630	90
90.01 DAY REHAB	1,638	235	9,344		345	90.01
90.02 IMAGING CENTERS	3,252					90.02
90.03 COUMADIN CLINIC	389	65	2,595		96	90.03
90.04 WOUND CLINIC	2,956	685	27,276		1,008	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	3,575					90.05
91 EMERGENCY	12,847	1,622	64,563	157	2,386	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMIN AND GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	11,572					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	4,026					116
118 SUBTOTALS (SUM OF LINES 1-117)	471,183	78,753	2,329,702	1,997	85,406	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	683	239	9,497		351	190
191 RESEARCH	123	342	13,611		503	191
192 PHYSICIANS' PRIVATE OFFICES	5,766	185	7,354		272	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	477,755	79,519	2,360,164	1,997	86,532	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	235,049					10
11 CAFETERIA		257,731				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,249	73,412			13
14 CENTRAL SERVICES & SUPPLY		2,888		319,129		14
15 PHARMACY		7,260			124,685	15
16 MEDICAL RECORDS & LIBRARY		7,713				16
17 SOCIAL SERVICE		3,678				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		228				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	166,739	74,904	37,115			30
31 INTENSIVE CARE UNIT	19,481	14,989	7,427			31
41 SUBPROVIDER - IRF	48,829	15,648	7,754			41
43 NURSERY		2,446	1,212			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		15,701	7,780			50
50.01 GAMMA KNIFE		373	185			50.01
50.02 ENDOSCOPY		3,535	1,752			50.02
51 RECOVERY ROOM		2,586	1,281			51
52 DELIVERY ROOM & LABOR ROOM		5,078	2,516			52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		4,719				54
54.01 ULTRASOUND		1,746				54.01
54.02 PET SCAN		148				54.02
54.03 RADIATION ONCOLOGY		1,747				54.03
54.04 MAMMOGRAPHY		1,933				54.04
56 RADIOISOTOPE		712				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,277				57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,501				58
59 CARDIAC CATHETERIZATION		6,251				59
60 LABORATORY		16,497				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,222				63
64 INTRAVENOUS THERAPY		2,237				64
65 RESPIRATORY THERAPY		6,007				65
66 PHYSICAL THERAPY		5,693				66
66.01 REHAB OUTPATIENT		3,584				66.01
66.02 REHAB MED SURGICAL		2,850				66.02
69 ELECTROCARDIOLOGY		1,598				69
70 ELECTROENCEPHALOGRAPHY		394				70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB		1,183				70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				319,129		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS					124,685	73
74 RENAL DIALYSIS		56				74
76.97 CARDIAC REHABILITATION		868				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		2,374	1,176			90
90.01 DAY REHAB		1,406				90.01
90.02 IMAGING CENTERS		1,396				90.02
90.03 COUMADIN CLINIC		328				90.03
90.04 WOUND CLINIC		1,317				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS		2,376				90.05
91 EMERGENCY		10,522	5,214			91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY		8,854				101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE		2,794				116
118	SUBTOTALS (SUM OF LINES 1-117)	235,049	254,866	73,412	319,129	124,685	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		401				190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		2,464				192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	235,049	257,731	73,412	319,129	124,685	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
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	215,490				16
17 SOCIAL SERVICE		23,629			17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)			17,146		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	152,864	16,762		3,292,582	30
31 INTENSIVE CARE UNIT	17,860	1,958		628,546	31
41 SUBPROVIDER - IRF	44,766	4,909		972,568	41
43 NURSERY				58,106	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				995,166	50
50.01 GAMMA KNIFE				87,179	50.01
50.02 ENDOSCOPY				153,413	50.02
51 RECOVERY ROOM				124,719	51
52 DELIVERY ROOM & LABOR ROOM				371,991	52
53 ANESTHESIOLOGY				32,732	53
54 RADIOLOGY-DIAGNOSTIC				265,814	54
54.01 ULTRASOUND				106,731	54.01
54.02 PET SCAN				30,776	54.02
54.03 RADIATION ONCOLOGY				237,602	54.03
54.04 MAMMOGRAPHY				141,437	54.04
56 RADIOISOTOPE				121,288	56
57 COMPUTED TOMOGRAPHY (CT) SCAN				99,585	57
58 MAGNETIC RESONANCE IMAGING (MRI)				136,635	58
59 CARDIAC CATHETERIZATION				399,610	59
60 LABORATORY				417,298	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.				21,560	63
64 INTRAVENOUS THERAPY				19,491	64
65 RESPIRATORY THERAPY				76,041	65
66 PHYSICAL THERAPY				159,193	66
66.01 REHAB OUTPATIENT				121,609	66.01
66.02 REHAB MED SURGICAL				22,376	66.02
69 ELECTROCARDIOLOGY				73,306	69
70 ELECTROENCEPHALOGRAPHY				44,832	70
70.01 NEUROMEG				69,389	70.01
70.02 SLEEP LAB				124,667	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				344,860	71
72 IMPL. DEV. CHARGED TO PATIENT				47,960	72
73 DRUGS CHARGED TO PATIENTS				158,259	73
74 RENAL DIALYSIS				20,495	74
76.97 CARDIAC REHABILITATION				74,587	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				186,337	90
90.01 DAY REHAB				40,693	90.01
90.02 IMAGING CENTERS				68,556	90.02
90.03 COUMADIN CLINIC				10,839	90.03
90.04 WOUND CLINIC				112,566	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS				7,912	90.05
91 EMERGENCY				308,143	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY				25,845	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE				9,284	116
118 SUBTOTALS (SUM OF LINES 1-117)	215,490	23,629		10,822,578	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				39,259	190
191 RESEARCH				58,379	191
192 PHYSICIANS' PRIVATE OFFICES				107,359	192
200 CROSS FOOT ADJUSTMENTS			17,146	17,146	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	215,490	23,629	17,146	11,044,721	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	NONPATIENT PHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
30	INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	3,292,582	30
31	INTENSIVE CARE UNIT	628,546	31
41	SUBPROVIDER - IRF	972,568	41
43	NURSERY	58,106	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	995,166	50
50.01	GAMMA KNIFE	87,179	50.01
50.02	ENDOSCOPY	153,413	50.02
51	RECOVERY ROOM	124,719	51
52	DELIVERY ROOM & LABOR ROOM	371,991	52
53	ANESTHESIOLOGY	32,732	53
54	RADIOLOGY-DIAGNOSTIC	265,814	54
54.01	ULTRASOUND	106,731	54.01
54.02	PET SCAN	30,776	54.02
54.03	RADIATION ONCOLOGY	237,602	54.03
54.04	MAMMOGRAPHY	141,437	54.04
56	RADIOISOTOPE	121,288	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	99,585	57
58	MAGNETIC RESONANCE IMAGING (MRI)	136,635	58
59	CARDIAC CATHETERIZATION	399,610	59
60	LABORATORY	417,298	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	21,560	63
64	INTRAVENOUS THERAPY	19,491	64
65	RESPIRATORY THERAPY	76,041	65
66	PHYSICAL THERAPY	159,193	66
66.01	REHAB OUTPATIENT	121,609	66.01
66.02	REHAB MED SURGICAL	22,376	66.02
69	ELECTROCARDIOLOGY	73,306	69
70	ELECTROENCEPHALOGRAPHY	44,832	70
70.01	NEUROMEG	69,389	70.01
70.02	SLEEP LAB	124,667	70.02
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	344,860	71
72	IMPL. DEV. CHARGED TO PATIENT	47,960	72
73	DRUGS CHARGED TO PATIENTS	158,259	73
74	RENAL DIALYSIS	20,495	74
76.97	CARDIAC REHABILITATION	74,587	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	186,337	90
90.01	DAY REHAB	40,693	90.01
90.02	IMAGING CENTERS	68,556	90.02
90.03	COUMADIN CLINIC	10,839	90.03
90.04	WOUND CLINIC	112,566	90.04
90.05	CARDIOVASCULAR IMAGING CENTERS	7,912	90.05
91	EMERGENCY	308,143	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
101	HOME HEALTH AGENCY	25,845	101
	SPECIAL PURPOSE COST CENTERS		
113	INTEREST EXPENSE		113
116	HOSPICE	9,284	116
118	SUBTOTALS (SUM OF LINES 1-117)	10,822,578	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,259	190
191	RESEARCH	58,379	191
192	PHYSICIANS' PRIVATE OFFICES	107,359	192
200	CROSS FOOT ADJUSTMENTS	17,146	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	11,044,721	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING
	1	2	4	5.01	5.02
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	750,737				1
2 CAP REL COSTS-MVBLE EQUIP		6,433,036			2
4 EMPLOYEE BENEFITS	3,700	23,404	72,050,352		4
5.01 NONPATIENT PHONES	1,611	52,634	243,386	1,895	5.01
5.02 DATA PROCESSING	475			152	10,000
5.03 PURCHASING		789		31	312
5.04 ADMITTING	4,370	2,536	931,185	55	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		7,400	446,960	72	7,600
5.06 ADMINISTRATIVE AND GENERAL	32,393	243,468	4,415,909	275	2,088
6 MAINTENANCE & REPAIRS	2,022	188,365	442,114	64	6
7 OPERATION OF PLANT	179,544	274,063	660,996	7	7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING	4,167	29,261	1,310,518	18	9
10 DIETARY	12,854	17,975	876,158	47	10
11 CAFETERIA	14,504	18,024	485,043		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	744	201,758	1,165,187	19	13
14 CENTRAL SERVICES & SUPPLY	16,133	127,872	388,287	12	14
15 PHARMACY	5,901	9,470	2,076,520	33	15
16 MEDICAL RECORDS & LIBRARY	11,256	14,024	1,302,184	81	16
17 SOCIAL SERVICE	778		1,211,918	12	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	923		56,665	16	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	149,422	663,546	16,443,033	178	30
31 INTENSIVE CARE UNIT	27,407	280,520	3,845,350	59	31
41 SUBPROVIDER - IRF	43,597	259,879	3,603,723	50	41
43 NURSERY	2,702	12,307	804,057	20	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	40,320	928,542	4,013,543	59	50
50.01 GAMMA KNIFE	3,690	74,832	149,929	1	50.01
50.02 ENDOSCOPY	6,965	76,683	864,733	5	50.02
51 RECOVERY ROOM	6,133	37,607	762,957	13	51
52 DELIVERY ROOM & LABOR ROOM	19,695	63,659	1,276,514	24	52
53 ANESTHESIOLOGY	455	82,124		2	53
54 RADIOLOGY-DIAGNOSTIC	8,809	388,507	972,984	109	54
54.01 ULTRASOUND	4,582	83,581	586,790	2	54.01
54.02 PET SCAN	1,397	19,081	45,196		54.02
54.03 RADIATION ONCOLOGY	9,904	231,757	632,380		54.03
54.04 MAMMOGRAPHY	5,940	129,226	496,467		54.04
56 RADIOISOTOPE	5,790	63,772	231,469	13	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,433	48,168	624,016	2	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,598	60,717	404,009	18	58
59 CARDIAC CATHETERIZATION	16,020	383,012	1,946,113	20	59
60 LABORATORY	18,646	159,071	3,010,584	87	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	871	2,091	300,335	5	63
64 INTRAVENOUS THERAPY	493	17,284	734,891		64
65 RESPIRATORY THERAPY	2,251	84,925	1,295,714	16	65
66 PHYSICAL THERAPY	8,312	5,448	1,465,055	15	66
66.01 REHAB OUTPATIENT	6,487	2,368	959,875	15	66.01
66.02 REHAB MED SURGICAL	851	1,174	835,948	11	66.02
69 ELECTROCARDIOLOGY	3,308	39,217	364,385	16	69
70 ELECTROENCEPHALOGRAPHY	2,451	4,510	73,282	15	70
70.01 NEUROROMEG	524	232,325		1	70.01
70.02 SLEEP LAB	5,914	76,347	252,007	1	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT	450				72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	964	6,159	18,877		74
76.97 CARDIAC REHABILITATION	4,187		222,266	7	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	9,841	32,669	614,849	20	90
90.01 DAY REHAB	2,085	4,342	386,159	1	90.01
90.02 IMAGING CENTERS		245,605	343,442	10	90.02
90.03 COUMADIN CLINIC	579		91,991	1	90.03
90.04 WOUND CLINIC	6,086	8,998	290,528	3	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS			518,881	1	90.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT PHONES NO OF PHONES 5.01	DATA PROCESSING DATA PROCESSING 5.02	
91	EMERGENCY	14,406	94,834	2,465,485	99		91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY		5,904	2,886,094	98		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE		7,818	609,329			116
118	SUBTOTALS (SUM OF LINES 1-117)	743,940	6,129,652	71,456,270	1,891	10,000	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	5,599	74,729	4		190
191	RESEARCH	3,037	22,586				191
192	PHYSICIANS' PRIVATE OFFICES	1,641	275,199	519,353			192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	9,399,506	1,645,215	11,675,213	436,787	7,488,103	202
203	UNIT COST MULT-WS B PT I	12.520371	0.255745	0.162042	230.494459	748.810300	203
204	COST TO BE ALLOC PER B PT II			52,310	33,808	8,659	204
205	UNIT COST MULT-WS B PT II			0.000726	17.840633	0.865900	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	40,824,589					5.03
5.04 ADMITTING	20,893	874,134,762				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	7,408		881,752,169			5.05
5.06 ADMINISTRATIVE AND GENERAL				-32,576,725	169,636,584	5.06
6 MAINTENANCE & REPAIRS	8,678				1,621,822	6
7 OPERATION OF PLANT	31,658				7,559,519	7
8 LAUNDRY & LINEN SERVICE					709,003	8
9 HOUSEKEEPING	198,517				2,292,688	9
10 DIETARY	1,500,376				2,421,263	10
11 CAFETERIA	48,700				758,218	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	32,778				1,605,761	13
14 CENTRAL SERVICES & SUPPLY	263,345				1,508,449	14
15 PHARMACY	9,349,820				3,799,542	15
16 MEDICAL RECORDS & LIBRARY	27,479				2,589,405	16
17 SOCIAL SERVICE	5,362				1,922,003	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	9,592				228,029	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	905,658	78,031,999	78,031,999		25,059,210	30
31 INTENSIVE CARE UNIT	318,622	15,256,792	15,256,792		5,777,658	31
41 SUBPROVIDER - IRF	221,019	19,224,322	19,224,322		9,136,375	41
43 NURSERY	79,146	4,616,846	4,616,846		1,177,293	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,827,169	74,896,244	74,896,244		9,729,918	50
50.01 GAMMA KNIFE	3,479	6,242,499	6,242,499		1,106,997	50.01
50.02 ENDOSCOPY	452,562	22,869,809	22,869,809		2,020,886	50.02
51 RECOVERY ROOM	32,326	12,807,474	12,807,474		1,222,114	51
52 DELIVERY ROOM & LABOR ROOM	162,299	6,984,810	6,984,810		2,066,976	52
53 ANESTHESIOLOGY	460,191	18,099,192	18,099,192		868,005	53
54 RADIOLOGY-DIAGNOSTIC	48,518	17,991,792	17,991,792		1,930,015	54
54.01 ULTRASOUND	9,246	13,411,715	13,411,715		1,027,366	54.01
54.02 PET SCAN	102,977	3,973,893	3,973,893		450,947	54.02
54.03 RADIATION ONCOLOGY	15,665	16,427,334	16,427,334		1,325,142	54.03
54.04 MAMMOGRAPHY	21,410	6,026,511	6,026,511		1,062,157	54.04
56 RADIOISOTOPE	433,665	11,290,401	11,290,401		1,045,796	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	123,035	44,315,028	44,315,028		1,607,587	57
58 MAGNETIC RESONANCE IMAGING (MRI)	102,215	21,872,807	21,872,807		1,175,764	58
59 CARDIAC CATHETERIZATION	7,576,605	41,230,738	41,230,738		4,774,220	59
60 LABORATORY	2,320,204	119,354,482	119,354,482		8,686,085	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	945,106	5,236,803	5,236,803		1,428,659	63
64 INTRAVENOUS THERAPY	282,829	2,309,540	2,309,540		1,277,690	64
65 RESPIRATORY THERAPY	200,045	24,833,131	24,833,131		2,237,313	65
66 PHYSICAL THERAPY	16,196	14,084,589	14,084,589		2,140,422	66
66.01 REHAB OUTPATIENT	24,088	6,228,973	6,228,973		1,378,549	66.01
66.02 REHAB MED SURGICAL	2,160	6,466,284	6,466,284		1,145,706	66.02
69 ELECTROCARDIOLOGY	17,835	21,717,094	21,717,094		821,768	69
70 ELECTROENCEPHALOGRAPHY	4,778	1,712,129	1,712,129		158,944	70
70.01 NEUROMEG		551,829	551,829		304,636	70.01
70.02 SLEEP LAB	31,624	2,830,767	2,830,767		478,109	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		45,387,939	45,387,939		7,912,590	71
72 IMPL. DEV. CHARGED TO PATIENT	8,721,691	29,802,726	29,802,726		13,387,705	72
73 DRUGS CHARGED TO PATIENTS		74,084,568	74,084,568		9,923,242	73
74 RENAL DIALYSIS	8,075	3,352,082	3,352,082		687,475	74
76.97 CARDIAC REHABILITATION	14,938	798,989	798,989		362,294	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	106,391	5,265,705	5,265,705		1,096,604	90
90.01 DAY REHAB	1,844	2,781,141	2,781,141		581,552	90.01
90.02 IMAGING CENTERS	23,532	8,785,492	8,785,492		1,154,727	90.02
90.03 COUMADIN CLINIC	12,035	411,995	411,995		138,123	90.03
90.04 WOUND CLINIC	389,843	7,225,811	7,225,811		1,049,695	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	143,041	20,547,515	20,547,515		1,269,379	90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	
		PURCHASING	GROSS REVENUE	GROSS REVENUE			
		5.03	5.04	5.05	5A.06	5.06	
91	EMERGENCY	382,901	34,794,972	34,794,972		4,562,017	91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	76,810		5,791,492		4,109,220	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	120,356		1,825,915		1,429,839	116
118	SUBTOTALS (SUM OF LINES 1-117)	40,246,735	874,134,762	881,752,169	-32,576,725	167,302,471	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	660				242,707	190
191	RESEARCH					43,800	191
192	PHYSICIANS' PRIVATE OFFICES	577,194				2,047,606	192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,498,811	1,240,562	8,672,348		32,576,725	202
203	UNIT COST MULT-WS B PT I	0.036713	0.001419	0.009835		0.192038	203
204	COST TO BE ALLOC PER B PT II	1,025	57,021	10,083		477,755	204
205	UNIT COST MULT-WS B PT II	0.000025	0.000065	0.000011		0.002816	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	PATIENT DAYS
	6	7	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
6 MAINTENANCE & REPAIRS	706,166				6
7 OPERATION OF PLANT	179,544	526,622			7
8 LAUNDRY & LINEN SERVICE			2,054,295		8
9 HOUSEKEEPING	4,167	4,167		522,455	9
10 DIETARY	12,854	12,854		12,854	51,266
11 CAFETERIA	14,504	14,504		14,504	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	744	744		744	13
14 CENTRAL SERVICES & SUPPLY	16,133	16,133	3,968	16,133	14
15 PHARMACY	5,901	5,901		5,901	15
