

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 02-25-2014 TIME: 15:03_____
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SWEDISH COVENANT HOSPITAL (14-0114) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		1,031,201	208,967	47,251	1
2 SUBPROVIDER - IPF		158,414	934		2
3 SUBPROVIDER - IRF		-17,253	42		3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		11,076	162		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		1,183,438	210,105	47,251	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: 5145 NORTH CALIFORNIA AVENUE P.O.BOX: 1
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60625 COUNTY: COOK 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	14-0114	16974	1	07/01/1966	N	P	O 3
4	SUBPROVIDER - IPF	14-S114	16974	4	02/01/1989	N	P	O 4
5	SUBPROVIDER - IRF	14-T114	16974	5	02/01/1984	N	P	O 5
6	SUBPROVIDER - (OTHER)							6
7	SWING BEDS - SNF							7
8	SWING BEDS - NF							8
9	HOSPITAL-BASED SNF	14-5573	16974		04/22/1987	N	P	N 9
10	HOSPITAL-BASED NF							10
11	HOSPITAL-BASED OLTC							11
12	HOSPITAL-BASED HHA	14-7126	16974		03/15/1976	N	P	N 12
13	SEPARATELY CERTIFIED ASC							13
14	HOSPITAL-BASED HOSPICE							14
15	HOSPITAL-BASED HEALTH CLINIC - RHC							15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC							16
17	HOSPITAL-BASED (CMHC)							17
18	RENAL DIALYSIS							18
19	OTHER							19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2012		TO: 09/30/2013				20
21	TYPE OF CONTROL			1				21

INPATIENT PPS INFORMATION

		1	2
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.	Y	N 22
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		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		MEDICAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	MEDICAID PAID DAYS 3	MEDICAID ELIGIBLE UNPAID DAYS 4			
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.	16,429				2,102	513	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 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.	759	81					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:			ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:			ENDING:		38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)						N	N 39

		V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL 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	N	N	N	46

CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L,
PART III AND L-1, PARTS I THROUGH III.

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3		
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56	
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57	
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58	
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59	
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61	
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01	
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503). (SEE INSTRUCTIONS)				61.02	
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03	
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04	
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05	
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06	
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
		PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					61.20
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	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)				66

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.				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.				75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76

LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				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.				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.				86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX	
		1	2	
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.	N	N	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)?	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- RESPI- SICAL ATIONAL SPEECH RATORY Y Y Y N	109
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: 6,000,000 PAID LOSSES: 6,000,000 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

		1	2	
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.	Y	14H042	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: COVENANT MINISTRIES OF BENEVOLO CONTRACTOR'S NAME: WPS		CONTRACTOR'S NUMBER: 10000	141
142	STREET: 5145 N. CALIFORNIA AVENUE P.O. BOX:			142
143	CITY: CITY: CHICAGO STATE: IL		ZIP CODE: 60625	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)		TITLE XVIII		TITLE	TITLE
		PART A	PART B	V	XIX
		1	2	3	4
155	HOSPITAL	N	N		N 155
156	SUBPROVIDER - IPF	N	N		N 156
157	SUBPROVIDER - IRF	N	N		N 157
158	SUBPROVIDER - (OTHER)	N	N		158
159	SNF	N	N		159
160	HHA	N	N		160
161	CMHC		N		161
161.10	CORF				161.10

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT				
167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		0.75	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)		10/01/2012 09/30/2013	170

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	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1	
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	2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N	2	N	4
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	01/14/2014	Y	01/14/2014
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 RELIEVED 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: JENNY	LAST NAME: DABROWSKI	TITLE: CONSULTANT	41
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC.			42
43	PHONE NUMBER: 630-530-7100, EXT 104	E-MAIL ADDRESS: DAVID.PLETCHER@SRINC.ORG		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	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)	
NUMBER	REPORTED	WKST A-6)	COL. 3)	IN COL. 4	COL. 5)	
1	2	3	4	5	6	
SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	101,342,382	101,342,382	3,344,889.00	30.30
2	NON-PHYSICIAN ANESTHETIST PART A					
3	NON-PHYSICIAN ANESTHETIST PART B					
4	PHYSICIAN-PART A ADMINISTRATIVE		334,361	334,361	3,914.00	85.43
4.01	PHYSICIAN-PART A - TEACHING		364,383	364,383	3,848.00	94.69
5	PHYSICIAN-PART B		179,802	179,802	2,468.00	72.85
6	NON-PHYSICIAN-PART B					
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	2,761,737	2,761,737	113,386.00	24.36
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					
8	HOME OFFICE PERSONNEL					
9	SNF	44	1,154,956	1,154,956	45,709.00	25.27
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,977,708	4,925,081	151,010.00	32.61
	OTHER WAGES & RELATED COSTS					
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,070,823	2,070,823	25,609.00	80.86
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		212,904	212,904	3,804.00	55.97
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		1,685,666	1,685,666	9,949.80	169.42
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING					
	WAGE-RELATED COSTS					
17	WAGE-RELATED COSTS (CORE)		15,955,477	15,955,477		
18	WAGE-RELATED COSTS (OTHER)					
19	EXCLUDED AREAS		1,036,639	1,036,639		
20	NON-PHYSICIAN ANESTHETIST PART A					
21	NON-PHYSICIAN ANESTHETIST PART B					
22	PHYSICIAN PART A - ADMINISTRATIVE		35,954	35,954		
22.01	PHYSICIAN PART A - TEACHING		37,879	37,879		
23	PHYSICIAN PART B		20,468	20,468		
24	WAGE-RELATED COSTS (RHC/FQHC)					
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		550,029	550,029		
	OVERHEAD COSTS - DIRECT SALARIES					
26	EMPLOYEE BENEFITS DEPARTMENT		2,060,509	2,060,509	80,128.00	25.72
27	ADMINISTRATIVE & GENERAL		17,245,350	17,297,977	506,480.00	34.15
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		327,336	327,336	938.00	348.97
29	MAINTENANCE & REPAIRS					
30	OPERATION OF PLANT		2,307,471	2,307,471	95,531.00	24.15
31	LAUNDRY & LINEN SERVICE					
32	HOUSEKEEPING		1,954,973	1,954,973	158,511.00	12.33
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					
34	DIETARY		360,913	360,913	13,887.00	25.99
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					
36	CAFETERIA					
37	MAINTENANCE OF PERSONNEL					
38	NURSING ADMINISTRATION		1,296,857	1,296,857	38,590.00	33.61
39	CENTRAL SERVICES AND SUPPLY					
40	PHARMACY		2,209,362	2,209,362	56,618.00	39.02
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,167,945	1,167,945	48,545.00	24.06
42	SOCIAL SERVICE		604,908	604,908	17,935.00	33.73
43	OTHER GENERAL SERVICE					

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		98,363,796	98,363,796	3,226,125.00	30.49
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		6,132,664	6,080,037	196,719.00	30.91
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		92,231,132	92,283,759	3,029,406.00	30.46
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		3,969,393	3,969,393	39,362.80	100.84
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		15,991,431	15,991,431		17.33%
6	TOTAL (SUM OF LINES 3 THRU 5)		112,191,956	112,244,583	3,068,768.80	36.58
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		29,535,624	29,588,251	1,017,163.00	29.09

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3,577,046 3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,798,810 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	699,432 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	7,193,889 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	101,176 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	266,095 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	17,636,448 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/25/2014 15:03