16 MEDICAL RECORDS & LIBRARY	11,256	11,256		11,256	16
17 SOCIAL SERVICE	778	778		778	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	923	923		923	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	149,422	149,422	768,448	149,422	36,367
31 INTENSIVE CARE UNIT	27,407	27,407	210,921	27,407	4,249
41 SUBPROVIDER - IRF	43,597	43,597	130,101	43,597	10,650
43 NURSERY	2,702	2,702	43	2,702	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	40,320	40,320	331,214	40,320	50
50.01 GAMMA KNIFE	3,690	3,690		3,690	50.01
50.02 ENDOSCOPY	6,965	6,965		6,965	50.02
51 RECOVERY ROOM	6,133	6,133	54,306	6,133	51
52 DELIVERY ROOM & LABOR ROOM	19,695	19,695	72,367	19,695	52
53 ANESTHESIOLOGY	455	455		455	53
54 RADIOLOGY-DIAGNOSTIC	8,809	8,809	61,563	8,809	54
54.01 ULTRASOUND	4,582	4,582	58,415	4,582	54.01
54.02 PET SCAN	1,397	1,397		1,397	54.02
54.03 RADIATION ONCOLOGY	9,904	9,904		9,904	54.03
54.04 MAMMOGRAPHY	5,940	5,940		5,940	54.04
56 RADIOISOTOPE	5,790	5,790		5,790	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,433	4,433		4,433	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,598	6,598		6,598	58
59 CARDIAC CATHETERIZATION	16,020	16,020	39,638	16,020	59
60 LABORATORY	18,646	18,646		18,646	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	871	871		871	63
64 INTRAVENOUS THERAPY	493	493		493	64
65 RESPIRATORY THERAPY	2,251	2,251		2,251	65
66 PHYSICAL THERAPY	8,312	8,312	44,762	8,312	66
66.01 REHAB OUTPATIENT	6,487	6,487		6,487	66.01
66.02 REHAB MED SURGICAL	851	851		851	66.02
69 ELECTROCARDIOLOGY	3,308	3,308		3,308	69
70 ELECTROENCEPHALOGRAPHY	2,451	2,451	32,472	2,451	70
70.01 NEUROMEG	524	524		524	70.01
70.02 SLEEP LAB	5,914	5,914		5,914	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT	450	450		450	72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	964	964		964	74
76.97 CARDIAC REHABILITATION	4,187	4,187		4,187	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	9,841	9,841	85,051	9,841	90
90.01 DAY REHAB	2,085	2,085		2,085	90.01
90.02 IMAGING CENTERS					90.02
90.03 COUMADIN CLINIC	579	579		579	90.03
90.04 WOUND CLINIC	6,086	6,086		6,086	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS					90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10	
91	EMERGENCY	14,406	14,406	161,026	14,406		91
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	699,369	519,825	2,054,295	515,658	51,266	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119		2,119		190
191	RESEARCH	3,037	3,037		3,037		191
192	PHYSICIANS' PRIVATE OFFICES	1,641	1,641		1,641		192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,933,273	9,502,773	845,159	2,819,572	3,222,745	202
203	UNIT COST MULT-WS B PT I	2.737703	18.044770	0.411411	5.396775	62.863204	203
204	COST TO BE ALLOC PER B PT II	79,519	2,360,164	1,997	86,532	235,049	204
205	UNIT COST MULT-WS B PT II	0.112607	4.481704	0.000972	0.165626	4.584891	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSNG HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY PATIENT DAYS
	11	13	14	15	16
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA	184,377				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	2,324	105,987			13
14 CENTRAL SERVICES & SUPPLY	2,066		100		14
15 PHARMACY	5,194			100	15
16 MEDICAL RECORDS & LIBRARY	5,518				51,266
17 SOCIAL SERVICE	2,631				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	163				23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	53,584	53,584			36,367
31 INTENSIVE CARE UNIT	10,723	10,723			4,249
41 SUBPROVIDER - IRF	11,194	11,194			10,650
43 NURSERY	1,750	1,750			
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	11,232	11,232			50
50.01 GAMMA KNIFE	267	267			50.01
50.02 ENDOSCOPY	2,529	2,529			50.02
51 RECOVERY ROOM	1,850	1,850			51
52 DELIVERY ROOM & LABOR ROOM	3,633	3,633			52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	3,376				54
54.01 ULTRASOUND	1,249				54.01
54.02 PET SCAN	106				54.02
54.03 RADIATION ONCOLOGY	1,250				54.03
54.04 MAMMOGRAPHY	1,383				54.04
56 RADIOISOTOPE	509				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,629				57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,074				58
59 CARDIAC CATHETERIZATION	4,472				59
60 LABORATORY	11,802				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	874				63
64 INTRAVENOUS THERAPY	1,600				64
65 RESPIRATORY THERAPY	4,297				65
66 PHYSICAL THERAPY	4,073				66
66.01 REHAB OUTPATIENT	2,564				66.01
66.02 REHAB MED SURGICAL	2,039				66.02
69 ELECTROCARDIOLOGY	1,143				69
70 ELECTROENCEPHALOGRAPHY	282				70
70.01 NEUROMEG					70.01
70.02 SLEEP LAB	846				70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			100		71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS				100	73
74 RENAL DIALYSIS	40				74
76.97 CARDIAC REHABILITATION	621				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,698	1,698			90
90.01 DAY REHAB	1,006				90.01
90.02 IMAGING CENTERS	999				90.02
90.03 COUMADIN CLINIC	235				90.03
90.04 WOUND CLINIC	942				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	1,700				90.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY PATIENT DAYS	
		MEALS SERVED 11	13	14	15	16	
91	EMERGENCY	7,527	7,527				91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
101	HOME HEALTH AGENCY	6,334					101
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,999					116
118	SUBTOTALS (SUM OF LINES 1-117)	182,327	105,987	100	100	51,266	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	287					190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES	1,763					192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,283,529	1,949,783	2,236,492	4,719,839	3,419,756	202
203	UNIT COST MULT-WS B PT I	6.961438	18.396435	22,364.920000	47,198.390000	66.706121	203
204	COST TO BE ALLOC PER B PT II	257,731	73,412	319,129	124,685	215,490	204
205	UNIT COST MULT-WS B PT II	1.397848	0.692651	3,191.290000	1,246.850000	4.203371	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	
	PATIENT DAYS	PATIENT DAYS	
	17	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 ADMINISTRATIVE AND GENERAL			5.06
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	51,266		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)		51,266	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	36,367	36,367	30
31 INTENSIVE CARE UNIT	4,249	4,249	31
41 SUBPROVIDER - IRF	10,650	10,650	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 GAMMA KNIFE			50.01
50.02 ENDOSCOPY			50.02
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 PET SCAN			54.02
54.03 RADIATION ONCOLOGY			54.03
54.04 MAMMOGRAPHY			54.04
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
66.01 REHAB OUTPATIENT			66.01
66.02 REHAB MED SURGICAL			66.02
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
70.01 NEUROMEG			70.01
70.02 SLEEP LAB			70.02
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 CLINIC			90
90.01 DAY REHAB			90.01
90.02 IMAGING CENTERS			90.02
90.03 COUMADIN CLINIC			90.03
90.04 WOUND CLINIC			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS			90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	
	PATIENT DAYS	PATIENT DAYS	
	17	23	
91 EMERGENCY			91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	51,266	51,266	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
191 RESEARCH			191
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	2,329,785	297,117	202
203 UNIT COST MULT-WS B PT I	45.445032	5.795596	203
204 COST TO BE ALLOC PER B PT II	23,629	17,146	204
205 UNIT COST MULT-WS B PT II	0.460910	0.334452	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,033,784		42,033,784		42,033,784	30
31 INTENSIVE CARE UNIT	8,731,630		8,731,630		8,731,630	31
41 SUBPROVIDER - IRF	14,295,250		14,295,250		14,295,250	41
43 NURSERY	1,518,509		1,518,509		1,518,509	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,075,064		13,075,064		13,075,064	50
50.01 GAMMA KNIFE	1,422,954		1,422,954		1,422,954	50.01
50.02 ENDOSCOPY	2,655,442		2,655,442		2,655,442	50.02
51 RECOVERY ROOM	1,686,617		1,686,617		1,686,617	51
52 DELIVERY ROOM & LABOR ROOM	3,101,412		3,101,412		3,101,412	52
53 ANESTHESIOLOGY	1,046,607		1,046,607		1,046,607	53
54 RADIOLOGY-DIAGNOSTIC	2,580,093		2,580,093		2,580,093	54
54.01 ULTRASOUND	1,377,340		1,377,340		1,377,340	54.01
54.02 PET SCAN	574,857		574,857		574,857	54.02
54.03 RADIATION ONCOLOGY	1,847,601		1,847,601		1,847,601	54.03
54.04 MAMMOGRAPHY	1,431,265		1,431,265		1,431,265	54.04
56 RADIOISOTOPE	1,401,749		1,401,749		1,401,749	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,043,697		2,043,697		2,043,697	57
58 MAGNETIC RESONANCE IMAGING	1,581,762		1,581,762		1,581,762	58
59 CARDIAC CATHETERIZATION	6,157,883		6,157,883		6,157,883	59
60 LABORATORY	10,924,440		10,924,440		10,924,440	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,731,903		1,731,903		1,731,903	63
64 INTRAVENOUS THERAPY	1,547,100		1,547,100		1,547,100	64
65 RESPIRATORY THERAPY	2,755,805		2,755,805		2,755,805	65
66 PHYSICAL THERAPY	2,815,836		2,815,836		2,815,836	66
66.01 REHAB OUTPATIENT	1,830,956		1,830,956		1,830,956	66.01
66.02 REHAB MED SURGICAL	1,402,198		1,402,198		1,402,198	66.02
69 ELECTROCARDIOLOGY	1,074,137		1,074,137		1,074,137	69
70 ELECTROENCEPHALOGRAPHY	268,954		268,954		268,954	70
70.01 NEUROMEG	376,856		376,856		376,856	70.01
70.02 SLEEP LAB	730,638		730,638		730,638	70.02
71 MEDICAL SUPPLIES CHRGD TO	11,668,600		11,668,600		11,668,600	71
72 IMPL. DEV. CHARGED TO PATIE	15,970,434		15,970,434		15,970,434	72
73 DRUGS CHARGED TO PATIENTS	16,548,721		16,548,721		16,548,721	73
74 RENAL DIALYSIS	845,010		845,010		845,010	74
76.97 CARDIAC REHABILITATION	545,803		545,803		545,803	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,642,874		1,642,874		1,642,874	90
90.01 DAY REHAB	754,818		754,818		754,818	90.01
90.02 IMAGING CENTERS	1,383,432		1,383,432		1,383,432	90.02
90.03 COUMADIN CLINIC	181,442		181,442		181,442	90.03
90.04 WOUND CLINIC	1,417,161		1,417,161		1,417,161	90.04
90.05 CARDIOVASCULAR IMAGING CENT	1,524,982		1,524,982		1,524,982	90.05
91 EMERGENCY	6,072,353		6,072,353		6,072,353	91
92 OBSERVATION BEDS	2,599,187		2,599,187		2,599,187	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	4,942,440		4,942,440		4,942,440	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,718,338		1,718,338		1,718,338	116
200 SUBTOTAL (SEE INSTRUCTIONS)	201,837,934		201,837,934		201,837,934	200
201 LESS OBSERVATION BEDS	2,599,187		2,599,187		2,599,187	201
202 TOTAL (SEE INSTRUCTIONS)	199,238,747		199,238,747		199,238,747	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	73,747,291		73,747,291			30
31 INTENSIVE CARE UNIT	15,256,792		15,256,792			31
41 SUBPROVIDER - IRF	19,224,322		19,224,322			41
43 NURSERY	4,616,846		4,616,846			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	38,540,161	36,356,083	74,896,244	0.174576	0.174576	50
50.01 GAMMA KNIFE	60,542	6,181,957	6,242,499	0.227946	0.227946	50.01
50.02 ENDOSCOPY	4,992,664	17,877,145	22,869,809	0.116111	0.116111	50.02
51 RECOVERY ROOM	6,666,469	6,141,005	12,807,474	0.131690	0.131690	51
52 DELIVERY ROOM & LABOR ROOM	5,485,898	1,498,912	6,984,810	0.444022	0.444022	52
53 ANESTHESIOLOGY	9,079,055	9,020,137	18,099,192	0.057826	0.057826	53
54 RADIOLOGY-DIAGNOSTIC	7,444,709	10,547,083	17,991,792	0.143404	0.143404	54
54.01 ULTRASOUND	5,176,848	8,234,867	13,411,715	0.102697	0.102697	54.01
54.02 PET SCAN	43,782	3,930,111	3,973,893	0.144658	0.144658	54.02
54.03 RADIATION ONCOLOGY	608,670	15,818,664	16,427,334	0.112471	0.112471	54.03
54.04 MAMMOGRAPHY	28,128	5,998,383	6,026,511	0.237495	0.237495	54.04
56 RADIOISOTOPE	4,875,080	6,415,321	11,290,401	0.124154	0.124154	56
57 COMPUTED TOMOGRAPHY (CT) SC	17,021,345	27,293,683	44,315,028	0.046117	0.046117	57
58 MAGNETIC RESONANCE IMAGING	7,837,407	14,035,400	21,872,807	0.072316	0.072316	58
59 CARDIAC CATHETERIZATION	29,432,714	11,798,024	41,230,738	0.149352	0.149352	59
60 LABORATORY	55,002,667	64,351,815	119,354,482	0.091529	0.091529	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	4,083,853	1,152,950	5,236,803	0.330718	0.330718	63
64 INTRAVENOUS THERAPY	2,228,301	81,239	2,309,540	0.669874	0.669874	64
65 RESPIRATORY THERAPY	23,467,361	1,365,770	24,833,131	0.110973	0.110973	65
66 PHYSICAL THERAPY	14,084,589		14,084,589	0.199923	0.199923	66
66.01 REHAB OUTPATIENT		6,228,973	6,228,973	0.293942	0.293942	66.01
66.02 REHAB MED SURGICAL	6,293,923	172,361	6,466,284	0.216848	0.216848	66.02
69 ELECTROCARDIOLOGY	12,507,597	9,209,497	21,717,094	0.049460	0.049460	69
70 ELECTROENCEPHALOGRAPHY	586,430	1,125,699	1,712,129	0.157087	0.157087	70
70.01 NEUROMEG		551,829	551,829	0.682922	0.682922	70.01
70.02 SLEEP LAB		2,830,767	2,830,767	0.258106	0.258106	70.02
71 MEDICAL SUPPLIES CHRGD TO	30,619,982	14,767,957	45,387,939	0.257086	0.257086	71
72 IMPL. DEV. CHARGED TO PATIE	24,883,810	4,918,916	29,802,726	0.535872	0.535872	72
73 DRUGS CHARGED TO PATIENTS	52,305,221	21,779,347	74,084,568	0.223376	0.223376	73
74 RENAL DIALYSIS	3,242,344	109,738	3,352,082	0.252085	0.252085	74
76.97 CARDIAC REHABILITATION	70,421	728,568	798,989	0.683117	0.683117	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	165,562	5,100,143	5,265,705	0.311995	0.311995	90
90.01 DAY REHAB		2,781,141	2,781,141	0.271406	0.271406	90.01
90.02 IMAGING CENTERS	102,723	8,682,769	8,785,492	0.157468	0.157468	90.02
90.03 COUMADIN CLINIC	1,269	410,726	411,995	0.440399	0.440399	90.03
90.04 WOUND CLINIC	26,466	7,199,345	7,225,811	0.196125	0.196125	90.04
90.05 CARDIOVASCULAR IMAGING CENT	121,070	20,426,445	20,547,515	0.074217	0.074217	90.05
91 EMERGENCY	10,774,802	24,020,170	34,794,972	0.174518	0.174518	91
92 OBSERVATION BEDS		4,284,708	4,284,708	0.606619	0.606619	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		5,791,492	5,791,492			101
113 INTEREST EXPENSE						113
116 HOSPICE		1,825,915	1,825,915			116
200 SUBTOTAL (SEE INSTRUCTIONS)	490,707,114	391,045,055	881,752,169			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	490,707,114	391,045,055	881,752,169			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,292,582		3,292,582	84.94	20,120	1,708,993	30
31 INTENSIVE CARE UNIT	628,546		628,546	147.93	2,322	343,493	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	972,568		972,568	91.32	7,092	647,641	41
42 SUBPROVIDER I							42
43 NURSERY	58,106		58,106	18.02			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,951,802		4,951,802		29,534	2,700,127	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	995,166	74,896,244	0.013287	17,726,953	235,538	50
50.01 GAMMA KNIFE	87,179	6,242,499	0.013965			50.01
50.02 ENDOSCOPY	153,413	22,869,809	0.006708	2,959,915	19,855	50.02
51 RECOVERY ROOM	124,719	12,807,474	0.009738	3,180,084	30,968	51
52 DELIVERY ROOM & LABOR ROOM	371,991	6,984,810	0.053257	14,400	767	52
53 ANESTHESIOLOGY	32,732	18,099,192	0.001808	4,125,856	7,460	53
54 RADIOLOGY-DIAGNOSTIC	265,814	17,991,792	0.014774	4,518,880	66,762	54
54.01 ULTRASOUND	106,731	13,411,715	0.007958	2,813,940	22,393	54.01
54.02 PET SCAN	30,776	3,973,893	0.007745	30,275	234	54.02
54.03 RADIATION ONCOLOGY	237,602	16,427,334	0.014464	375,626	5,433	54.03
54.04 MAMMOGRAPHY	141,437	6,026,511	0.023469	21,118	496	54.04
56 RADIOISOTOPE	121,288	11,290,401	0.010743	3,057,559	32,847	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	99,585	44,315,028	0.002247	9,693,918	21,782	57
58 MAGNETIC RESONANCE IMAGING (M	136,635	21,872,807	0.006247	3,841,384	23,997	58
59 CARDIAC CATHETERIZATION	399,610	41,230,738	0.009692	19,846,385	192,351	59
60 LABORATORY	417,298	119,354,482	0.003496	29,405,605	102,802	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	21,560	5,236,803	0.004117	1,914,927	7,884	63
64 INTRAVENOUS THERAPY	19,491	2,309,540	0.008439	809,291	6,830	64
65 RESPIRATORY THERAPY	76,041	24,833,131	0.003062	10,564,478	32,348	65
66 PHYSICAL THERAPY	159,193	14,084,589	0.011303			66
66.01 REHAB OUTPATIENT	121,609	6,228,973	0.019523			66.01
66.02 REHAB MED SURGICAL	22,376	6,466,284	0.003460	4,212,205	14,574	66.02
69 ELECTROCARDIOLOGY	73,306	21,717,094	0.003375	7,570,173	25,549	69
70 ELECTROENCEPHALOGRAPHY	44,832	1,712,129	0.026185	336,853	8,820	70
70.01 NEUROMEG	69,389	551,829	0.125744			70.01
70.02 SLEEP LAB	124,667	2,830,767	0.044040			70.02
71 MEDICAL SUPPLIES CHRGED TO PA	344,860	45,387,939	0.007598	19,386,053	147,295	71
72 IMPL. DEV. CHARGED TO PATIENT	47,960	29,802,726	0.001609	9,792,786	15,757	72
73 DRUGS CHARGED TO PATIENTS	158,259	74,084,568	0.002136	26,732,346	57,100	73
74 RENAL DIALYSIS	20,495	3,352,082	0.006114	2,210,000	13,512	74
76.97 CARDIAC REHABILITATION	74,587	798,989	0.093352	33,331	3,112	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	186,337	5,265,705	0.035387	96,326	3,409	90
90.01 DAY REHAB	40,693	2,781,141	0.014632			90.01
90.02 IMAGING CENTERS	68,556	8,785,492	0.007803	48,605	379	90.02
90.03 COUMADIN CLINIC	10,839	411,995	0.026309	680	18	90.03
90.04 WOUND CLINIC	112,566	7,225,811	0.015578	25,608	399	90.04
90.05 CARDIOVASCULAR IMAGING CENTER	7,912	20,547,515	0.000385	99,728	38	90.05
91 EMERGENCY	308,143	34,794,972	0.008856	6,248,141	55,334	91
92 OBSERVATION BEDS	203,600	4,284,708	0.047518			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	6,039,247	761,289,511		191,693,429	1,156,043	200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