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7126

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		1,183		897	2,080	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		344.00		614.00	958.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)		
	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			4
5 OTHER ADMINISTRATIVE PERSONNEL		7.48	7.48
6 DIRECT NURSING SERVICE		7.81	7.81
7 NURSING SUPERVISOR		1.98	1.98
8 PHYSICAL THERAPY SERVICE		1.41	1.41
9 PHYSICAL THERAPY SUPERVISOR			9
10 OCCUPATIONAL THERAPY SERVICE			10
11 OCCUPATIONAL THERAPY SUPERVISOR		0.60	0.60
12 SPEECH PATHOLOGY SERVICE			12
13 SPEECH PATHOLOGY SUPERVISOR			13
14 MEDICAL SOCIAL SERVICE			14
15 MEDICAL SOCIAL SERVICE SUPERVISOR			15
16 HOME HEALTH AIDE		1.00	1.00
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.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	2,320	24	124	53	2,521	21
22 SKILLED NURSING VISIT CHARGES	460,979	4,824	23,351	10,279	499,433	22
23 PHYSICAL THERAPY VISITS	1,462		17	50	1,529	23
24 PHYSICAL THERAPY VISIT CHARGES	292,857		3,015	10,050	305,922	24
25 OCCUPATIONAL THERAPY VISITS	653		2	11	666	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	131,253		402	2,211	133,866	26
27 SPEECH PATHOLOGY VISITS	30				30	27
28 SPEECH PATHOLOGY VISIT CHARGES	6,030				6,030	28
29 MEDICAL SOCIAL SERVICE VISITS	32	1	1	1	35	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	8,672	271	271	271	9,485	30
31 HOME HEALTH AIDE VISITS	222	16		7	245	31
32 HOME HEALTH AIDE VISIT CHARGES	29,970	2,160		945	33,075	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	4,719	41	144	122	5,026	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	929,761	7,255	27,039	23,756	987,811	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	344		50	13	407	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,970	52	741	408	9,171	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

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

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
3	RUX			3
4	RUL	37		37 4
5	RVX	28		28 5
6	RVL	343		343 6
7	RHX			7
8	RHL	15		15 8
9	RMX			9
10	RML	48		48 10
11	RLX			11
12	RUC	19		19 12
13	RUB	172		172 13
14	RUA	312		312 14
15	RVC	229		229 15
16	RVB	1,022		1,022 16
17	RVA	2,408		2,408 17
18	RHC	34		34 18
19	RHB	131		131 19
20	RHA	80		80 20
21	RMC	29		29 21
22	RMB	59		59 22
23	RMA	133		133 23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	12		12 28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1	12		12 32
33	HC2			33
34	HC1	6		6 34
35	HB2			35
36	HB1	122		122 36
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1	2		2 40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1			44
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1			48
49	CC2			49
50	CC1			50
51	CB2			51
52	CB1	2		2 52
53	CA2			53
54	CA1	69		69 54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP		SNF	SWING BED	TOTAL
1		DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1			74
75	PB2			75
76	PB1			76
77	PA2			77
78	PA1			78
199	AAA			199
200	TOTAL	5,324		5,324 200

SNF SERVICES		CBSA AT	CBSA ON/AFTER	
		BEGINNING	OCT 1 OF THE	
		OF COST	COST REPORTING	
		REPORTING	PERIOD (IF	
		PERIOD	APPLICABLE)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	16974	16974	201

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

		ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?		
		EXPENSES	PERCENTAGE	EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (0)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	8,571,202		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)			0.167451	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			15,177,739	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			232,286,002	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			38,896,523	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.			23,718,784	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)			23,718,784	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	62,497,181		62,497,181	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	10,465,215		10,465,215	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	10,465,215		10,465,215	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)			3,329,848	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,291,967	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			1,037,881	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			173,794	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,639,009	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			34,357,793	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				16,257,458	1
2	00200				10,949,397	2
3	00300					3
4	00400	2,060,509	943,487	3,003,996	17,680,061	4
5.01	00540	331,708	283,820	615,528		5.01
5.03	00560	810,417	366,791	1,177,208		5.03
5.04	00570	1,825,452	66,568	1,892,020		5.04
5.05	00580	1,728,976	1,173,473	2,902,449	6,872	5.05
5.06	00590	12,548,797	80,938,816	93,487,613	-45,085,155	5.06
6	00600					6
7	00700	2,307,471	5,458,781	7,766,252	27,410	7
8	00800		973,217	973,217		8
9	00900	1,954,973	752,956	2,707,929		9
10	01000	360,913	9,780	370,693		10
11	01100		2,911,904	2,911,904		11
12	01200					12
13	01300	1,296,857	85,228	1,382,085		13
14	01400					14
15	01500	2,209,362	4,137,966	6,347,328	-3,398,784	15
16	01600	1,167,945	747,724	1,915,669		16
17	01700	604,908	20,204	625,112	-12	17
19	01900					19
20	02000					20
21	02100	2,761,737	530,787	3,292,524		21
22	02200	1,368,720	433,129	1,801,849	-5	22
23	02300	124,607	11,289	135,896		23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	24,022,374	3,079,686	27,102,060	-5,434,321	30
31	03100	3,140,001	597,381	3,737,382	-375,068	31
31.01	02060				554,420	31.01
40	04000	1,460,788	36,427	1,497,215	-12,198	40
41	04100	1,217,415	88,601	1,306,016	-58,943	41
43	04300	486,337	609,686	1,096,023	706,177	43
44	04400	1,154,956	124,301	1,279,257	-65,786	44
ANCILLARY SERVICE COST CENTERS						
50	05000	5,575,119	16,423,981	21,999,100	-10,698,356	50
52	05200				2,118,812	52
53	05300	211,153	593,668	804,821	-526,993	53
54	05400	3,668,896	1,332,816	5,001,712	-103,293	54
54.02	03480	514,344	22,822	537,166	-3,727	54.02
54.03	03630	1,256,842	80,401	1,337,243	-40,787	54.03
54.04	05401	497,144	976,816	1,473,960	-724,052	54.04
54.05	05402					54.05
57	05700	709,303	939,866	1,649,169	-82,976	57
58	05800	421,549	359,624	781,173	-17,384	58
59	05900	739,083	3,609,974	4,349,057	-3,034,737	59
60	06000	3,403,241	3,311,632	6,714,873	-102,854	60
60.01	03420	766,150	488,529	1,254,679	-3,773	60.01
62.30	06250					62.30
63	06300	239,210	1,300,700	1,539,910	-19,669	63
65	06500	1,436,845	255,276	1,692,121	-90,277	65
66	06600					66
66.01	06601	4,586,546	450,277	5,036,823	-15,993	66.01
67	06700					67
68	06800					68
69	06900	555,861	377,337	933,198	-54,649	69
69.02	03140	1,805,722	491,096	2,296,818	-34,511	69.02
71	07100	550,004	1,275,580	1,825,584	11,457,186	71
72	07200				8,556,280	72
73	07300				3,348,580	73
74	07400		715,759	715,759		74
75	07500	622,368	473,509	1,095,877	-636,318	75
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	426,170	127,502	553,672	-19,380	90.01
90.02	09001	569,897	217,665	787,562	-128,423	90.02
90.03	09002	119,423	154,984	274,407	-1,705	90.03
90.05	09004					90.05
90.06	09005	114,231	432	114,663	-35	90.06
90.07	09003	798,878	4,566,189	5,365,067	-126,912	90.07
91	09100	4,634,282	1,523,035	6,157,317	-936,406	91
92	09200					92
93.01	04950					93.01
OTHER REIMBURSABLE COST CENTERS						
94	09400					94

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY					99.40
101	10100 HOME HEALTH AGENCY	1,550,757	162,245	1,713,002	-11,374	101
	SPECIAL PURPOSE COST CENTERS					
118	11800 SUBTOTALS (SUM OF LINES 1-117)	100,718,241	144,613,717	245,331,958	-182,203	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,412	192,079	249,491		190
190.02	19002 COVENANT RETIREMENT HOME					190.02
190.05	19005 BOARD OF BENEVOLENCE					190.05
190.07	19007 DENTAL		394	394		190.07
190.08	19008 COVENANT RETIREMENT COMMUNITY					190.08
190.09	19009 OP PHARMACY	199,127		199,127		190.09
190.10	19010 PLAZA		152,277	152,277	1,199,357	190.10
190.11	19011 G CAFETERIA					190.11
190.12	19012 G PHARMACY	367,602		367,602		190.12
190.13	19013 G SUITE					190.13
190.14	19014 OFFSITE CLINICS		1,794,620	1,794,620	-1,017,154	190.14
191.01	19101 OCC HEALTH		3,133	3,133		191.01
200	20000 TOTAL (SUM OF LINES 118-199)	101,342,382	146,756,220	248,098,602		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	CAP REL COSTS-BLDG & FIXT	16,257,458	-7,793,894	8,463,564	1
2	00200	CAP REL COSTS-MVBLE EQUIP	10,949,397	-67,930	10,881,467	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	20,684,057	-871,730	19,812,327	4
5.01	00540	NON-PATIENT PHONES	615,528	-306,599	308,929	5.01
5.03	00560	PURCHASING	1,177,208		1,177,208	5.03
5.04	00570	ADMITTING	1,892,020		1,892,020	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	2,909,321	10,919	2,920,240	5.05
5.06	00590	ADMINISTRATION & GENERAL	48,402,458	-8,658,790	39,743,668	5.06
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	7,793,662	-376,403	7,417,259	7
8	00800	LAUNDRY & LINEN SERVICE	973,217		973,217	8
9	00900	HOUSEKEEPING	2,707,929	-1,357	2,706,572	9
10	01000	DIETARY	370,693		370,693	10
11	01100	CAFETERIA	2,911,904	-548,678	2,363,226	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,382,085	-171,015	1,211,070	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY	2,948,544		2,948,544	15
16	01600	MEDICAL RECORDS & LIBRARY	1,915,669	-30,327	1,885,342	16
17	01700	SOCIAL SERVICE	625,100		625,100	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,292,524		3,292,524	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,801,844	-614,336	1,187,508	22
23	02300	PARAMED ED PRGM-PHARMACY	135,896		135,896	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	21,667,739	-52,279	21,615,460	30
31	03100	INTENSIVE CARE UNIT	3,362,314		3,362,314	31
31.01	02060	SPECIAL CARE NURSERY	554,420		554,420	31.01
40	04000	SUBPROVIDER - IPF	1,485,017	-15,158	1,469,859	40
41	04100	SUBPROVIDER - IRF	1,247,073		1,247,073	41
43	04300	NURSERY	1,802,200	-591,163	1,211,037	43
44	04400	SKILLED NURSING FACILITY	1,213,471		1,213,471	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	11,300,744	-839,585	10,461,159	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,118,812		2,118,812	52
53	05300	ANESTHESIOLOGY	277,828	-40,000	237,828	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,898,419	-30,000	4,868,419	54
54.02	03480	CANCER TREATMENT CENTER	533,439	-72,378	461,061	54.02
54.03	03630	ULTRASOUND	1,296,456		1,296,456	54.03
54.04	05401	SPECIAL PROCEDURES	749,908	-26,040	723,868	54.04
54.05	05402	OP ONCOLOGY				54.05
57	05700	CT SCAN	1,566,193		1,566,193	57
58	05800	MRI	763,789		763,789	58
59	05900	CARDIAC CATHETERIZATION	1,314,320	-104,895	1,209,425	59
60	06000	LABORATORY	6,612,019	-53,229	6,558,790	60
60.01	03420	PATHOLOGY	1,250,906	-67,200	1,183,706	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	1,520,241		1,520,241	63
65	06500	RESPIRATORY THERAPY	1,601,844		1,601,844	65
66	06600	PHYSICAL THERAPY				66
66.01	06601	REHABILITATION MEDICINE	5,020,830	180,178	5,201,008	66.01
67	06700	OCCUPATIONAL THERAPY				67
68	06800	SPEECH PATHOLOGY				68
69	06900	ELECTROCARDIOLOGY	878,549	-76,623	801,926	69
69.02	03140	CARDIOLOGY	2,262,307	-60,603	2,201,704	69.02
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,282,770		13,282,770	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	8,556,280		8,556,280	72
73	07300	DRUGS CHARGED TO PATIENTS	3,348,580		3,348,580	73
74	07400	RENAL DIALYSIS	715,759		715,759	74
75	07500	ASC (NON-DISTINCT PART)	459,559		459,559	75
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	534,292	-209,752	324,540	90.01
90.02	09001	WOUND CARE	659,139	-23,775	635,364	90.02
90.03	09002	PAIN MANAGMENT	272,702	311,077	583,779	90.03
90.05	09004	WOMENS CENTER				90.05
90.06	09005	DIABETES CENTER	114,628		114,628	90.06
90.07	09003	EVANSTON INFUSION CENTER	5,238,155	-1,547	5,236,608	90.07
91	09100	EMERGENCY	5,220,911	-230,000	4,990,911	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
93.01	04950	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94