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		210,769			210,769	31
32 INTENSIVE CARE UNIT		24,625			24,625	32
33 CORONARY CARE UNIT						33
34 BURN INTENSIVE CARE UNIT						34
35 SURGICAL INTENSIVE CARE UNIT						35
40 OTHER SPECIAL CARE (SPECIFY)						40
41 SUBPROVIDER - IPF		61,723			61,723	41
42 SUBPROVIDER - IRF						42
43 SUBPROVIDER I						43
44 NURSERY						44
45 SKILLED NURSING FACILITY						45
200 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		297,117			297,117	200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

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	38,764	5.44	20,120	109,453	30
31 INTENSIVE CARE UNIT	4,249	5.80	2,322	13,468	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	10,650	5.80	7,092	41,134	41
42 SUBPROVIDER I					42
43 NURSERY	3,224				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	56,887		29,534	164,055	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHRGD 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 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS			13,032		13,032	13,032
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)			13,032		13,032	13,032

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0258)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	74,896,244		17,726,953		6,563,752	50
50.01	GAMMA KNIFE	6,242,499				2,339,232	50.01
50.02	ENDOSCOPY	22,869,809		2,959,915		6,150,269	50.02
51	RECOVERY ROOM	12,807,474		3,180,084		1,182,336	51
52	DELIVERY ROOM & LABOR ROOM	6,984,810		14,400		1,295	52
53	ANESTHESIOLOGY	18,099,192		4,125,856		1,635,902	53
54	RADIOLOGY-DIAGNOSTIC	17,991,792		4,518,880		2,802,542	54
54.01	ULTRASOUND	13,411,715		2,813,940		1,730,542	54.01
54.02	PET SCAN	3,973,893		30,275		2,012,379	54.02
54.03	RADIATION ONCOLOGY	16,427,334		375,626		8,093,762	54.03
54.04	MAMMOGRAPHY	6,026,511		21,118		442,076	54.04
56	RADIOISOTOPE	11,290,401		3,057,559		2,743,705	56
57	COMPUTED TOMOGRAPHY (CT) SCA	44,315,028		9,693,918		8,279,885	57
58	MAGNETIC RESONANCE IMAGING (	21,872,807		3,841,384		3,960,509	58
59	CARDIAC CATHETERIZATION	41,230,738		19,846,385		5,653,973	59
60	LABORATORY	119,354,482		29,405,605		2,062,777	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	5,236,803		1,914,927		325,321	63
64	INTRAVENOUS THERAPY	2,309,540		809,291		35,817	64
65	RESPIRATORY THERAPY	24,833,131		10,564,478		330,672	65
66	PHYSICAL THERAPY	14,084,589					66
66.01	REHAB OUTPATIENT	6,228,973					66.01
66.02	REHAB MED SURGICAL	6,466,284		4,212,205			66.02
69	ELECTROCARDIOLOGY	21,717,094		7,570,173		2,860,144	69
70	ELECTROENCEPHALOGRAPHY	1,712,129		336,853		316,099	70
70.01	NEUROMEG	551,829				42,260	70.01
70.02	SLEEP LAB	2,830,767				703,982	70.02
71	MEDICAL SUPPLIES CHRGED TO P	45,387,939		19,386,053		3,705,076	71
72	IMPL. DEV. CHARGED TO PATIEN	29,802,726		9,792,786		1,795,314	72
73	DRUGS CHARGED TO PATIENTS	74,084,568		26,732,346		7,555,023	73
74	RENAL DIALYSIS	3,352,082		2,210,000		93,488	74
76.97	CARDIAC REHABILITATION	798,989		33,331		342,303	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	5,265,705		96,326		1,917,609	90
90.01	DAY REHAB	2,781,141				15,991	90.01
90.02	IMAGING CENTERS	8,785,492		48,605		2,662,714	90.02
90.03	COUMADIN CLINIC	411,995		680		263,456	90.03
90.04	WOUND CLINIC	7,225,811		25,608		3,457,648	90.04
90.05	CARDIOVASCULAR IMAGING CENTE	20,547,515		99,728		11,272,603	90.05
91	EMERGENCY	34,794,972		6,248,141		4,067,355	91
92	OBSERVATION BEDS	4,284,708	0.003042	0.003042		1,235,550	3,759 92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	761,289,511			191,693,429	98,653,361	3,759 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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 C, PT I, COL. 9	RATIO REIMBURSED SERVICES	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.174576	6,563,752			1,145,874		50
50.01 GAMMA KNIFE	0.227946	2,339,232			533,219		50.01
50.02 ENDOSCOPY	0.116111	6,150,269			714,114		50.02
51 RECOVERY ROOM	0.131690	1,182,336			155,702		51
52 DELIVERY ROOM & LABOR ROOM	0.444022	1,295			575		52
53 ANESTHESIOLOGY	0.057826	1,635,902			94,598		53
54 RADIOLOGY-DIAGNOSTIC	0.143404	2,802,542			401,896		54
54.01 ULTRASOUND	0.102697	1,730,542			177,721		54.01
54.02 PET SCAN	0.144658	2,012,379			291,107		54.02
54.03 RADIATION ONCOLOGY	0.112471	8,093,762			910,314		54.03
54.04 MAMMOGRAPHY	0.237495	442,076			104,991		54.04
56 RADIOISOTOPE	0.124154	2,743,705			340,642		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117	8,279,885			381,843		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316	3,960,509			286,408		58
59 CARDIAC CATHETERIZATION	0.149352	5,653,973			844,432		59
60 LABORATORY	0.091529	2,062,777	77		188,804	7	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718	325,321			107,590		63
64 INTRAVENOUS THERAPY	0.669874	35,817			23,993		64
65 RESPIRATORY THERAPY	0.110973	330,672			36,696		65
66 PHYSICAL THERAPY	0.199923						66
66.01 REHAB OUTPATIENT	0.293942						66.01
66.02 REHAB MED SURGICAL	0.216848						66.02
69 ELECTROCARDIOLOGY	0.049460	2,860,144			141,463		69
70 ELECTROENCEPHALOGRAPHY	0.157087	316,099			49,655		70
70.01 NEUROMEG	0.682922	42,260			28,860		70.01
70.02 SLEEP LAB	0.258106	703,982			181,702		70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.257086	3,705,076			952,523		71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872	1,795,314			962,059		72
73 DRUGS CHARGED TO PATIENTS	0.223376	7,555,023	12,301	40,024	1,687,611	2,748	8,940
74 RENAL DIALYSIS	0.252085	93,488			23,567		74
76.97 CARDIAC REHABILITATION	0.683117	342,303			233,833		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311995	1,917,609			598,284		90
90.01 DAY REHAB	0.271406	15,991			4,340		90.01
90.02 IMAGING CENTERS	0.157468	2,662,714			419,292		90.02
90.03 COUMADIN CLINIC	0.440399	263,456			116,026		90.03
90.04 WOUND CLINIC	0.196125	3,457,648			678,131		90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217	11,272,603			836,619		90.05
91 EMERGENCY	0.174518	4,067,355	45,136		709,827	7,877	91
92 OBSERVATION BEDS	0.606619	1,235,550			749,508		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		98,653,361	57,514	40,024	15,113,819	10,632	8,940
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		98,653,361	57,514	40,024	15,113,819	10,632	8,940