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	
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100 HOME HEALTH AGENCY	1,701,628	-20	1,701,608	101
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (SUM OF LINES 1-117)	245,149,755	-21,433,132	223,716,623	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	249,491		249,491	190
190.02	19002 COVENANT RETIREMENT HOME				190.02
190.05	19005 BOARD OF BENEVOLENCE				190.05
190.07	19007 DENTAL	394		394	190.07
190.08	19008 COVENANT RETIREMENT COMMUNITY				190.08
190.09	19009 OP PHARMACY	199,127		199,127	190.09
190.10	19010 PLAZA	1,351,634		1,351,634	190.10
190.11	19011 G CAFETERIA				190.11
190.12	19012 G PHARMACY	367,602		367,602	190.12
190.13	19013 G SUITE				190.13
190.14	19014 OFFSITE CLINICS	777,466		777,466	190.14
191.01	19101 OCC HEALTH	3,133		3,133	191.01
200	TOTAL (SUM OF LINES 118-199)	248,098,602	-21,433,132	226,665,470	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1			7,633,927 1
2		CAP REL COSTS-MVBLE EQUIP	2			10,949,397 2
500 TOTAL RECLASSIFICATIONS						18,583,324 500
CODE LETTER - A						
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			9,545,016 1
500 TOTAL RECLASSIFICATIONS						9,545,016 500
CODE LETTER - B						
1 OB DEPT EXPENSES	C	DELIVERY ROOM & LABOR ROOM	52		2,041,839	76,973 1
2		NURSERY	43		1,231,610	46,430 2
500 TOTAL RECLASSIFICATIONS					3,273,449	123,403 500
CODE LETTER - C						
1 HOSPITAL USE OF PLAZA	D	OPERATION OF PLANT	7			27,410 1
500 TOTAL RECLASSIFICATIONS						27,410 500
CODE LETTER - D						
1 NON HOSP BLDG DEPR	E	HOME HEALTH AGENCY	101			41,253 1
2		PLAZA	190.10			1,226,767 2
3		OFFSITE CLINICS	190.14			28,502 3
500 TOTAL RECLASSIFICATIONS						1,296,522 500
CODE LETTER - E						
1 FINANCIAL MGMT	F	ADMINISTRATION & GENERAL	5.06		52,627	1
500 TOTAL RECLASSIFICATIONS					52,627	500
CODE LETTER - F						
1 EMPLOYEE BENEFITS	G	EMPLOYEE BENEFITS DEPARTMENT	4			17,680,061 1
500 TOTAL RECLASSIFICATIONS						17,680,061 500
CODE LETTER - G						
1 COST OF DRUGS SOLD (AC730380)	H	DRUGS CHARGED TO PATIENTS	73			3,348,580 1
500 TOTAL RECLASSIFICATIONS						3,348,580 500
CODE LETTER - H						
1 COLLECTION FEES	K	PATIENT ACCOUNTS & CASHIERS	5.05			6,872 1
500 TOTAL RECLASSIFICATIONS						6,872 500
CODE LETTER - K						
1 PROPERTY INSURANCE	M	CAP REL COSTS-BLDG & FIXT	1			375,037 1
500 TOTAL RECLASSIFICATIONS						375,037 500
CODE LETTER - M						
1 OUTPATIENT SURG RE OR CASES	N	OPERATING ROOM	50		278,367	1
500 TOTAL RECLASSIFICATIONS					278,367	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CHARGEABLE MEDICAL SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	71		11,983,602	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
500 TOTAL RECLASSIFICATIONS					11,983,602	500
CODE LETTER - O						
1 IMPLANTABLE DEVICES	P	IMPL. DEV. CHARGED TO PATIENT	72		8,556,280	1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS					8,556,280	500
CODE LETTER - P						
1 SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	31.01	486,337	68,083	1
500 TOTAL RECLASSIFICATIONS				486,337	68,083	500
CODE LETTER - R						
GRAND TOTAL (INCREASES)				4,090,780	71,594,190	

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	10
1 DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		17,537,668	9	1
2		OFFSITE CLINICS	190.14		1,045,656	9	2
500 TOTAL RECLASSIFICATIONS					18,583,324		500
CODE LETTER - A							
1 INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		9,545,016	11	1
500 TOTAL RECLASSIFICATIONS					9,545,016		500
CODE LETTER - B							
1 OB DEPT EXPENSES	C	ADULTS & PEDIATRICS	30	3,273,449	123,403		1
2							2
500 TOTAL RECLASSIFICATIONS				3,273,449	123,403		500
CODE LETTER - C							
1 HOSPITAL USE OF PLAZA	D	PLAZA	190.10		27,410		1
500 TOTAL RECLASSIFICATIONS					27,410		500
CODE LETTER - D							
1 NON HOSP BLDG DEPR	E	CAP REL COSTS-BLDG & FIXT	1		1,296,522	9	1
2							2
3							3
500 TOTAL RECLASSIFICATIONS					1,296,522		500
CODE LETTER - E							
1 FINANCIAL MGMT	F	HOME HEALTH AGENCY	101	52,627			1
500 TOTAL RECLASSIFICATIONS				52,627			500
CODE LETTER - F							
1 EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		17,680,061		1
500 TOTAL RECLASSIFICATIONS					17,680,061		500
CODE LETTER - G							
1 COST OF DRUGS SOLD (AC730380)	H	PHARMACY	15		3,348,580		1
500 TOTAL RECLASSIFICATIONS					3,348,580		500
CODE LETTER - H							
1 COLLECTION FEES	K	FAMILY PRACTICE CLINIC	90.01		6,872		1
500 TOTAL RECLASSIFICATIONS					6,872		500
CODE LETTER - K							
1 PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		375,037	12	1
500 TOTAL RECLASSIFICATIONS					375,037		500
CODE LETTER - M							
1 OUTPATIENT SURG RE OR CASES	N	ASC (NON-DISTINCT PART)	75	278,367			1
500 TOTAL RECLASSIFICATIONS				278,367			500
CODE LETTER - N							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 CHARGEABLE MEDICAL SUPPLIES	0					1
2		PHARMACY	15		50,204	2
3		SOCIAL SERVICE	17		12	3
4		I&R SERVICES-OTHER PRGM COSTS	22		5	4
5		ADULTS & PEDIATRICS	30		2,037,381	5
6		INTENSIVE CARE UNIT	31		375,068	6
7		SUBPROVIDER - IPF	40		12,198	7
8		SUBPROVIDER - IRF	41		58,943	8
9		NURSERY	43		17,443	9
10		SKILLED NURSING FACILITY	44		65,786	10
11		OPERATING ROOM	50		3,713,794	11
12		ANESTHESIOLOGY	53		526,993	12
13		RADIOLOGY-DIAGNOSTIC	54		103,293	13
14		CANCER TREATMENT CENTER	54.02		3,727	14
15		ULTRASOUND	54.03		40,787	15
16		SPECIAL PROCEDURES	54.04		724,052	16
17		CT SCAN	57		82,976	17
18		MRI	58		17,384	18
19		CARDIAC CATHETERIZATION	59		1,748,750	19
20		LABORATORY	60		102,854	20
21		PATHOLOGY	60.01		3,773	21
22		BLOOD STORING, PROCESSING & T	63		19,669	22
23		RESPIRATORY THERAPY	65		90,277	23
24		REHABILITATION MEDICINE	66.01		15,993	24
25		ELECTROCARDIOLOGY	69		54,649	25
26		CARDIOLOGY	69.02		34,511	26
27		MEDICAL SUPPLIES CHARGED TO P	71		523,469	27
28		ASC (NON-DISTINCT PART)	75		353,622	28
29		FAMILY PRACTICE CLINIC	90.01		12,508	29
30		WOUND CARE	90.02		128,423	30
31		PAIN MANAGMENT	90.03		1,705	31
32		DIABETES CENTER	90.06		35	32
33		EVANSTON INFUSION CENTER	90.07		126,912	33
34		EMERGENCY	91		936,406	34
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					11,983,602	500
1 IMPLANTABLE DEVICES	P	ADULTS & PEDIATRICS	30		88	1
2		OPERATING ROOM	50		7,262,929	2
3		CARDIAC CATHETERIZATION	59		1,285,987	3
4		MEDICAL SUPPLIES CHARGED TO P	71		2,947	4
5		ASC (NON-DISTINCT PART)	75		4,329	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					8,556,280	500
1 SPECIAL CARE NURSERY	R	NURSERY	43	486,337	68,083	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - R GRAND TOTAL (DECREASES)				4,090,780	71,594,190	500

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	7,960,138					7,960,138		1
2 LAND IMPROVEMENTS	5,367,652				1,655,699	3,711,953		2
3 BUILDINGS AND FIXTURES	256,258,443	13,541,465		13,541,465		269,799,908		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	47,990,379				4,894,436	43,095,943		5
6 MOVABLE EQUIPMENT	110,762,193				8,560,300	102,201,893		6
7 HIT DESIGNATED ASSETS	5,809,424	14,842,833		14,842,833		20,652,257		7
8 SUBTOTAL (SUM OF LINES 1-7)	434,148,229	28,384,298		28,384,298	15,110,435	447,422,092		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	434,148,229	28,384,298		28,384,298	15,110,435	447,422,092		10

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	6,042,611		2,045,916	375,037			8,463,564 1
2 CAP REL COSTS-MVBLE EQUIP	10,881,467						10,881,467 2
3 TOTAL	16,924,078		2,045,916	375,037			19,345,031 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-1,944,878	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-70,917	NON-PATIENT PHONES	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-59,269	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	A	-280,223	ADMINISTRATION & GENERAL	5.06	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,123,079			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	127,012			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-548,678	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					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			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	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 CHILD CARE REVENUE	B	-874,419	EMPLOYEE BENEFITS DEPARTMENT	4	33
34 OTHER REVENUE	B	-2,146	FAMILY PRACTICE CLINIC	90.01	34
35 OTHER REVENUE	B	-103,590	CARDIAC CATHETERIZATION	59	35
36 OTHER REVENUE	B	-170,838	PATIENT ACCOUNTS & CASHIERS	5.05	36
37 LCG DEV SVCS	A	-325,802	ADMINISTRATION & GENERAL	5.06	37
38					38
39					39
40 COST OF PHYSICIAN RECRUITMENT	A	-30,373	ADMINISTRATION & GENERAL	5.06	40
41 DEVELOPMENT COSTS	A	-988,242	ADMINISTRATION & GENERAL	5.06	41
41.01 FRINGE BENEFITS RE DEVELOPMENT	A	-71,953	EMPLOYEE BENEFITS DEPARTMENT	4	41.01
42 AMORT '81 CAPITAL INTEREST	A	-2,514	CAP REL COSTS-BLDG & FIXT	1	11 42
43					43
44 OTHER INCOME	B	-235,682	NON-PATIENT PHONES	5.01	44
44.01 OTHER INCOME	B	-2,644	NURSING ADMINISTRATION	13	44.01
44.03 OTHER INCOME	B	-9,227	MEDICAL RECORDS & LIBRARY	16	44.03
44.04 OTHER INCOME	B	-758,786	OPERATING ROOM	50	44.04
45 LOBBYIST FEES IHHA AND AHA	A	-30,314	ADMINISTRATION & GENERAL	5.06	45
45.03 MARKETING FEES	A	-544,000	ADMINISTRATION & GENERAL	5.06	45.03
45.09 OTHER OPERATING INCOME	B	-20	HOME HEALTH AGENCY	101	45.09
45.10 OTHER OPERATING REVENUE	B	-7,423	REHABILITATION MEDICINE	66.01	45.10
45.20 PRIVATE DUTY NURSES	A	-168,371	NURSING ADMINISTRATION	13	45.20
45.21 PDN FRINGE BENEFITS	A	-29,297	EMPLOYEE BENEFITS DEPARTMENT	4	45.21
45.22 GMP AND HIAWATHA BLDG TAX	A	-216,258	ADMINISTRATION & GENERAL	5.06	45.22
45.26 PARKING LOT DEPRECIATION	A	-294,794	CAP REL COSTS-BLDG & FIXT	1	9 45.26
45.27 PARKING LOT DEPRECIATION	A	-67,930	CAP REL COSTS-MVBLE EQUIP	2	9 45.27
45.36 COURTESY CAR	A	-138,552	ADMINISTRATION & GENERAL	5.06	45.36
45.37 COURTESY CARE FBS	A	-6,588	EMPLOYEE BENEFITS DEPARTMENT	4	45.37
45.41 BANK CHARGES	B	287,112	ADMINISTRATION & GENERAL	5.06	45.41
45.42 DSR INCOME NETTED ON FS	A	411,813	CAP REL COSTS-BLDG & FIXT	1	11 45.42