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T258)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	995,166	74,896,244	0.013287	22,364	297	50
50.01	GAMMA KNIFE	87,179	6,242,499	0.013965			50.01
50.02	ENDOSCOPY	153,413	22,869,809	0.006708	14,752	99	50.02
51	RECOVERY ROOM	124,719	12,807,474	0.009738	9,841	96	51
52	DELIVERY ROOM & LABOR ROOM	371,991	6,984,810	0.053257			52
53	ANESTHESIOLOGY	32,732	18,099,192	0.001808	8,572	15	53
54	RADIOLOGY-DIAGNOSTIC	265,814	17,991,792	0.014774	177,377	2,621	54
54.01	ULTRASOUND	106,731	13,411,715	0.007958	136,670	1,088	54.01
54.02	PET SCAN	30,776	3,973,893	0.007745			54.02
54.03	RADIATION ONCOLOGY	237,602	16,427,334	0.014464	6,091	88	54.03
54.04	MAMMOGRAPHY	141,437	6,026,511	0.023469			54.04
56	RADIOISOTOPE	121,288	11,290,401	0.010743	60,121	646	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	99,585	44,315,028	0.002247	219,112	492	57
58	MAGNETIC RESONANCE IMAGING (M	136,635	21,872,807	0.006247	31,608	197	58
59	CARDIAC CATHETERIZATION	399,610	41,230,738	0.009692	33,472	324	59
60	LABORATORY	417,298	119,354,482	0.003496	2,783,657	9,732	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	21,560	5,236,803	0.004117	32,381	133	63
64	INTRAVENOUS THERAPY	19,491	2,309,540	0.008439	25,984	219	64
65	RESPIRATORY THERAPY	76,041	24,833,131	0.003062	611,626	1,873	65
66	PHYSICAL THERAPY	159,193	14,084,589	0.011303	9,262,746	104,697	66
66.01	REHAB OUTPATIENT	121,609	6,228,973	0.019523			66.01
66.02	REHAB MED SURGICAL	22,376	6,466,284	0.003460			66.02
69	ELECTROCARDIOLOGY	73,306	21,717,094	0.003375	70,031	236	69
70	ELECTROENCEPHALOGRAPHY	44,832	1,712,129	0.026185	3,334	87	70
70.01	NEUROMEG	69,389	551,829	0.125744			70.01
70.02	SLEEP LAB	124,667	2,830,767	0.044040			70.02
71	MEDICAL SUPPLIES CHRGED TO PA	344,860	45,387,939	0.007598	34,467	262	71
72	IMPL. DEV. CHARGED TO PATIENT	47,960	29,802,726	0.001609	13,698	22	72
73	DRUGS CHARGED TO PATIENTS	158,259	74,084,568	0.002136	2,599,663	5,553	73
74	RENAL DIALYSIS	20,495	3,352,082	0.006114	345,434	2,112	74
76.97	CARDIAC REHABILITATION	74,587	798,989	0.093352	105	10	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	186,337	5,265,705	0.035387	5,454	193	90
90.01	DAY REHAB	40,693	2,781,141	0.014632			90.01
90.02	IMAGING CENTERS	68,556	8,785,492	0.007803			90.02
90.03	COUMADIN CLINIC	10,839	411,995	0.026309			90.03
90.04	WOUND CLINIC	112,566	7,225,811	0.015578			90.04
90.05	CARDIOVASCULAR IMAGING CENTER	7,912	20,547,515	0.000385			90.05
91	EMERGENCY	308,143	34,794,972	0.008856	10,546	93	91
92	OBSERVATION BEDS	203,600	4,284,708	0.047518			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,039,247	761,289,511		16,519,106	131,185	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 [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T258) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHRGD 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 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T258)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	74,896,244		22,364			50
50.01	GAMMA KNIFE	6,242,499					50.01
50.02	ENDOSCOPY	22,869,809		14,752			50.02
51	RECOVERY ROOM	12,807,474		9,841			51
52	DELIVERY ROOM & LABOR ROOM	6,984,810					52
53	ANESTHESIOLOGY	18,099,192		8,572			53
54	RADIOLOGY-DIAGNOSTIC	17,991,792		177,377		2,876	54
54.01	ULTRASOUND	13,411,715		136,670		5,217	54.01
54.02	PET SCAN	3,973,893					54.02
54.03	RADIATION ONCOLOGY	16,427,334		6,091			54.03
54.04	MAMMOGRAPHY	6,026,511					54.04
56	RADIOISOTOPE	11,290,401		60,121			56
57	COMPUTED TOMOGRAPHY (CT) SCA	44,315,028		219,112		1,530	57
58	MAGNETIC RESONANCE IMAGING (	21,872,807		31,608			58
59	CARDIAC CATHETERIZATION	41,230,738		33,472			59
60	LABORATORY	119,354,482		2,783,657		7,344	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	5,236,803		32,381			63
64	INTRAVENOUS THERAPY	2,309,540		25,984			64
65	RESPIRATORY THERAPY	24,833,131		611,626			65
66	PHYSICAL THERAPY	14,084,589		9,262,746			66
66.01	REHAB OUTPATIENT	6,228,973					66.01
66.02	REHAB MED SURGICAL	6,466,284					66.02
69	ELECTROCARDIOLOGY	21,717,094		70,031		333	69
70	ELECTROENCEPHALOGRAPHY	1,712,129		3,334			70
70.01	NEUROMEG	551,829					70.01
70.02	SLEEP LAB	2,830,767					70.02
71	MEDICAL SUPPLIES CHRGED TO P	45,387,939		34,467			71
72	IMPL. DEV. CHARGED TO PATIEN	29,802,726		13,698			72
73	DRUGS CHARGED TO PATIENTS	74,084,568		2,599,663		1,894	73
74	RENAL DIALYSIS	3,352,082		345,434			74
76.97	CARDIAC REHABILITATION	798,989		105			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	5,265,705		5,454			90
90.01	DAY REHAB	2,781,141					90.01
90.02	IMAGING CENTERS	8,785,492					90.02
90.03	COUMADIN CLINIC	411,995					90.03
90.04	WOUND CLINIC	7,225,811					90.04
90.05	CARDIOVASCULAR IMAGING CENTE	20,547,515					90.05
91	EMERGENCY	34,794,972		10,546			91
92	OBSERVATION BEDS	4,284,708					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	761,289,511		16,519,106		19,194	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T258) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.174576						50
50.01 GAMMA KNIFE	0.227946						50.01
50.02 ENDOSCOPY	0.116111						50.02
51 RECOVERY ROOM	0.131690						51
52 DELIVERY ROOM & LABOR ROOM	0.444022						52
53 ANESTHESIOLOGY	0.057826						53
54 RADIOLOGY-DIAGNOSTIC	0.143404	2,876			412		54
54.01 ULTRASOUND	0.102697	5,217			536		54.01
54.02 PET SCAN	0.144658						54.02
54.03 RADIATION ONCOLOGY	0.112471						54.03
54.04 MAMMOGRAPHY	0.237495						54.04
56 RADIOISOTOPE	0.124154						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117	1,530			71		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316						58
59 CARDIAC CATHETERIZATION	0.149352						59
60 LABORATORY	0.091529	7,344			672		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718						63
64 INTRAVENOUS THERAPY	0.669874						64
65 RESPIRATORY THERAPY	0.110973						65
66 PHYSICAL THERAPY	0.199923						66
66.01 REHAB OUTPATIENT	0.293942						66.01
66.02 REHAB MED SURGICAL	0.216848						66.02
69 ELECTROCARDIOLOGY	0.049460	333			16		69
70 ELECTROENCEPHALOGRAPHY	0.157087						70
70.01 NEUROMEG	0.682922						70.01
70.02 SLEEP LAB	0.258106						70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.257086						71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872						72
73 DRUGS CHARGED TO PATIENTS	0.223376	1,894		412	423	92	73
74 RENAL DIALYSIS	0.252085						74
76.97 CARDIAC REHABILITATION	0.683117						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311995						90
90.01 DAY REHAB	0.271406						90.01
90.02 IMAGING CENTERS	0.157468						90.02
90.03 COUMADIN CLINIC	0.440399						90.03
90.04 WOUND CLINIC	0.196125						90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217						90.05
91 EMERGENCY	0.174518						91
92 OBSERVATION BEDS	0.606619						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		19,194		412	2,130	92	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		19,194		412	2,130	92	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,292,582		3,292,582	84.94	4,978	422,831	30
31 INTENSIVE CARE UNIT	628,546		628,546	147.93	160	23,669	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	972,568		972,568	91.32	363	33,149	41
42 SUBPROVIDER I							42
43 NURSERY	58,106		58,106	18.02	953	17,173	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,951,802		4,951,802		6,454	496,822	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +		COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	995,166	74,896,244	0.013287		50
50.01 GAMMA KNIFE	87,179	6,242,499	0.013965		50.01
50.02 ENDOSCOPY	153,413	22,869,809	0.006708		50.02
51 RECOVERY ROOM	124,719	12,807,474	0.009738		51
52 DELIVERY ROOM & LABOR ROOM	371,991	6,984,810	0.053257		52
53 ANESTHESIOLOGY	32,732	18,099,192	0.001808		53
54 RADIOLOGY-DIAGNOSTIC	265,814	17,991,792	0.014774		54
54.01 ULTRASOUND	106,731	13,411,715	0.007958		54.01
54.02 PET SCAN	30,776	3,973,893	0.007745		54.02
54.03 RADIATION ONCOLOGY	237,602	16,427,334	0.014464		54.03
54.04 MAMMOGRAPHY	141,437	6,026,511	0.023469		54.04
56 RADIOISOTOPE	121,288	11,290,401	0.010743		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	99,585	44,315,028	0.002247		57
58 MAGNETIC RESONANCE IMAGING (M	136,635	21,872,807	0.006247		58
59 CARDIAC CATHETERIZATION	399,610	41,230,738	0.009692		59
60 LABORATORY	417,298	119,354,482	0.003496		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	21,560	5,236,803	0.004117		63
64 INTRAVENOUS THERAPY	19,491	2,309,540	0.008439		64
65 RESPIRATORY THERAPY	76,041	24,833,131	0.003062		65
66 PHYSICAL THERAPY	159,193	14,084,589	0.011303		66
66.01 REHAB OUTPATIENT	121,609	6,228,973	0.019523		66.01
66.02 REHAB MED SURGICAL	22,376	6,466,284	0.003460		66.02
69 ELECTROCARDIOLOGY	73,306	21,717,094	0.003375		69
70 ELECTROENCEPHALOGRAPHY	44,832	1,712,129	0.026185		70
70.01 NEUROMEG	69,389	551,829	0.125744		70.01
70.02 SLEEP LAB	124,667	2,830,767	0.044040		70.02
71 MEDICAL SUPPLIES CHRGD TO PA	344,860	45,387,939	0.007598		71
72 IMPL. DEV. CHARGED TO PATIENT	47,960	29,802,726	0.001609		72
73 DRUGS CHARGED TO PATIENTS	158,259	74,084,568	0.002136		73
74 RENAL DIALYSIS	20,495	3,352,082	0.006114		74
76.97 CARDIAC REHABILITATION	74,587	798,989	0.093352		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	186,337	5,265,705	0.035387		90
90.01 DAY REHAB	40,693	2,781,141	0.014632		90.01
90.02 IMAGING CENTERS	68,556	8,785,492	0.007803		90.02
90.03 COUMADIN CLINIC	10,839	411,995	0.026309		90.03
90.04 WOUND CLINIC	112,566	7,225,811	0.015578		90.04
90.05 CARDIOVASCULAR IMAGING CENTER	7,912	20,547,515	0.000385		90.05
91 EMERGENCY	308,143	34,794,972	0.008856		91
92 OBSERVATION BEDS	203,600	4,284,708	0.047518		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	6,039,247	761,289,511			200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30 INPAT ROUTINE SERV COST CTRS						30
31 ADULTS & PEDIATRICS		210,769			210,769	31
32 INTENSIVE CARE UNIT		24,625			24,625	32
33 CORONARY CARE UNIT						33
34 BURN INTENSIVE CARE UNIT						34
35 SURGICAL INTENSIVE CARE UNIT						35
40 OTHER SPECIAL CARE (SPECIFY)						40
41 SUBPROVIDER - IPF		61,723			61,723	41
42 SUBPROVIDER - IRF						42
43 SUBPROVIDER I						43
44 NURSERY						44
45 SKILLED NURSING FACILITY						45
200 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		297,117			297,117	200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
 11/30/2012 10:05

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	38,764	5.44	4,978	27,080	30
31 INTENSIVE CARE UNIT	4,249	5.80	160	928	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	10,650	5.80	363	2,105	41
42 SUBPROVIDER I					42
43 NURSERY	3,224		953		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	56,887		6,454	30,113	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHRGD 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 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)	
	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	74,896,244							50
50.01 GAMMA KNIFE	6,242,499							50.01
50.02 ENDOSCOPY	22,869,809							50.02
51 RECOVERY ROOM	12,807,474							51
52 DELIVERY ROOM & LABOR ROOM	6,984,810							52
53 ANESTHESIOLOGY	18,099,192							53
54 RADIOLOGY-DIAGNOSTIC	17,991,792							54
54.01 ULTRASOUND	13,411,715							54.01
54.02 PET SCAN	3,973,893							54.02
54.03 RADIATION ONCOLOGY	16,427,334							54.03
54.04 MAMMOGRAPHY	6,026,511							54.04
56 RADIOISOTOPE	11,290,401							56
57 COMPUTED TOMOGRAPHY (CT) SCA	44,315,028							57
58 MAGNETIC RESONANCE IMAGING (	21,872,807							58
59 CARDIAC CATHETERIZATION	41,230,738							59
60 LABORATORY	119,354,482							60
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30
63 BLOOD STORING, PROCESSING &	5,236,803							63
64 INTRAVENOUS THERAPY	2,309,540							64
65 RESPIRATORY THERAPY	24,833,131							65
66 PHYSICAL THERAPY	14,084,589							66
66.01 REHAB OUTPATIENT	6,228,973							66.01
66.02 REHAB MED SURGICAL	6,466,284							66.02
69 ELECTROCARDIOLOGY	21,717,094							69
70 ELECTROENCEPHALOGRAPHY	1,712,129							70
70.01 NEUROMEG	551,829							70.01
70.02 SLEEP LAB	2,830,767							70.02
71 MEDICAL SUPPLIES CHRGED TO P	45,387,939							71
72 IMPL. DEV. CHARGED TO PATIEN	29,802,726							72
73 DRUGS CHARGED TO PATIENTS	74,084,568							73
74 RENAL DIALYSIS	3,352,082							74
76.97 CARDIAC REHABILITATION	798,989							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	5,265,705							90
90.01 DAY REHAB	2,781,141							90.01
90.02 IMAGING CENTERS	8,785,492							90.02
90.03 COUMADIN CLINIC	411,995							90.03
90.04 WOUND CLINIC	7,225,811							90.04
90.05 CARDIOVASCULAR IMAGING CENTE	20,547,515							90.05
91 EMERGENCY	34,794,972							91
92 OBSERVATION BEDS	4,284,708							92
OTHER REIMBURSABLE COST CENTERS								
200 TOTAL (SUM OF LINES 50-199)	761,289,511							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T258)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	995,166	74,896,244	0.013287	50
50.01	GAMMA KNIFE	87,179	6,242,499	0.013965	50.01
50.02	ENDOSCOPY	153,413	22,869,809	0.006708	50.02
51	RECOVERY ROOM	124,719	12,807,474	0.009738	51
52	DELIVERY ROOM & LABOR ROOM	371,991	6,984,810	0.053257	52
53	ANESTHESIOLOGY	32,732	18,099,192	0.001808	53
54	RADIOLOGY-DIAGNOSTIC	265,814	17,991,792	0.014774	54
54.01	ULTRASOUND	106,731	13,411,715	0.007958	54.01
54.02	PET SCAN	30,776	3,973,893	0.007745	54.02
54.03	RADIATION ONCOLOGY	237,602	16,427,334	0.014464	54.03
54.04	MAMMOGRAPHY	141,437	6,026,511	0.023469	54.04
56	RADIOISOTOPE	121,288	11,290,401	0.010743	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	99,585	44,315,028	0.002247	57
58	MAGNETIC RESONANCE IMAGING (M	136,635	21,872,807	0.006247	58
59	CARDIAC CATHETERIZATION	399,610	41,230,738	0.009692	59
60	LABORATORY	417,298	119,354,482	0.003496	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	21,560	5,236,803	0.004117	63
64	INTRAVENOUS THERAPY	19,491	2,309,540	0.008439	64
65	RESPIRATORY THERAPY	76,041	24,833,131	0.003062	65
66	PHYSICAL THERAPY	159,193	14,084,589	0.011303	66
66.01	REHAB OUTPATIENT	121,609	6,228,973	0.019523	66.01
66.02	REHAB MED SURGICAL	22,376	6,466,284	0.003460	66.02
69	ELECTROCARDIOLOGY	73,306	21,717,094	0.003375	69
70	ELECTROENCEPHALOGRAPHY	44,832	1,712,129	0.026185	70
70.01	NEUROMEG	69,389	551,829	0.125744	70.01
70.02	SLEEP LAB	124,667	2,830,767	0.044040	70.02
71	MEDICAL SUPPLIES CHRGD TO PA	344,860	45,387,939	0.007598	71
72	IMPL. DEV. CHARGED TO PATIENT	47,960	29,802,726	0.001609	72
73	DRUGS CHARGED TO PATIENTS	158,259	74,084,568	0.002136	73
74	RENAL DIALYSIS	20,495	3,352,082	0.006114	74
76.97	CARDIAC REHABILITATION	74,587	798,989	0.093352	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	186,337	5,265,705	0.035387	90
90.01	DAY REHAB	40,693	2,781,141	0.014632	90.01
90.02	IMAGING CENTERS	68,556	8,785,492	0.007803	90.02
90.03	COUMADIN CLINIC	10,839	411,995	0.026309	90.03
90.04	WOUND CLINIC	112,566	7,225,811	0.015578	90.04
90.05	CARDIOVASCULAR IMAGING CENTER	7,912	20,547,515	0.000385	90.05
91	EMERGENCY	308,143	34,794,972	0.008856	91
92	OBSERVATION BEDS	203,600	4,284,708	0.047518	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	6,039,247	761,289,511		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF (14-T258) NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
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 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T258)	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	74,896,244						50
50.01 GAMMA KNIFE	6,242,499						50.01
50.02 ENDOSCOPY	22,869,809						50.02
51 RECOVERY ROOM	12,807,474						51
52 DELIVERY ROOM & LABOR ROOM	6,984,810						52
53 ANESTHESIOLOGY	18,099,192						53
54 RADIOLOGY-DIAGNOSTIC	17,991,792						54
54.01 ULTRASOUND	13,411,715						54.01
54.02 PET SCAN	3,973,893						54.02
54.03 RADIATION ONCOLOGY	16,427,334						54.03
54.04 MAMMOGRAPHY	6,026,511						54.04
56 RADIOISOTOPE	11,290,401						56
57 COMPUTED TOMOGRAPHY (CT) SCA	44,315,028						57
58 MAGNETIC RESONANCE IMAGING (	21,872,807						58
59 CARDIAC CATHETERIZATION	41,230,738						59
60 LABORATORY	119,354,482						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	5,236,803						63
64 INTRAVENOUS THERAPY	2,309,540						64
65 RESPIRATORY THERAPY	24,833,131						65
66 PHYSICAL THERAPY	14,084,589						66
66.01 REHAB OUTPATIENT	6,228,973						66.01
66.02 REHAB MED SURGICAL	6,466,284						66.02
69 ELECTROCARDIOLOGY	21,717,094						69
70 ELECTROENCEPHALOGRAPHY	1,712,129						70
70.01 NEUROMEG	551,829						70.01
70.02 SLEEP LAB	2,830,767						70.02
71 MEDICAL SUPPLIES CHRGED TO P	45,387,939						71
72 IMPL. DEV. CHARGED TO PATIEN	29,802,726						72
73 DRUGS CHARGED TO PATIENTS	74,084,568						73
74 RENAL DIALYSIS	3,352,082						74
76.97 CARDIAC REHABILITATION	798,989						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	5,265,705						90
90.01 DAY REHAB	2,781,141						90.01
90.02 IMAGING CENTERS	8,785,492						90.02
90.03 COUMADIN CLINIC	411,995						90.03
90.04 WOUND CLINIC	7,225,811						90.04
90.05 CARDIOVASCULAR IMAGING CENTE	20,547,515						90.05
91 EMERGENCY	34,794,972						91
92 OBSERVATION BEDS	4,284,708						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	761,289,511						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T258) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.174576						50
50.01 GAMMA KNIFE	0.227946						50.01
50.02 ENDOSCOPY	0.116111						50.02
51 RECOVERY ROOM	0.131690						51
52 DELIVERY ROOM & LABOR ROOM	0.444022						52
53 ANESTHESIOLOGY	0.057826						53
54 RADIOLOGY-DIAGNOSTIC	0.143404						54
54.01 ULTRASOUND	0.102697						54.01
54.02 PET SCAN	0.144658						54.02
54.03 RADIATION ONCOLOGY	0.112471						54.03
54.04 MAMMOGRAPHY	0.237495						54.04
56 RADIOISOTOPE	0.124154						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316						58
59 CARDIAC CATHETERIZATION	0.149352						59
60 LABORATORY	0.091529						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718						63
64 INTRAVENOUS THERAPY	0.669874						64
65 RESPIRATORY THERAPY	0.110973						65
66 PHYSICAL THERAPY	0.199923						66
66.01 REHAB OUTPATIENT	0.293942						66.01
66.02 REHAB MED SURGICAL	0.216848						66.02
69 ELECTROCARDIOLOGY	0.049460						69
70 ELECTROENCEPHALOGRAPHY	0.157087						70
70.01 NEUROMEG	0.682922						70.01
70.02 SLEEP LAB	0.258106						70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.257086						71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872						72
73 DRUGS CHARGED TO PATIENTS	0.223376						73
74 RENAL DIALYSIS	0.252085						74
76.97 CARDIAC REHABILITATION	0.683117						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311995						90
90.01 DAY REHAB	0.271406						90.01
90.02 IMAGING CENTERS	0.157468						90.02
90.03 COUMADIN CLINIC	0.440399						90.03
90.04 WOUND CLINIC	0.196125						90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217						90.05
91 EMERGENCY	0.174518						91
92 OBSERVATION BEDS	0.606619						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] 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)	38,764	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,764	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,367	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)	20,120	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)	42,033,784	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	42,033,784	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	42,033,784	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] 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) 1,084.35 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 21,817,122 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) 21,817,122 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8,731,630	4,249	2,054.98	2,322	4,771,664	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					33,462,998	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					60,051,784	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,175,407 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,156,043 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,331,450 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 56,720,334 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) 2,397 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,084.35 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,599,187 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,292,582	42,033,784	0.078332	2,599,187	203,600	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	210,769	42,033,784	0.005014	2,599,187	13,032	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T258) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,650	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,650	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,650	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)	7,092	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)	14,295,250	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	14,295,250	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	14,295,250	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T258) [] 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)	1,342.28 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	9,519,450 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)	9,519,450 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,966,615 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	12,486,065 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	688,775 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	131,185 51
52	TOTAL PROGRAM EXCLUDABLE COST	819,960 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	11,666,105 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	38,764	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,764	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,367	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,978	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,224	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	953	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)	42,033,784	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	42,033,784	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	42,033,784	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,084.35 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,397,894 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) 5,397,894 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)	1,518,509	3,224	471.00	953	448,863 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,731,630	4,249	2,054.98	160	328,797 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,175,554 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 491,681 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 491,681 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,397 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T258) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,650	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,650	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,650	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)	363	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)	14,295,250	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	14,295,250	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	14,295,250	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T258) [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,342.28 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	487,248 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)	487,248 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	487,248 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	35,254 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52 TOTAL PROGRAM EXCLUDABLE COST	35,254 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		41,971,080		30
31 INTENSIVE CARE UNIT		8,460,090		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.174576	17,726,953	3,094,701	50
50.01 GAMMA KNIFE	0.227946			50.01
50.02 ENDOSCOPY	0.116111	2,959,915	343,679	50.02
51 RECOVERY ROOM	0.131690	3,180,084	418,785	51
52 DELIVERY ROOM & LABOR ROOM	0.444022	14,400	6,394	52
53 ANESTHESIOLOGY	0.057826	4,125,856	238,582	53
54 RADIOLOGY-DIAGNOSTIC	0.143404	4,518,880	648,025	54
54.01 ULTRASOUND	0.102697	2,813,940	288,983	54.01
54.02 PET SCAN	0.144658	30,275	4,380	54.02
54.03 RADIATION ONCOLOGY	0.112471	375,626	42,247	54.03
54.04 MAMMOGRAPHY	0.237495	21,118	5,015	54.04
56 RADIOISOTOPE	0.124154	3,057,559	379,608	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117	9,693,918	447,054	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316	3,841,384	277,794	58
59 CARDIAC CATHETERIZATION	0.149352	19,846,385	2,964,097	59
60 LABORATORY	0.091529	29,405,605	2,691,466	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718	1,914,927	633,301	63
64 INTRAVENOUS THERAPY	0.669874	809,291	542,123	64
65 RESPIRATORY THERAPY	0.110973	10,564,478	1,172,372	65
66 PHYSICAL THERAPY	0.199923			66
66.01 REHAB OUTPATIENT	0.293942			66.01
66.02 REHAB MED SURGICAL	0.216848	4,212,205	913,408	66.02
69 ELECTROCARDIOLOGY	0.049460	7,570,173	374,421	69
70 ELECTROENCEPHALOGRAPHY	0.157087	336,853	52,915	70
70.01 NEUROMEG	0.682922			70.01
70.02 SLEEP LAB	0.258106			70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.257086	19,386,053	4,983,883	71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872	9,792,786	5,247,680	72
73 DRUGS CHARGED TO PATIENTS	0.223376	26,732,346	5,971,365	73
74 RENAL DIALYSIS	0.252085	2,210,000	557,108	74
76.97 CARDIAC REHABILITATION	0.683117	33,331	22,769	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311995	96,326	30,053	90
90.01 DAY REHAB	0.271406			90.01
90.02 IMAGING CENTERS	0.157468	48,605	7,654	90.02
90.03 COUMADIN CLINIC	0.440399	680	299	90.03
90.04 WOUND CLINIC	0.196125	25,608	5,022	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217	99,728	7,402	90.05
91 EMERGENCY	0.174518	6,248,141	1,090,413	91
92 OBSERVATION BEDS	0.606619			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		191,693,429	33,462,998	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		191,693,429		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T258) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		12,742,400		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.174576	22,364	3,904	50
50.01 GAMMA KNIFE	0.227946			50.01
50.02 ENDOSCOPY	0.116111	14,752	1,713	50.02
51 RECOVERY ROOM	0.131690	9,841	1,296	51
52 DELIVERY ROOM & LABOR ROOM	0.444022			52
53 ANESTHESIOLOGY	0.057826	8,572	496	53
54 RADIOLOGY-DIAGNOSTIC	0.143404	177,377	25,437	54
54.01 ULTRASOUND	0.102697	136,670	14,036	54.01
54.02 PET SCAN	0.144658			54.02
54.03 RADIATION ONCOLOGY	0.112471	6,091	685	54.03
54.04 MAMMOGRAPHY	0.237495			54.04
56 RADIOISOTOPE	0.124154	60,121	7,464	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117	219,112	10,105	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316	31,608	2,286	58
59 CARDIAC CATHETERIZATION	0.149352	33,472	4,999	59
60 LABORATORY	0.091529	2,783,657	254,785	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718	32,381	10,709	63
64 INTRAVENOUS THERAPY	0.669874	25,984	17,406	64
65 RESPIRATORY THERAPY	0.110973	611,626	67,874	65
66 PHYSICAL THERAPY	0.199923	9,262,746	1,851,836	66
66.01 REHAB OUTPATIENT	0.293942			66.01
66.02 REHAB MED SURGICAL	0.216848			66.02
69 ELECTROCARDIOLOGY	0.049460	70,031	3,464	69
70 ELECTROENCEPHALOGRAPHY	0.157087	3,334	524	70
70.01 NEUROMEG	0.682922			70.01
70.02 SLEEP LAB	0.258106			70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.257086	34,467	8,861	71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872	13,698	7,340	72
73 DRUGS CHARGED TO PATIENTS	0.223376	2,599,663	580,702	73
74 RENAL DIALYSIS	0.252085	345,434	87,079	74
76.97 CARDIAC REHABILITATION	0.683117	105	72	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311995	5,454	1,702	90
90.01 DAY REHAB	0.271406			90.01
90.02 IMAGING CENTERS	0.157468			90.02
90.03 COUMADIN CLINIC	0.440399			90.03
90.04 WOUND CLINIC	0.196125			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217			90.05
91 EMERGENCY	0.174518	10,546	1,840	91
92 OBSERVATION BEDS	0.606619			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		16,519,106	2,966,615	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		16,519,106		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.174576			50
50.01 GAMMA KNIFE	0.227946			50.01
50.02 ENDOSCOPY	0.116111			50.02
51 RECOVERY ROOM	0.131690			51
52 DELIVERY ROOM & LABOR ROOM	0.444022			52
53 ANESTHESIOLOGY	0.057826			53
54 RADIOLOGY-DIAGNOSTIC	0.143404			54
54.01 ULTRASOUND	0.102697			54.01
54.02 PET SCAN	0.144658			54.02
54.03 RADIATION ONCOLOGY	0.112471			54.03
54.04 MAMMOGRAPHY	0.237495			54.04
56 RADIOISOTOPE	0.124154			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316			58
59 CARDIAC CATHETERIZATION	0.149352			59
60 LABORATORY	0.091529			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718			63
64 INTRAVENOUS THERAPY	0.669874			64
65 RESPIRATORY THERAPY	0.110973			65
66 PHYSICAL THERAPY	0.199923			66
66.01 REHAB OUTPATIENT	0.293942			66.01
66.02 REHAB MED SURGICAL	0.216848			66.02
69 ELECTROCARDIOLOGY	0.049460			69
70 ELECTROENCEPHALOGRAPHY	0.157087			70
70.01 NEUROMEG	0.682922			70.01
70.02 SLEEP LAB	0.258106			70.02
71 MEDICAL SUPPLIES CHRGED TO PATI	0.257086			71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872			72
73 DRUGS CHARGED TO PATIENTS	0.223376			73
74 RENAL DIALYSIS	0.252085			74
76.97 CARDIAC REHABILITATION	0.683117			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311995			90
90.01 DAY REHAB	0.271406			90.01
90.02 IMAGING CENTERS	0.157468			90.02
90.03 COUMADIN CLINIC	0.440399			90.03
90.04 WOUND CLINIC	0.196125			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217			90.05
91 EMERGENCY	0.174518			91
92 OBSERVATION BEDS	0.606619			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T258) [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.174576		50
50.01 GAMMA KNIFE	0.227946		50.01
50.02 ENDOSCOPY	0.116111		50.02
51 RECOVERY ROOM	0.131690		51
52 DELIVERY ROOM & LABOR ROOM	0.444022		52
53 ANESTHESIOLOGY	0.057826		53
54 RADIOLOGY-DIAGNOSTIC	0.143404		54
54.01 ULTRASOUND	0.102697		54.01
54.02 PET SCAN	0.144658		54.02
54.03 RADIATION ONCOLOGY	0.112471		54.03
54.04 MAMMOGRAPHY	0.237495		54.04
56 RADIOISOTOPE	0.124154		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046117		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072316		58
59 CARDIAC CATHETERIZATION	0.149352		59
60 LABORATORY	0.091529		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.330718		63
64 INTRAVENOUS THERAPY	0.669874		64
65 RESPIRATORY THERAPY	0.110973		65
66 PHYSICAL THERAPY	0.199923		66
66.01 REHAB OUTPATIENT	0.293942		66.01
66.02 REHAB MED SURGICAL	0.216848		66.02
69 ELECTROCARDIOLOGY	0.049460		69
70 ELECTROENCEPHALOGRAPHY	0.157087		70
70.01 NEUROMEG	0.682922		70.01
70.02 SLEEP LAB	0.258106		70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.257086		71
72 IMPL. DEV. CHARGED TO PATIENT	0.535872		72
73 DRUGS CHARGED TO PATIENTS	0.223376		73
74 RENAL DIALYSIS	0.252085		74
76.97 CARDIAC REHABILITATION	0.683117		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.311995		90
90.01 DAY REHAB	0.271406		90.01
90.02 IMAGING CENTERS	0.157468		90.02
90.03 COUMADIN CLINIC	0.440399		90.03
90.04 WOUND CLINIC	0.196125		90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.074217		90.05
91 EMERGENCY	0.174518		91
92 OBSERVATION BEDS	0.606619		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0258)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	38,786,853	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,933,103	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	2,093,249	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	307.83	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)	0.0174	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1478	31
32	SUM OF LINES 30 AND 31	0.1652	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0349	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,353,661	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)	43,073,617	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)	43,073,617	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,363,059	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0258)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	122,921	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	46,559,597	59
60	PRIMARY PAYER PAYMENTS	459,706	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	46,099,891	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,424,824	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	302,199	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	556,326	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	389,428	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	363,067	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	42,762,296	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)	42,762,296	71
72	INTERIM PAYMENTS	42,518,188	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	244,108	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T258)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	92	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	2,130	2
3	PPS PAYMENTS	1,146	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	92	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	412	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	412	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	412	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	320	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	92	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	1,146	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	353	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	885	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	885	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	885	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	885	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	885	40
41	INTERIM PAYMENTS	876	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	9	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0258) [] 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		42,178,748		11,428,570	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.		311,640		153,960	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 08/16/2012	27,800	08/16/2012	27,600	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				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		27,800		27,600	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		42,518,188		11,610,130	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 .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
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 [] IPF [] SNF
 BOX: [XX] IRF (14-T258) [] 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		9,955,256		876	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		9,955,256		876	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 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: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0258) [] 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	9,184	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,442	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,189	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	40,616	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	881,752,169	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	12,938,488	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T258)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	8,486,027	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.016900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	238,661	3
4	OUTLIER PAYMENTS	1,418,394	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	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)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	58.516484	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	10,143,082	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	10,143,082	17
18	PRIMARY PAYER PAYMENTS	36,164	18
19	SUBTOTAL LINE 17b LESS LINE 18)	10,106,918	19
20	DEDUCTIBLES	31,188	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	10,075,730	21
22	COINSURANCE	95,292	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	9,980,438	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	9,980,438	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	41,134	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,021,572	32
33	INTERIM PAYMENTS	9,955,256	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	66,316	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	6,175,554	1	INPATIENT HOSPITAL SNF/NF SERVICES
2		2	MEDICAL AND OTHER SERVICES
3		3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)
4	6,175,554	4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)
5		5	INPATIENT PRIMARY PAYER PAYMENTS
6		6	OUTPATIENT PRIMARY PAYER PAYMENTS
7	6,175,554	7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8		8	ROUTINE SERVICE CHARGES
9		9	ANCILLARY SERVICE CHARGES
10		10	ORGAN ACQUISITION CHARGES, NET OF REVENUE
11		11	INCENTIVE FROM TARGET AMOUNT COMPUTATION
12		12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)
CUSTOMARY CHARGES			
13		13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
14		14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)
15	1.000000	1.000000	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)
16		16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
17		17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))
18	6,175,554	18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))
19		19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
20		20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
21		21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)
PROSPECTIVE PAYMENT AMOUNT			
22		22	OTHER THAN OUTLIER PAYMENTS
23		23	OUTLIER PAYMENTS
24		24	PROGRAM CAPITAL PAYMENTS
25		25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
26		26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS
27		27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)
28		28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)
29		29	SUM OF LINES 27 AND 21
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30		30	EXCESS OF REASONABLE COST (FROM LINE 18)
31		31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)
32		32	DEDUCTIBLES
33		33	COINSURANCE
34		34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)
35		35	UTILIZATION REVIEW
36		36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)
37		37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)
38		38	SUBTOTAL (LINE 36 ± LINE 37)
39		39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)
40		40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)
41		41	INTERIM PAYMENTS
42		42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)
43		43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T258) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	487,248		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	487,248		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	487,248		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	487,248		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	57,508,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	58,954,000			4
5	OTHER RECEIVABLES	418,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	7,711,000			7
8	PREPAID EXPENSES	160,000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	124,751,000			11
FIXED ASSETS					
12	LAND	10,100,000			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	173,225,000			15
16	ACCUMULATED DEPRECIATION	-3,337,000			16
17	LEASEHOLD IMPROVEMENTS	3,634,000			17
18	ACCUMULATED AMORTIZATION	-131,000			18
19	FIXED EQUIPMENT	525,000			19
20	ACCUMULATED DEPRECIATION	-26,000			20
21	AUTOMOBILES AND TRUCKS	143,000			21
22	ACCUMULATED DEPRECIATION	-22,000			22
23	MAJOR MOVABLE EQUIPMENT	33,236,000			23
24	ACCUMULATED DEPRECIATION	-4,100,000			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	213,247,000			30
OTHER ASSETS					
31	INVESTMENTS	32,000,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	5,645,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	37,645,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	375,643,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	23,112,000			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME	47,428,000			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	32,757,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	103,297,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	21,072,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	21,072,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	124,369,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	251,274,000			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)	251,274,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	375,643,000			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		238,571,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		13,139,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		251,710,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		251,710,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATES									13
14 NON CONTROLLING INTEREST		436,000							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		436,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		251,274,000							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	145,174,000		145,174,000	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	35,218,000		35,218,000	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	180,392,000		180,392,000	11
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	32,141,000		32,141,000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	32,141,000		32,141,000	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	212,533,000		212,533,000	18
18 ANCILLARY SERVICES	750,299,000	688,426,000	1,438,725,000	19
19 OUTPATIENT SERVICES				20
20 RHC				21
21 FQHC				22
22 HOME HEALTH AGENCY		11,736,000	11,736,000	23
23 AMBULANCE				25
25 ASC				26
26 HOSPICE				27
27 OTHER (SPECIFY)				28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	962,832,000	700,162,000	1,662,994,000	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		223,760,466	29
30 ADD (SPECIFY)			30
31 ROUNDING	2,534		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		2,534	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)		223,763,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,662,994,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,430,039,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	232,955,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	223,763,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	9,192,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	43,000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	189,000	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	681,000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	114,000	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	385,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (NET ASSETS RELEASED FROM RESTRICTIO)		24.01
24.02	OTHER (REFERENCE LAB)	71,000	24.02
24.03	OTHER (TERTIARY PAYMENTS)	87,000	24.03
24.04	OTHER (POWERHOUSE)	76,000	24.04
24.05	OTHER (REHAB ADMIN OTHER INCOME)	233,000	24.05
24.06	OTHER (INTERCOMPANY RENT)	357,000	24.06
24.07	OTHER (PHYSICIANS)	1,006,000	24.07
24.08	OTHER (SATELLITE DISH)		24.08
24.09	OTHER (PHYSICIAN APPLICATION FEES)	13,000	24.09
24.10	OTHER (OTHER INCOME)	692,000	24.10
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,947,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	13,139,000	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	13,139,000	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