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.43 SEPARATE SWAP AGREEMENT INTERES	A	-1,797,124	CAP REL COSTS-BLDG & FIXT	1	11 45.43
45.44 NONALLOWABLE BORROWING	A	-4,166,397	CAP REL COSTS-BLDG & FIXT	1	11 45.44
45.45 LETTER OF CREDIT INTEREST	B	125,254	ADMINISTRATION & GENERAL	5.06	45.45
45.51 HOUSEKEEPING REV	B	-1,357	HOUSEKEEPING	9	45.51
45.55 CANCER TREATMENT LEASE	B	-72,378	CANCER TREATMENT CENTER	54.02	45.55
45.57 CHEMO REV	B	-1,547	EVANSTON INFUSION CENTER	90.07	45.57
45.58 CREDIT SERVICE REVENUE	B	181,757	PATIENT ACCOUNTS & CASHIERS	5.05	45.58
45.59 OTHER A&G INCOME	B	-4,772,616	ADMINISTRATION & GENERAL	5.06	45.59
45.60 OTHER PLANT OPS INCOME	B	-256,765	OPERATION OF PLANT	7	45.60
45.62 LAB OTHER INCOME	B	-53,229	LABORATORY	60	45.62
45.64 PHYSICIAN MALPRACTICE	A	-349,944	ADMINISTRATION & GENERAL	5.06	45.64
45.65 OTHER INCOME	B	-428,873	I&R SERVICES-OTHER PRGM COSTS A	22	45.65
45.67 MSO DEPR	B	-60,369	OPERATION OF PLANT	7	45.67
45.68 PART B BENEFIT	A	-31,286	EMPLOYEE BENEFITS DEPARTMENT	4	45.68
45.69 CARDIAC CATH MISC REV	B	-1,305	CARDIAC CATHETERIZATION	59	45.69
46					46
47 GOODWILL	A	-466,083	ADMINISTRATION & GENERAL	5.06	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,433,132			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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJ- USTMENTS (COL. 4-5) 6	WKST A-7 REF 7	
1	5.06	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1,955,036	2,532,320	-577,284	1
2	5.06	ADMINISTRATION & GENERAL	LIFE CENTER RENTALS	406,467	306,709	99,758	2
3	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	397,248	209,647	187,601	3
3.01	69.02	CARDIOLOGY	LIFE CENTER RENTALS	183,634	219,587	-35,953	4.01
3.02	90.03	PAIN MANAGMENT	LIFE CENTER RENTALS	241,533	115,147	126,386	4.02
4	4	EMPLOYEE BENEFITS DEPARTMENT	LIFE CENTER RENTALS	560,210	418,397	141,813	4
4.01	90.03	PAIN MANAGMENT	LIFE CENTER RENTALS	244,799	60,108	184,691	4.01
5		TOTALS (SUM OF LINES 1-4)		3,988,927	3,861,915	127,012	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) 1	NAME 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6
6	B COV MIN OF BENEV				
7					
8					
9					
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(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5.06	ADMINISTRATION & GENERAL	756,919	451,223	305,696	177,200	3,678	313,337	15,667	1
2	16	MEDICAL RECORDS & LIBRAR	21,100	21,100						2
3	22	I&R SERVICES-OTHER PRGM	364,383		364,383	177,200	3,848	327,820	16,391	3
4	22	I&R SERVICES-OTHER PRGM	148,900	148,900						4
5	30	ADULTS & PEDIATRICS	72,384	43,720	28,664	177,200	236	20,105	1,005	5
6	40	SUBPROVIDER - IPF	15,158	15,158						6
7	43	NURSERY	591,163	591,163						7
8	50	OPERATING ROOM	80,799	80,799						8
9	53	ANESTHESIOLOGY	40,000	40,000						9
10	54	RADIOLOGY-DIAGNOSTIC	30,000	30,000						10
11	54.04	SPECIAL PROCEDURES	26,040	26,040						11
12	60	LABORATORY	176,904		176,904	272,000	3,159	413,100	20,655	12
13	63	BLOOD STORING, PROCESSIN	36,000		36,000	272,000	645	84,346	4,217	13
14	59	CARDIAC CATHETERIZATION								14
15	69	ELECTROCARDIOLOGY	76,623	76,623						15
16	69.02	CARDIOLOGY	24,650	24,650						16
17	90.01	FAMILY PRACTICE CLINIC	207,606	207,606						17
18	90.02	WOUND CARE	23,775	23,775						18
19	91	EMERGENCY	230,000	230,000						19
20	60.01	PATHOLOGY	67,200	67,200						20
200		TOTAL	2,989,604	2,077,957	911,647		11,566	1,158,708	57,935	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.06 ADMINISTRATION & GENERAL	AGGREGATE				313,337		451,223	1
2	16 MEDICAL RECORDS & LIBRAR	AGGREGATE						21,100	2
3	22 I&R SERVICES-OTHER PRGM	TEACHING	AGGREG			327,820	36,563	36,563	3
4	22 I&R SERVICES-OTHER PRGM	AGGREGATE						148,900	4
5	30 ADULTS & PEDIATRICS	AGGREGATE				20,105	8,559	52,279	5
6	40 SUBPROVIDER - IPF	AGGREGATE						15,158	6
7	43 NURSERY	AGGREGATE						591,163	7
8	50 OPERATING ROOM	AGGREGATE						80,799	8
9	53 ANESTHESIOLOGY	AGGREGATE						40,000	9
10	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						30,000	10
11	54.04 SPECIAL PROCEDURES	AGGREGATE						26,040	11
12	60 LABORATORY	AGGREGATE				413,100			12
13	63 BLOOD STORING, PROCESSIN	AGGREGATE				84,346			13
14	59 CARDIAC CATHETERIZATION	AGGREGATE							14
15	69 ELECTROCARDIOLOGY	AGGREGATE						76,623	15
16	69.02 CARDIOLOGY	AGGREGATE						24,650	16
17	90.01 FAMILY PRACTICE CLINIC	AGGREGATE						207,606	17
18	90.02 WOUND CARE	AGGREGATE						23,775	18
19	91 EMERGENCY	AGGREGATE						230,000	19
20	60.01 PATHOLOGY	AGGREGATE						67,200	20
200	TOTAL					1,158,708	45,122	2,123,079	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	8,463,564	8,463,564				1
2 CAP REL COSTS-MVBLE EQUIP	10,881,467		10,881,467			2
4 EMPLOYEE BENEFITS DEPARTMENT	19,812,327	23,092	55,552	19,890,971		4
5.01 NON-PATIENT PHONES	308,929	11,997	65,586	66,457	452,969	5.01
5.03 PURCHASING	1,177,208	64,063	32,396	162,365	4,181	5.03
5.04 ADMITTING	1,892,020	38,772	37,777	365,726	8,363	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	2,920,240	28,094	6,516	346,397	28,572	5.05
5.06 ADMINISTRATION & GENERAL	39,743,668	4,199,936	1,914,043	2,524,670	70,379	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,417,259	831,364	2,143,169	462,297	18,816	7
8 LAUNDRY & LINEN SERVICE	973,217	29,044	26,842		697	8
9 HOUSEKEEPING	2,706,572	64,573	6,466	391,675	2,788	9
10 DIETARY	370,693	68,325	131,591	72,308	3,484	10
11 CAFETERIA	2,363,226	120,750	15,740		3,484	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,211,070	30,978	512,618	259,823	11,150	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,948,544	39,339	128,827	442,641	6,272	15
16 MEDICAL RECORDS & LIBRARY	1,885,342	58,933	7,274	233,995	10,453	16
17 SOCIAL SERVICE	625,100	23,833		121,192	6,969	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	3,292,524		170	553,308		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,187,508	58,690	3,729	274,220	9,756	22
23 PARAMED ED PRGM-PHARMACY	135,896		1,231	24,965		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,615,460	824,624	327,101	4,157,053	31,359	30
31 INTENSIVE CARE UNIT	3,362,314	67,271	47,943	629,093	16,725	31
31.01 SPECIAL CARE NURSERY	554,420	13,596		97,437	5,575	31.01
40 SUBPROVIDER - IPF	1,469,859	121,561	7,625	292,666	7,666	40
41 SUBPROVIDER - IRF	1,247,073	61,469	2,466	243,907	2,788	41
43 NURSERY	1,211,037	1,170	3,208	246,751	6,272	43
44 SKILLED NURSING FACILITY	1,213,471	134,635	18,478	231,393	2,788	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,461,159	286,062	1,167,877	1,172,734	20,209	50
52 DELIVERY ROOM & LABOR ROOM	2,118,812	18,401	3,533	409,078		52
53 ANESTHESIOLOGY	237,828	17,023	73,914	42,304	2,091	53
54 RADIOLOGY-DIAGNOSTIC	4,868,419	180,332	971,539	735,056	23,694	54
54.02 CANCER TREATMENT CENTER	461,061	106,344	101,412	103,048	11,847	54.02
54.03 ULTRASOUND	1,296,456	2,826	181,898	251,806	2,788	54.03
54.04 SPECIAL PROCEDURES	723,868	10,978	5,592	99,602		54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	1,566,193		508,842	142,107		57
58 MRI	763,789		571,045	84,456		58
59 CARDIAC CATHETERIZATION	1,209,425	21,667	189,479	148,074	4,878	59
60 LABORATORY	6,558,790	116,454	235,573	681,833	21,603	60
60.01 PATHOLOGY	1,183,706	23,462	82,590	153,497	1,394	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,520,241	5,269	14,112	47,925	2,091	63
65 RESPIRATORY THERAPY	1,601,844	16,583	49,273	287,869	2,788	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	5,201,008	68,881	71,949	918,905	12,544	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	801,926	12,495	48,471	111,366	2,788	69
69.02 RADIOLOGY	2,201,704		204,872	361,773	4,878	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,282,770	118,723	88,751	110,192	1,394	71
72 IMPL. DEV. CHARGED TO PATIENTS	8,556,280					72
73 DRUGS CHARGED TO PATIENTS	3,348,580					73
74 RENAL DIALYSIS	715,759	3,914				74
75 ASC (NON-DISTINCT PART)	459,559	62,789	95,875	68,920	11,847	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	324,540	104,653	50,600	85,382	17,422	90.01
90.02 WOUND CARE	635,364	60,705	13,312	114,178		90.02
90.03 PAIN MANAGMENT	583,779	63,519	11,705	23,926		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	114,628	9,172	4,649	22,886		90.06