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	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXTURES					81,285	81,285	1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					73,404	73,404	2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTRUCTIONS)							4
5 ADMINISTRATIVE AND GENERAL	952,114	212,664	108,303		156,194	1,429,275	5
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	991,602					991,602	6
7 PHYSICAL THERAPY	538,546					538,546	7
8 OCCUPATIONAL THERAPY	200,369					200,369	8
9 SPEECH PATHOLOGY	38,001			7,234		45,235	9
10 MEDICAL SOCIAL SERVICES	24,832					24,832	10
11 HOME HEALTH AIDE	72,719					72,719	11
12 SUPPLIES (SEE INSTRUCTIONS)					32,497	32,497	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE	67,911					67,911	23.50
24 TOTAL (SUM OF LINES 1-23)	2,886,094	212,664	108,303	7,234	343,380	3,557,675	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

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		81,285		81,285	2
3		73,404		73,404	3
4					4
5		1,429,275		1,429,275	5
6					6
7		991,602		991,602	7
8		538,546		538,546	8
9		200,369		200,369	9
10		45,235		45,235	10
11		24,832		24,832	11
12		72,719		72,719	12
13		32,497		32,497	13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50		67,911		67,911	23.50
24		3,557,675		3,557,675	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7583

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
GENERAL SERVICE COST CENTER									
1		81,285	81,285						1
2		73,404		73,404					2
3									3
4									4
5	1,429,275	81,285	73,404			1,583,964	1,583,964		5
HHA REIMBURSABLE SERVICES									
6	991,602					991,602	795,792	1,787,394	6
7	538,546					538,546	432,200	970,746	7
8	200,369					200,369	160,802	361,171	8
9	45,235					45,235	36,302	81,537	9
10	24,832					24,832	19,928	44,760	10
11	72,719					72,719	58,359	131,078	11
12	32,497					32,497	26,080	58,577	12
13									13
14									14
HHA NONREIMBURSABLE SERVICES									
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
23.50	67,911					67,911	54,501	122,412	23.50
24	3,557,675	81,285	73,404			3,557,675		3,557,675	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7583

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	
1							1
2	100						2
3		100					3
4							4
5	100	100			-1,583,964	1,973,711	5
6						991,602	6
7						538,546	7
8						200,369	8
9						45,235	9
10						24,832	10
11						72,719	11
12						32,497	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50					67,911	67,911	23.50
24	100	100			-1,583,964	1,973,711	24
25	81,285	73,404				1,583,964	25
26	812.850000	734.040000				0.802531	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7583

WORKSHEET H-2
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	165,057	2,487,235	2
3 PHYSICAL THERAPY	89,644	1,350,836	3
4 OCCUPATIONAL THERAPY	33,353	502,586	4
5 SPEECH PATHOLOGY	7,430	111,966	5
6 MEDICAL SOCIAL SERVICES	4,133	62,285	6
7 HOME HEALTH AIDE	12,105	182,402	7
8 SUPPLIES	4,963	74,789	8
9 DRUGS			9
10 DME			10
11 HOME DIALYSIS AIDE SERVICES			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIES			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGRAM			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
19.50 TELEMEDICINE			19.50
20 TOTAL (SUM OF LINES 1-19)	327,989	4,942,440	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.	0.071079		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING	PURCHASING PURCHASING	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL		5,904		952,114	98		76,810	1
2 SKILLED NURSING CARE				991,602				2
3 PHYSICAL THERAPY				538,546				3
4 OCCUPATIONAL THERAPY				200,369				4
5 SPEECH PATHOLOGY				38,001				5
6 MEDICAL SOCIAL SERVICES				24,832				6
7 HOME HEALTH AIDE				72,719				7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE				67,911				19.50
20 TOTAL (SUM OF LINES 1-19)		5,904		2,886,094	98		76,810	20
21 TOTAL COST TO BE ALLOCATED		1,510		467,668	22,588		2,820	21
22 UNIT COST MULTIPLIER				230.489796			0.036714	22
22 UNIT COST MULTIPLIER		0.255759		0.162042				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-2
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

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	
		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	
PATIENT SERVICES								
1	SKILLED NURSING CARE	2	2,487,235		2,487,235	17,201	144.60	1
2	PHYSICAL THERAPY	3	1,350,836		1,350,836	8,869	152.31	2
3	OCCUPATIONAL THERAPY	4	502,586		502,586	2,970	169.22	3
4	SPEECH PATHOLOGY	5	111,966		111,966	468	239.24	4
5	MEDICAL SOCIAL SERVICES	6	62,285		62,285	345	180.54	5
6	HOME HEALTH AIDE	7	182,402		182,402	3,584	50.89	6
7	TOTAL (SUM OF LINES 1-6)		4,697,310		4,697,310	33,437		7
PATIENT SERVICES								
8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
14	TOTAL (SUM OF LINES 8-13)							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
OTHER PATIENT SERVICES								
15	COST OF MEDICAL SUPPLIES	8	74,789		74,789	275,462	0.271504	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

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 A		PART B		PART A		PART B		
PATIENT SERVICES	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
1 SKILLED NURSING CARE	9,089	4,950	1,314,269	715,770	2,030,039	1			
2 PHYSICAL THERAPY	4,849	2,080	738,551	316,805	1,055,356	2			
3 OCCUPATIONAL THERAPY	1,788	765	302,565	129,453	432,018	3			
4 SPEECH PATHOLOGY	294	93	70,337	22,249	92,586	4			
5 MEDICAL SOCIAL SERVICES	190	99	34,303	17,873	52,176	5			
6 HOME HEALTH AIDE	1,627	1,828	82,798	93,027	175,825	6			
7 TOTAL (SUM OF LINES 1-6)	17,837	9,815	2,542,823	1,295,177	3,838,000	7			

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS				TOTAL PROGRAM COST
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	16974	2	4,950	8		
8.01 SKILLED NURSING CARE	29404	11		8.01		
9 PHYSICAL THERAPY	16974	4,837	2,080	9		
9.01 PHYSICAL THERAPY	29404	12		9.01		
10 OCCUPATIONAL THERAPY	16974	1,788	765	10		
10.01 OCCUPATIONAL THERAPY	29404			10.01		
11 SPEECH PATHOLOGY	16974	294	93	11		
11.01 SPEECH PATHOLOGY	29404			11.01		
12 MEDICAL SOCIAL SERVICES	16974	190	99	12		
12.01 MEDICAL SOCIAL SERVICES	29404			12.01		
13 HOME HEALTH AIDE	16974	1,627	1,828	13		
13.01 HOME HEALTH AIDE	29404			13.01		
14 TOTAL (SUM OF LINES 8-13)		17,837	9,815	14		

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES			
	PART A		PART B		PART A		PART B	
OTHER PATIENT SERVICES	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
15 COST OF MEDICAL SUPPLIES	6	7	8	9	10	11	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	0.199923		COL 2, LINE 2	1
1.01 REHAB OUTPATIENT	66.01	0.293942		COL 2, LINE 2	1.01
1.02 REHAB MED SURGICAL	66.02	0.216848		COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.257086		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.223376		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7583

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	5,536,033	2,589,595	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7,552	13,886	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	76,061	44,786	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	35,207	24,808	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	773	3,147	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	45		16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	5,655,671	2,676,222	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	5,655,671	2,676,222	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	5,655,671	2,676,222	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	5,655,671	2,676,222	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	5,655,671	2,676,222	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	5,655,671	2,676,222	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7583