90.07 EVANSTON INFUSION CENTER	5,236,608	23,369	8,137	160,054		90.07
91 EMERGENCY	4,990,911	119,522	191,798	928,469	20,209	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,701,608	6,265	37,661	300,147	2,788	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	223,716,623	8,375,517	10,480,807	19,765,926	425,790	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	249,491	7,979		11,502	1,394	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL	394					190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY	199,127	12,600	1,455	39,895	697	190.09
190.10 PLAZA	1,351,634	22,663	61		12,544	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	367,602	37,486	2,813	73,648	10,453	190.12
190.13 G SUITE			623			190.13
190.14 OFFSITE CLINICS	777,466		395,708			190.14
191.01 OCC HEALTH	3,133	7,319			2,091	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	226,665,470	8,463,564	10,881,467	19,890,971	452,969	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	SUBTOTAL (COLS.0-4) 4A	OTHER ADMINISTRA & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING	1,440,213					5.03
5.04 ADMITTING	606	2,343,264				5.04
5.05 PATIENT ACCOUNTS & CASHIERS	686		3,330,505			5.05
5.06 ADMINISTRATION & GENERAL	9,132			48,461,828	48,461,828	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,885			10,886,790	2,960,619	7
8 LAUNDRY & LINEN SERVICE				1,029,800	280,050	8
9 HOUSEKEEPING	12,428			3,184,502	866,013	9
10 DIETARY	12			646,413	175,789	10
11 CAFETERIA	198			2,503,398	680,789	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	261			2,025,900	550,935	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	515			3,566,138	969,797	15
16 MEDICAL RECORDS & LIBRARY	177			2,196,174	597,241	16
17 SOCIAL SERVICE	137			777,231	211,365	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	89			3,846,091	1,045,929	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	418			1,534,321	417,252	22
23 PARAMED ED PRGM-PHARMACY	28			162,120	44,088	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,403	299,004	425,141	27,688,145	7,529,743	30
31 INTENSIVE CARE UNIT	562	44,792	63,688	4,232,388	1,150,981	31
31.01 SPECIAL CARE NURSERY		5,755	8,183	684,966	186,274	31.01
40 SUBPROVIDER - IPF	316	28,980	41,206	1,969,879	535,701	40
41 SUBPROVIDER - IRF	229	22,660	32,219	1,612,811	438,598	41
43 NURSERY	21	11,028	15,680	1,495,167	406,605	43
44 SKILLED NURSING FACILITY	349	12,229	17,388	1,630,731	443,471	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	60,397	180,643	256,848	13,605,929	3,700,078	50
52 DELIVERY ROOM & LABOR ROOM		29,436	41,854	2,621,114	712,801	52
53 ANESTHESIOLOGY	577	72,851	103,584	550,172	149,617	53
54 RADIOLOGY-DIAGNOSTIC	2,853	116,046	165,001	7,062,940	1,920,738	54
54.02 CANCER TREATMENT CENTER	200	14,313	20,351	818,576	222,608	54.02
54.03 ULTRASOUND	318	36,357	51,694	1,824,143	496,068	54.03
54.04 SPECIAL PROCEDURES	5,991	6,562	9,331	861,924	234,397	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	129	152,526	216,870	2,586,667	703,434	57
58 MRI	78	59,033	83,936	1,562,337	424,871	58
59 CARDIAC CATHETERIZATION	79,081	60,277	85,705	1,798,586	489,118	59
60 LABORATORY	92,021	321,649	456,055	8,483,978	2,307,184	60
60.01 PATHOLOGY	19,121	20,108	28,591	1,512,469	411,310	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	65,648	25,234	35,880	1,716,400	466,768	63
65 RESPIRATORY THERAPY	1,439	59,412	84,476	2,103,684	572,088	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	1,050	51,718	73,535	6,399,590	1,740,343	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	733	29,745	42,294	1,049,818	285,494	69
69.02 RADIOLOGY	419	41,298	58,720	2,873,664	781,481	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	581,630	224,257	318,861	14,726,578	4,004,834	71
72 IMPL. DEV. CHARGED TO PATIENTS	461,457	67,550	96,047	9,181,334	2,496,827	72
73 DRUGS CHARGED TO PATIENTS		122,093	173,599	3,644,272	991,045	73
74 RENAL DIALYSIS	16	15,515	22,060	757,264	205,935	74
75 ASC (NON-DISTINCT PART)	605	16,686	23,725	740,006	201,242	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	385	2,939	4,179	590,100	160,475	90.01
90.02 WOUND CARE	383	17,808	25,321	867,071	235,796	90.02
90.03 PAIN MANAGMENT	140	2,462	3,501	689,032	187,379	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	16	342	487	152,180	41,385	90.06
90.07 EVANSTON INFUSION CENTER	297	46,458	66,056	5,540,979	1,506,847	90.07
91 EMERGENCY	4,723	121,202	172,331	6,549,165	1,781,019	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	SUBTOTAL (COLS.0-4) 4A	OTHER ADMINISTRA & GENERAL 5.06	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	240	4,296	6,108	2,059,113	559,968	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,428,399	2,343,264	3,330,505	223,063,878	47,482,390	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,262			279,628	76,044	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL				394	107	190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY				253,774	69,013	190.09
190.10 PLAZA				1,386,902	377,162	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY				492,002	133,798	190.12
190.13 G SUITE				623	169	190.13
190.14 OFFSITE CLINICS	2,552			1,175,726	319,734	190.14
191.01 OCC HEALTH				12,543	3,411	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,440,213	2,343,264	3,330,505	226,665,470	48,461,828	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,847,409					7
8 LAUNDRY & LINEN SERVICE	123,133	1,432,983				8
9 HOUSEKEEPING	273,760	108,128	4,432,403			9
10 DIETARY	289,667		52,345	1,164,214		10
11 CAFETERIA	511,925		92,511		3,788,623	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	131,332		23,736		50,271	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	166,779		30,139		73,767	15
16 MEDICAL RECORDS & LIBRARY	249,850		45,152		63,252	16
17 SOCIAL SERVICE	101,040		18,257		23,360	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					147,724	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	248,819		44,962		19,431	22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,496,034	662,252	2,100,861	794,131	945,639	30
31 INTENSIVE CARE UNIT	285,199	46,561	171,385	64,956	99,675	31
31.01 SPECIAL CARE NURSERY	57,639	13,298	34,638		16,667	31.01
40 SUBPROVIDER - IPF	515,362	77,248	309,697	108,112	63,875	40
41 SUBPROVIDER - IRF	260,602	60,990	156,604	85,358	58,537	41
43 NURSERY	4,959	40,116	2,983		41,111	43
44 SKILLED NURSING FACILITY	570,791	79,782	343,002	111,657	59,566	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,212,772	225,935	219,160		217,832	50
52 DELIVERY ROOM & LABOR ROOM	78,014		14,096		68,184	52
53 ANESTHESIOLOGY	72,171		13,039		14,146	53
54 RADIOLOGY-DIAGNOSTIC	764,525	3,499	138,157		163,063	54
54.02 CANCER TREATMENT CENTER	450,850		81,475		13,902	54.02
54.03 ULTRASOUND	11,979	1,730	2,165		41,599	54.03
54.04 SPECIAL PROCEDURES	46,543	11,221	8,413		18,157	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN					28,510	57
58 MRI					15,528	58
59 CARDIAC CATHETERIZATION	91,859	20,396	16,600		24,119	59
60 LABORATORY	493,710	19,776	89,218		218,483	60
60.01 PATHOLOGY	99,469		17,975		32,764	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	22,339		4,034		9,594	63
65 RESPIRATORY THERAPY	70,306		12,707		64,797	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	292,024		52,775		177,019	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	52,975	1,462	9,576		16,070	69
69.02 RADIOLOGY		848			64,472	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	503,333	30,073			10,407	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	16,594					74
75 ASC (NON-DISTINCT PART)	266,199	26,338	48,107		16,206	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	443,682		80,178		22,412	90.01
90.02 WOUND CARE	257,362	3,330	46,506		26,911	90.02
90.03 PAIN MANAGMENT	269,292		48,664		9,621	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	38,884				4,634	90.06
90.07 EVANSTON INFUSION CENTER	99,076				571,383	90.07
91 EMERGENCY	506,721		91,566		201,572	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 15:03