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,655,671		2,676,222	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		5,655,671		2,676,222	4

TO BE COMPLETED BY INTERMEDIARY

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					63,253	63,253 2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	213,047				469,559	682,606 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES					29,489	29,489 9
10 NURSING CARE	248,764					248,764 10
11 NURSING CARE-CONTINUOUS HOME CARE			32,120			32,120 11
12 PHYSICAL THERAPY	698					698 12
13 OCCUPATIONAL THERAPY	1,663					1,663 13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	62,606					62,606 15
16 SPIRITUAL COUNSELING						16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	82,551					82,551 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					82,135	82,135 22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					20,841	20,841 26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES						30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (SUM OF LINES 1-38)	609,329		32,120		665,277	1,306,726 39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6		682,606		682,606	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39		1,306,726		1,306,726	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1632

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								213,047
8	INPATIENT CARE SERVICE								213,047
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								248,764
14	NURSING CARE-CONT.HOME CARE								248,764
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								698
17	SPEECH/LANGUAGE PATHOLOGY								1,663
18	MEDICAL SOCIAL SERVICES								1,663
19	SPIRITUAL COUNSELING								14
20	DIETARY COUNSELING								62,606
21	COUNSELING - OTHER								15
22	HH AIDE AND HOMEMAKER								16
23	HH AIDE & HMKR-CONT.HME CARE								17
24	OTHER								18
25	OTHER HOSPICE SERVICE COSTS								82,551
26	DRUGS, BIOL. & INFUS. THER.								82,551
27	ANALGESICS								19
28	SEDATIVES / HYPNOTICS								20
29	OTHER - SPECIFY								21
30	DURABLE MED. EQUIP./OXYGEN								22
31	PATIENT TRANSPORTATION								23
32	IMAGING SERVICES								24
33	LABS AND DIAGNOSTICS								25
34	MEDICAL SUPPLIES								26
35	OUTPAT.SERV.(INCL.E/R DEPT.)								27
36	RADIATION THERAPY								28
37	CHEMOTHERAPY								29
38	OTHER								30
39	HOSPICE NONREIMBURSABLE SERVICE								31
40	BEREAVEMENT PROGRAM COSTS								32
41	VOLUNTEER PROGRAM COSTS								33
42	FUNDRAISING								34
43	OTHER PROGRAM COSTS								35
44	TOTAL (SUM OF LINES 1-38)								62,606
45									248,764
46									2,361
47									82,551
48									213,047
49									609,329
50									39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1632 WORKSHEET K-3

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1632

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COSTS 1	CAP REL BLDGCOSTS EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
36									36
37									37
38									38
39									39
GENERAL SERVICE COST CENTER									
CAP REL COSTS-BLDG AND FIXT.									
CAP REL COSTS-MOVABLE EQUIP.	63,253		63,253						
PLANT OPERATION & MAINT.									
TRANSPORTATION - STAFF									
VOLUNTEER SERVICE COORD.									
ADMINISTRATIVE AND GENERAL	682,606		63,253				745,859	745,859	
INPATIENT CARE SERVICE									
INPATIENT - GENERAL CARE									
INPATIENT - RESPITE CARE									
VISITING SERVICES									
PHYSICIAN SERVICES	29,489						29,489	39,215	68,704
NURSING CARE	248,764						248,764	330,815	579,579
NURSING CARE-CONTINUOUS HOME	32,120						32,120	42,714	74,834
PHYSICAL THERAPY	698						698	928	1,626
OCCUPATIONAL THERAPY	1,663						1,663	2,212	3,875
SPEECH/LANGUAGE PATHOLOGY									
MEDICAL SOCIAL SERVICES	62,606						62,606	83,255	145,861
SPIRITUAL COUNSELING									
DIETARY COUNSELING									
COUNSELING - OTHER									
HH AIDE AND HOMEMAKER	82,551						82,551	109,779	192,330
HH AIDE & HMKR-CONT. HOME CA									
OTHER									
OTHER HOSPICE SERVICE COSTS									
DRUGS, BIOL. & INFUS. THER.	82,135						82,135	109,226	191,361
ANALGESICS									
SEDATIVES / HYPNOTICS									
OTHER - SPECIFY									
DURABLE MED. EQUIP./OXYGEN	20,841						20,841	27,715	48,556
PATIENT TRANSPORTATION									
IMAGING SERVICES									
LABS AND DIAGNOSTICS									
MEDICAL SUPPLIES									
OUTPAT.SERV.(INCL.E/R DEPT.)									
RADIATION THERAPY									
CHEMOTHERAPY									
OTHER									
HOSPICE NONREIMBURSABLE SERV.									
BEREAVEMENT PROGRAM COSTS									
VOLUNTEER PROGRAM COSTS									
FUNDRAISING									
OTHER PROGRAM COSTS									
TOTAL (SUM OF LINES 1-38)	1,306,726		63,253				1,306,726		1,306,726

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5	6A	6	
1	GENERAL SERVICE COST CENTER							1
2	CAP REL COSTS-BLDG AND FIXT.							2
3	CAP REL COSTS-MOVABLE EQUIP.	100						3
4	PLANT OPERATION & MAINT.							4
5	TRANSPORTATION - STAFF							5
6	VOLUNTEER SERVICE COORD.							6
7	ADMINISTRATIVE AND GENERAL	100				-745,859	560,867	7
8	INPATIENT CARE SERVICE							8
9	INPATIENT - GENERAL CARE							9
10	INPATIENT - RESPITE CARE							10
11	VISITING SERVICES						29,489	11
12	PHYSICIAN SERVICES						248,764	12
13	NURSING CARE						32,120	13
14	NURSING CARE-CONTINUOUS HOME						698	14
15	PHYSICAL THERAPY						1,663	15
16	OCCUPATIONAL THERAPY							16
17	SPEECH/LANGUAGE PATHOLOGY							17
18	MEDICAL SOCIAL SERVICES						62,606	18
19	SPIRITUAL COUNSELING							19
20	DIETARY COUNSELING							20
21	COUNSELING - OTHER							21
22	HH AIDE AND HOME MAKER						82,551	22
23	HH AIDE & HMKR-CONT. HOME CA							23
24	OTHER							24
25	OTHER HOSPICE SERVICE COSTS							25
26	DRUGS, BIOL. & INFUS. THER.						82,135	26
27	ANALGESICS							27
28	SEDATIVES / HYPNOTICS							28
29	OTHER - SPECIFY							29
30	DURABLE MED. EQUIP./OXYGEN						20,841	30
31	PATIENT TRANSPORTATION							31
32	IMAGING SERVICES							32
33	LABS AND DIAGNOSTICS							33
34	MEDICAL SUPPLIES							34
35	OUTPAT.SERV.(INCL.E/R DEPT.)							35
36	RADIATION THERAPY							36
37	CHEMOTHERAPY							37
38	OTHER							38
39	HOSPICE NONREIMBURSABLE SERVICE							39
40	BEREAVEMENT PROGRAM COSTS							40
	VOLUNTEER PROGRAM COSTS							
	FUNDRAISING							
	OTHER PROGRAM COSTS							
	COST TO BE ALLOCATED		63,253				745,859	
	UNIT COST MULTIPLIER		632.530000				1.329832	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	ALLOC HOSP A&G (SEE PART II)	TOTAL HOSP COSTS (COL 26 ± 27)	
	27	28	
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES	4,216	86,114	4
5 NURSING CARE	35,567	726,446	5
6 NURSING CARE-CONTINUOUS HOM	7,066	144,311	6
7 PHYSICAL THERAPY	107	2,180	7
8 OCCUPATIONAL THERAPY	254	5,195	8
9 SPEECH/LANGUAGE PATHOLOGY			9
10 MEDICAL SOCIAL SERV. - DIRE	9,574	195,540	10
11 SPIRITUAL COUNSELING			11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS	11,803	241,068	14
15 HH AIDE & HMKR-CONT. HOME C	821	16,769	15
16 OTHER			16
17 DRUGS,BIOLOGICALS & INFUSIO	11,744	239,854	17
18 ANALGESICS			18
19 SEDATIVES / HYPNOTICS			19
20 OTHER - SPECIFY			20
21 DURABLE MED. EQUIP./OXYGEN	2,980	60,861	21
22 PATIENT TRANSPORTATION			22
23 IMAGING SERVICES			23
24 LABS AND DIAGNOSTICS			24
25 MEDICAL SUPPLIES			25
26 OUTPAT. SERV.(INCL.E/R DEPT			26
27 RADIATION THERAPY			27
28 CHEMOTHERAPY			28
29 OTHER			29
30 BEREAVEMENT PROGRAM COSTS			30
31 VOLUNTEER PROGRAM COSTS			31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		1,718,338	34
35 UNIT COST MULTIPLIER	0.051482		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING	PURCHASING PURCHASING	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL		5,846		213,047			54,930	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM				248,674				6
7 PHYSICAL THERAPY				698				7
8 OCCUPATIONAL THERAPY				1,663				8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				62,606				10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C				82,551				15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		5,846		609,239			54,930	34
35 TOTAL COST TO BE ALLOCATED		1,999		98,737			4,419	35
36 UNIT COST MULTIPLIER		0.341943		0.162066			0.080448	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE 5.05	RECON- CILIATION 5A.06	ADMIN AND GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10
1 ADMINISTRATIVE AND GENERAL	2,297,135		58,904					1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES			68,704					4
5 NURSING CARE			579,579					5
6 NURSING CARE-CONTINUOUS HOM			115,135					6
7 PHYSICAL THERAPY			1,739					7
8 OCCUPATIONAL THERAPY			4,145					8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			156,007					10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			192,330					14
15 HH AIDE & HMKR-CONT. HOME C			13,379					15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO			191,361					17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN			48,556					21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	2,297,135		1,429,839					34
35 TOTAL COST TO BE ALLOCATED	17,958		274,583					35
36 UNIT COST MULTIPLIER	0.007818		0.192038					36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAFETERIA MEALS SERVED 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY PATIENT DAYS 16	SOCIAL SERVICE PATIENT DAYS 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19
1 ADMINISTRATIVE AND GENERAL		28,696						1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		28,696						34
35 TOTAL COST TO BE ALLOCATED		13,916						35
36 UNIT COST MULTIPLIER		0.484946						36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1632
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION PATIENT DAYS 23	
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1632

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.199923		1
1.01	REHAB OUTPATIENT	66.01	0.293942		1.01
1.02	REHAB MED SURGICAL	66.02	0.216848		1.02
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.223376		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.091529		6
7	MEDICAL SUPPLIES	71	0.257086		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97	0.683117		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1632

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				1,718,338	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				8,661	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				198.40	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	7,521				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,492,166				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		300			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		59,520			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	1,470				8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	291,648				9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		59			10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)		11,706			11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			840		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			166,656		13

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	3,136,624	1
2	CAPITAL DRG OUTLIER PAYMENTS	119,790	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	223.16	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)	0.0174	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1478	8
9	SUM OF LINES 7 AND 8	0.1652	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0340	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	106,645	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,363,059	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-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
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-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 GAMMA KNIFE					50.01
50.02 ENDOSCOPY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 PET SCAN					54.02
54.03 RADIATION ONCOLOGY					54.03
54.04 MAMMOGRAPHY					54.04
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 REHAB OUTPATIENT					66.01
66.02 REHAB MED SURGICAL					66.02
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 NEUROMEG					70.01
70.02 SLEEP LAB					70.02
71 MEDICAL SUPPLIES CHRGED 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 CLINIC					90
90.01 DAY REHAB					90.01
90.02 IMAGING CENTERS					90.02
90.03 COUMADIN CLINIC					90.03
90.04 WOUND CLINIC					90.04
90.05 CARDIOVASCULAR IMAGING CENTERS					90.05
91 EMERGENCY					91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11
11/30/2012 10:05

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	
92	OBSERVATION BEDS					92
	OTHER REIMBURSABLE COST CENTERS					
101	HOME HEALTH AGENCY					101
	SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE					113
116	HOSPICE					116
118	SUBTOTALS (SUM OF LINES 1-117)					118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CA					190
191	RESEARCH					191
192	PHYSICIANS' PRIVATE OFFICES					192
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203	TOTAL STATISTICAL BASIS					203
204	UNIT COST MULTIPLIER					204
204	UNIT COST MULTIPLIER					204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	51.90		12.84				64.74 30
31 INTENSIVE CARE UNIT	54.65		3.77				58.42 31
43 NURSERY			29.56				29.56 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	23.67	8.76					32.43 50
50.01 GAMMA KNIFE		37.47					37.47 50.01
50.02 ENDOSCOPY	12.94	26.89					39.83 50.02
51 RECOVERY ROOM	24.83	9.23					34.06 51
52 DELIVERY ROOM & LABOR ROOM	0.21	0.02					0.23 52
53 ANESTHESIOLOGY	22.80	9.04					31.84 53
54 RADIOLOGY-DIAGNOSTIC	25.12	15.58					40.70 54
54.01 ULTRASOUND	20.98	12.90					33.88 54.01
54.02 PET SCAN	0.76	50.64					51.40 54.02
54.03 RADIATION ONCOLOGY	2.29	49.27					51.56 54.03
54.04 MAMMOGRAPHY	0.35	7.34					7.69 54.04
56 RADIOISOTOPE	27.08	24.30					51.38 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	21.88	18.68					40.56 57
58 MAGNETIC RESONANCE IMAGING (MRI)	17.56	18.11					35.67 58
59 CARDIAC CATHETERIZATION	48.13	13.71					61.84 59
60 LABORATORY	24.64	1.73					26.37 60
63 BLOOD STORING, PROCESSING & TRA	36.57	6.21					42.78 63
64 INTRAVENOUS THERAPY	35.04	1.55					36.59 64
65 RESPIRATORY THERAPY	42.54	1.33					43.87 65
66.02 REHAB MED SURGICAL	65.14						65.14 66.02
69 ELECTROCARDIOLOGY	34.86	13.17					48.03 69
70 ELECTROENCEPHALOGRAPHY	19.67	18.46					38.13 70
70.01 NEUROMEG		7.66					7.66 70.01
70.02 SLEEP LAB		24.87					24.87 70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	42.71	8.16					50.87 71
72 IMPL. DEV. CHARGED TO PATIENT	32.86	6.02					38.88 72
73 DRUGS CHARGED TO PATIENTS	36.08	10.27					46.35 73
74 RENAL DIALYSIS	65.93	2.79					68.72 74
76.97 CARDIAC REHABILITATION	4.17	42.84					47.01 76.97
90 CLINIC	1.83	36.42					38.25 90
90.01 DAY REHAB		0.57					0.57 90.01
90.02 IMAGING CENTERS	0.55	30.31					30.86 90.02
90.03 COUMADIN CLINIC	0.17	63.95					64.12 90.03
90.04 WOUND CLINIC	0.35	47.85					48.20 90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.49	54.86					55.35 90.05
91 EMERGENCY	17.96	11.82					29.78 91
92 OBSERVATION BEDS		28.84					28.84 92
200 TOTAL CHARGES	25.18	12.97					38.15 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
41 SUBPROVIDER - IRF	66.59		3.41				70.00	41
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	0.03						0.03	50
50.02 ENDOSCOPY	0.06						0.06	50.02
51 RECOVERY ROOM	0.08						0.08	51
53 ANESTHESIOLOGY	0.05						0.05	53
54 RADIOLOGY-DIAGNOSTIC	0.99	0.02					1.01	54
54.01 ULTRASOUND	1.02	0.04					1.06	54.01
54.03 RADIATION ONCOLOGY	0.04						0.04	54.03
56 RADIOISOTOPE	0.53						0.53	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.49						0.49	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.14						0.14	58
59 CARDIAC CATHETERIZATION	0.08						0.08	59
60 LABORATORY	2.33	0.01					2.34	60
63 BLOOD STORING, PROCESSING & TRA	0.62						0.62	63
64 INTRAVENOUS THERAPY	1.13						1.13	64
65 RESPIRATORY THERAPY	2.46						2.46	65
66 PHYSICAL THERAPY	65.77						65.77	66
69 ELECTROCARDIOLOGY	0.32						0.32	69
70 ELECTROENCEPHALOGRAPHY	0.19						0.19	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.08						0.08	71
72 IMPL. DEV. CHARGED TO PATIENT	0.05						0.05	72
73 DRUGS CHARGED TO PATIENTS	3.51						3.51	73
74 RENAL DIALYSIS	10.31						10.31	74
76.97 CARDIAC REHABILITATION	0.01						0.01	76.97
90 CLINIC	0.10						0.10	90
91 EMERGENCY	0.03						0.03	91
200 TOTAL CHARGES	2.17						2.17	200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	9,399,506	4.65	-9,399,506	-10.81		1
2	CAP REL COSTS-MVBLE EQUIP	1,645,215	0.81	-1,645,215	-1.89		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	11,622,903	5.75	-11,622,903	-13.36		4
5.01	NONPATIENT PHONES	363,717	0.18	-363,717	-0.42		5.01
5.02	DATA PROCESSING	7,447,121	3.68	-7,447,121	-8.56		5.02
5.03	PURCHASING	1,257,835	0.62	-1,257,835	-1.45		5.03
5.04	ADMITTING	1,020,864	0.50	-1,020,864	-1.17		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	2,890,203	1.43	-2,890,203	-3.32		5.05
5.06	ADMINISTRATIVE AND GENERAL	29,766,414	14.72	-29,766,414	-34.22		5.06
6	MAINTENANCE & REPAIRS	1,461,621	0.72	-1,461,621	-1.68		6
7	OPERATION OF PLANT	5,131,583	2.54	-5,131,583	-5.90		7
8	LAUNDRY & LINEN SERVICE	709,003	0.35	-709,003	-0.82		8
9	HOUSEKEEPING	2,009,237	0.99	-2,009,237	-2.31		9
10	DIETARY	2,047,839	1.01	-2,047,839	-2.35		10
11	CAFETERIA	491,628	0.24	-491,628	-0.57		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,350,456	0.67	-1,350,456	-1.55		13
14	CENTRAL SERVICES & SUPPLY	1,198,402	0.59	-1,198,402	-1.38		14
15	PHARMACY	3,035,869	1.50	-3,035,869	-3.49		15
16	MEDICAL RECORDS & LIBRARY	2,214,202	1.09	-2,214,202	-2.55		16
17	SOCIAL SERVICE	1,712,917	0.85	-1,712,917	-1.97		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)	203,251	0.10	-203,251	-0.23		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	19,401,750	9.59	22,632,034	26.02	42,033,784	20.79
31	INTENSIVE CARE UNIT	4,542,665	2.25	4,188,965	4.82	8,731,630	4.32
41	SUBPROVIDER - IRF	7,704,118	3.81	6,591,132	7.58	14,295,250	7.07
43	NURSERY	950,551	0.47	567,958	0.65	1,518,509	0.75
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,340,277	3.63	5,734,787	6.59	13,075,064	6.47
50.01	GAMMA KNIFE	946,753	0.47	476,201	0.55	1,422,954	0.70
50.02	ENDOSCOPY	1,498,804	0.74	1,156,638	1.33	2,655,442	1.31
51	RECOVERY ROOM	863,759	0.43	822,858	0.95	1,686,617	0.83
52	DELIVERY ROOM & LABOR ROOM	1,507,161	0.75	1,594,251	1.83	3,101,412	1.53
53	ANESTHESIOLOGY	620,260	0.31	426,347	0.49	1,046,607	0.52
54	RADIOLOGY-DIAGNOSTIC	1,333,316	0.66	1,246,777	1.43	2,580,093	1.28
54.01	ULTRASOUND	701,803	0.35	675,537	0.78	1,377,340	0.68
54.02	PET SCAN	372,749	0.18	202,108	0.23	574,857	0.28
54.03	RADIATION ONCOLOGY	853,949	0.42	993,652	1.14	1,847,601	0.91
54.04	MAMMOGRAPHY	805,679	0.40	625,586	0.72	1,431,265	0.71
56	RADIOISOTOPE	773,507	0.38	628,242	0.72	1,401,749	0.69
57	COMPUTED TOMOGRAPHY (CT) SCAN	934,949	0.46	1,108,748	1.27	2,043,697	1.01
58	MAGNETIC RESONANCE IMAGING (MRI)	758,102	0.37	823,660	0.95	1,581,762	0.78
59	CARDIAC CATHETERIZATION	3,413,559	1.69	2,744,324	3.16	6,157,883	3.05
60	LABORATORY	6,475,179	3.20	4,449,261	5.12	10,924,440	5.40
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	1,273,767	0.63	458,136	0.53	1,731,903	0.86
64	INTRAVENOUS THERAPY	1,111,639	0.55	435,461	0.50	1,547,100	0.77
65	RESPIRATORY THERAPY	1,686,947	0.83	1,068,858	1.23	2,755,805	1.36
66	PHYSICAL THERAPY	1,635,000	0.81	1,180,836	1.36	2,815,836	1.39
66.01	REHAB OUTPATIENT	1,066,741	0.53	764,215	0.88	1,830,956	0.91
66.02	REHAB MED SURGICAL	923,906	0.46	478,292	0.55	1,402,198	0.69
69	ELECTROCARDIOLOGY	462,527	0.23	611,610	0.70	1,074,137	0.53
70	ELECTROENCEPHALOGRAPHY	92,328	0.05	176,626	0.20	268,954	0.13
70.01	NEUROMEG	232,219	0.11	144,637	0.17	376,856	0.19
70.02	SLEEP LAB	310,454	0.15	420,184	0.48	730,638	0.36
71	MEDICAL SUPPLIES CHRGD TO PATI	7,401,795	3.66	4,266,805	4.91	11,668,600	5.77
72	IMPL. DEV. CHARGED TO PATIENT	12,726,472	6.29	3,243,962	3.73	15,970,434	7.90
73	DRUGS CHARGED TO PATIENTS	9,089,494	4.50	7,459,227	8.58	16,548,721	8.18
74	RENAL DIALYSIS	632,750	0.31	212,260	0.24	845,010	0.42
76.97	CARDIAC REHABILITATION	262,702	0.13	283,101	0.33	545,803	0.27
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	797,629	0.39	845,245	0.97	1,642,874	0.81
90.01	DAY REHAB	460,166	0.23	294,652	0.34	754,818	0.37
90.02	IMAGING CENTERS	934,222	0.46	449,210	0.52	1,383,432	0.68
90.03	COUMADIN CLINIC	110,659	0.05	70,783	0.08	181,442	0.09
90.04	WOUND CLINIC	827,795	0.41	589,366	0.68	1,417,161	0.70
90.05	CARDIOVASCULAR IMAGING CENTERS	948,575	0.47	576,407	0.66	1,524,982	0.75
91	EMERGENCY	3,529,425	1.75	2,542,928	2.92	6,072,353	3.00
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
101	HOME HEALTH AGENCY	3,557,675	1.76	1,384,765	1.59	4,942,440	2.44

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,306,726	0.65	411,612	0.47	1,718,338	0.85
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	201,689	0.10	145,099	0.17	346,788	0.17
191	RESEARCH			131,717	0.15	131,717	0.07
192	PHYSICIANS' PRIVATE OFFICES	1,851,331	0.92	644,726	0.74	2,496,057	1.23
200	CROSS FOOT ADJUSTMENTS						
201	NEGATIVE COST CENTER						
202	TOTAL	202,213,309	100.00			202,213,309	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	995,166	74,896,244	0.013287	17,726,953	235,538	50
50.01 GAMMA KNIFE	87,179	6,242,499	0.013965			50.01
50.02 ENDOSCOPY	153,413	22,869,809	0.006708	2,959,915	19,855	50.02
51 RECOVERY ROOM	124,719	12,807,474	0.009738	3,180,084	30,968	51
52 DELIVERY ROOM & LABOR ROOM	371,991	6,984,810	0.053257	14,400	767	52
53 ANESTHESIOLOGY	32,732	18,099,192	0.001808	4,125,856	7,460	53
54 RADIOLOGY-DIAGNOSTIC	265,814	17,991,792	0.014774	4,518,880	66,762	54
54.01 ULTRASOUND	106,731	13,411,715	0.007958	2,813,940	22,393	54.01
54.02 PET SCAN	30,776	3,973,893	0.007745	30,275	234	54.02
54.03 RADIATION ONCOLOGY	237,602	16,427,334	0.014464	375,626	5,433	54.03
54.04 MAMMOGRAPHY	141,437	6,026,511	0.023469	21,118	496	54.04
56 RADIOISOTOPE	121,288	11,290,401	0.010743	3,057,559	32,847	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	99,585	44,315,028	0.002247	9,693,918	21,782	57
58 MAGNETIC RESONANCE IMAGING (MRI)	136,635	21,872,807	0.006247	3,841,384	23,997	58
59 CARDIAC CATHETERIZATION	399,610	41,230,738	0.009692	19,846,385	192,351	59
60 LABORATORY	417,298	119,354,482	0.003496	29,405,605	102,802	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	21,560	5,236,803	0.004117	1,914,927	7,884	63
64 INTRAVENOUS THERAPY	19,491	2,309,540	0.008439	809,291	6,830	64
65 RESPIRATORY THERAPY	76,041	24,833,131	0.003062	10,564,478	32,348	65
66 PHYSICAL THERAPY	159,193	14,084,589	0.011303			66
66.01 REHAB OUTPATIENT	121,609	6,228,973	0.019523			66.01
66.02 REHAB MED SURGICAL	22,376	6,466,284	0.003460	4,212,205	14,574	66.02
69 ELECTROCARDIOLOGY	73,306	21,717,094	0.003375	7,570,173	25,549	69
70 ELECTROENCEPHALOGRAPHY	44,832	1,712,129	0.026185	336,853	8,820	70
70.01 NEUROMEG	69,389	551,829	0.125744			70.01
70.02 SLEEP LAB	124,667	2,830,767	0.044040			70.02
71 MEDICAL SUPPLIES CHRGED TO PATI	344,860	45,387,939	0.007598	19,386,053	147,295	71
72 IMPL. DEV. CHARGED TO PATIENT	47,960	29,802,726	0.001609	9,792,786	15,757	72
73 DRUGS CHARGED TO PATIENTS	158,259	74,084,568	0.002136	26,732,346	57,100	73
74 RENAL DIALYSIS	20,495	3,352,082	0.006114	2,210,000	13,512	74
76.97 CARDIAC REHABILITATION	74,587	798,989	0.093352	33,331	3,112	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	186,337	5,265,705	0.035387	96,326	3,409	90
90.01 DAY REHAB	40,693	2,781,141	0.014632			90.01
90.02 IMAGING CENTERS	68,556	8,785,492	0.007803	48,605	379	90.02
90.03 COUMADIN CLINIC	10,839	411,995	0.026309	680	18	90.03
90.04 WOUND CLINIC	112,566	7,225,811	0.015578	25,608	399	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	7,912	20,547,515	0.000385	99,728	38	90.05
91 EMERGENCY	308,143	34,794,972	0.008856	6,248,141	55,334	91
92 OBSERVATION BEDS	203,600	4,284,708	0.047518			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	6,039,247	761,289,511		191,693,429	1,156,043	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	3,292,582		3,292,582	38,764	84.94	20,120	1,708,993	30
31	INTENSIVE CARE UNIT	628,546		628,546	4,249	147.93	2,322	343,493	31
200	TOTAL	3,921,128		3,921,128	43,013		22,442	2,052,486	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								2,052,486	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								1,156,043	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								3,208,529	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								4,309	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								22,442	
PER DISCHARGE CAPITAL COSTS								744.61	
PER DIEM CAPITAL COSTS								142.97	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	56,720,334
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	242,124,599
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.234

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	12,444,931
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	29,320,914
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.424

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	3,208,529
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	15,090,252
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	98,559,873
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.153

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE

EXHIBIT 4

	Amounts From E Part A (1)	Prior to 10/1/10 or after 9/30/12 Pre/Post Entitlement (2)	10/01/2010 through 09/30/2011 (3)	10/01/2011 through 09/30/2012 (4)	(Columns 2 through 4) TOTAL (5)	
1	DRG Amounts Other than Outlier Payments (E Part A Line 1)	38,786,853				1
2	Outlier payments for discharges (E Part A Line 2 - see instructions)	2,933,103				2
3	Operating outlier reconciliation (E Part A Line 2.01)					3
4	Managed Care Simulated Payments (E Part A Line 3)	2,093,249				4
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
5	Amount from Worksheet E Part A, Line 21 (see instructions)					5
6	IME payment adjustment (E Part A Line 22 - see instructions)					6
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422						
7	Amount from Worksheet E Part A, Line 27 (see instructions)					7
8	IME add-on adjustment (E Part A Line 28 - see instructions)					8
9	Total IME payment (sum of lines 6 and 8 - ties to E Part A Line 29)					9
DISPROPORTIONATE SHARE ADJUSTMENT						
10	Allowable disproportionate share percentage (E Part A Line 33 - see instructions)	0.0349	0.0349	0.0349	0.0349	10
11	Disproportionate share adjustment (E Part A Line 34 - see instructions)	1,353,661				11
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
12	Total ESRD additional payment (E Part A Line 46 - see instructions)					12
13	Subtotal (ties to E Part A Line 47 - see instructions)	43,073,617				13
14	Hospital specific payments (SCH/MDH, small rural hospitals only (E Part A Line 48 - see instructions))					14
15	Total payment for inpatient operating costs - E Part A Line 49 (SCH/MDH see instructions)	43,073,617				15
16	Payment for inpatient program capital (E Part A Line 50 - from Worksheet L Part I, as applicable)	3,363,059				16
17	Special add-on payments for new technologies (E Part A Line 54)					17
18	Capital outlier reconciliation adjustment amount (E Part A Line 93 - see instructions)					18
19	SUBTOTAL (SEE INSTRUCTIONS)					19
CAPITAL PAYMENTS (FROM WORKSHEET L PART I)						
20	Capital DRG other than outlier (L Part I Line 1)	3,136,624				20
21	Capital DRG outlier payments (L Part I Line 2)	119,790				21
22	Indirect medical education percentage (L Part I Line 5 - see instructions)					22
23	Indirect medical education adjustment (line 20 times line 22 - ties to L Part I Line 6)					23
24	Allowable disproportionate share percentage (L Part I Line 10 - see instructions)	0.0340	0.0340	0.0340	0.0340	24
25	Disproportionate share adjustment (line 20 times line 24 - ties to L Part I Line 11)	106,645				25
26	Total prospective capital payments (sum of lines 20, 21, 22 and 25 - ties to L Part I Line 12)	3,363,059				26
LOW VOLUME ADJUSTMENT						
27	Low volume adjustment factor (enter into Column 3 and/or 4 as applicable - enter as a six-place ratio: 10%=0.100000, 20.3214%=0.203214)					27
28	Low volume adjustment (Line 19 times Line 27 - transfer amount to Worksheet E Part A Line 70.96)(FY 2011)					28
29	Low volume adjustment (Line 19 times Line 27 - transfer amount to Worksheet E Part A Line 70.97)(FY 2012)					29