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	26,561				47,669	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	13,474,131	1,432,983	4,420,683	1,164,214	3,761,929	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,827		6,114		2,873	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY	53,417				8,157	190.09
190.10 PLAZA	96,081					190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	158,924				15,664	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH	31,029		5,606			191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,847,409	1,432,983	4,432,403	1,164,214	3,788,623	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & 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	2,782,174					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		4,806,620				15
16 MEDICAL RECORDS & LIBRARY			3,151,669			16
17 SOCIAL SERVICE				1,131,253		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					5,039,744	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,322,958	1,419	400,803	728,667	2,724,841	30
31 INTENSIVE CARE UNIT	139,437	1,075	62,384	9,766	341,079	31
31.01 SPECIAL CARE NURSERY	23,315		10,228	3,527		31.01
40 SUBPROVIDER - IPF	89,346	58	41,832	98,476		40
41 SUBPROVIDER - IRF	81,880	46	30,601	91,694		41
43 NURSERY	57,531		16,805	3,527		43
44 SKILLED NURSING FACILITY	83,316	425	16,268	88,710		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	304,761	1,505	209,808		516,106	50
52 DELIVERY ROOM & LABOR ROOM	95,379		44,524		297,322	52
53 ANESTHESIOLOGY	19,775	4,614	109,018			53
54 RADIOLOGY-DIAGNOSTIC		202,045	158,193			54
54.02 CANCER TREATMENT CENTER	19,445		20,779			54.02
54.03 ULTRASOUND		828	49,852			54.03
54.04 SPECIAL PROCEDURES		113	6,538			54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN		164	204,651			57
58 MRI			82,798			58
59 CARDIAC CATHETERIZATION	45,853	4	87,738			59
60 LABORATORY		22	434,250			60
60.01 PATHOLOGY			28,862			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			37,054			63
65 RESPIRATORY THERAPY		1,137	78,073			65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE		98	72,301			66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			44,298			69
69.02 RADIOLOGY	90,197	3,234	53,905			69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,593	314,418			71
72 IMPL. DEV. CHARGED TO PATIENTS			101,190			72
73 DRUGS CHARGED TO PATIENTS		1,985,633	175,449			73
74 RENAL DIALYSIS			20,567			74
75 ASC (NON-DISTINCT PART)	22,657	199	24,254			75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC		890	6,848	2,984	1,009,912	90.01
90.02 WOUND CARE	37,651	1,258	24,446			90.02
90.03 PAIN MANAGMENT		1,428	3,311			90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER			504			90.06
90.07 EVANSTON INFUSION CENTER		2,597,679				90.07
91 EMERGENCY	281,995	930	172,137	2,442	150,484	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	66,678	223	6,982	101,460		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,782,174	4,806,620	3,151,669	1,131,253	5,039,744	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY						190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY						190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH						191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,782,174	4,806,620	3,151,669	1,131,253	5,039,744	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-OTHER	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		
	COSTS			DOWN ADJS		
	22	23	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & 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 SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,264,785					22
23 PARAMED ED PRGM-PHARMACY		206,208				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,224,503	111,491	49,731,487	-3,949,344	45,782,143	30
31 INTENSIVE CARE UNIT	153,276	13,956	6,772,118	-494,355	6,277,763	31
31.01 SPECIAL CARE NURSERY			1,030,552		1,030,552	31.01
40 SUBPROVIDER - IPF			3,809,586		3,809,586	40
41 SUBPROVIDER - IRF			2,877,721		2,877,721	41
43 NURSERY			2,068,804		2,068,804	43
44 SKILLED NURSING FACILITY			3,427,719		3,427,719	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	231,930	21,117	20,466,933	-748,036	19,718,897	50
52 DELIVERY ROOM & LABOR ROOM	133,612	12,165	4,077,211	-430,934	3,646,277	52
53 ANESTHESIOLOGY			932,552		932,552	53
54 RADIOLOGY-DIAGNOSTIC			10,413,160		10,413,160	54
54.02 CANCER TREATMENT CENTER			1,627,635		1,627,635	54.02
54.03 ULTRASOUND			2,428,364		2,428,364	54.03
54.04 SPECIAL PROCEDURES			1,187,306		1,187,306	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN			3,523,426		3,523,426	57
58 MRI			2,085,534		2,085,534	58
59 CARDIAC CATHETERIZATION			2,574,273		2,574,273	59
60 LABORATORY			12,046,621		12,046,621	60
60.01 PATHOLOGY			2,102,849		2,102,849	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			2,256,189		2,256,189	63
65 RESPIRATORY THERAPY			2,902,792		2,902,792	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE			8,734,150		8,734,150	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			1,459,693		1,459,693	69
69.02 RADIOLOGY			3,867,801		3,867,801	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			19,591,236		19,591,236	71
72 IMPL. DEV. CHARGED TO PATIENTS			11,779,351		11,779,351	72
73 DRUGS CHARGED TO PATIENTS			6,796,399		6,796,399	73
74 RENAL DIALYSIS			1,000,360		1,000,360	74
75 ASC (NON-DISTINCT PART)			1,345,208		1,345,208	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	453,839	41,322	2,812,642	-1,463,751	1,348,891	90.01
90.02 WOUND CARE			1,500,331		1,500,331	90.02
90.03 PAIN MANAGMENT			1,208,727		1,208,727	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER			237,587		237,587	90.06
90.07 EVANSTON INFUSION CENTER			10,315,964		10,315,964	90.07
91 EMERGENCY	67,625	6,157	9,811,813	-218,109	9,593,704	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-OTHER	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		
	COSTS			DOWN ADJS		
	22	23	24	25	26	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			2,868,654		2,868,654	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,264,785	206,208	221,672,748	-7,304,529	214,368,219	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			398,486		398,486	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL			501		501	190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY			384,361		384,361	190.09
190.10 PLAZA			1,860,145		1,860,145	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY			800,388		800,388	190.12
190.13 G SUITE			792		792	190.13
190.14 OFFSITE CLINICS			1,495,460		1,495,460	190.14
191.01 OCC HEALTH			52,589		52,589	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,264,785	206,208	226,665,470	-7,304,529	219,360,941	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT					95,494	4
5.01 NON-PATIENT PHONES	16,850	23,092	55,552	95,494	95,494	5.01
5.03 PURCHASING	63,336	11,997	65,586	140,919	319	5.03
5.04 ADMITTING	56,510	64,063	32,396	152,969	780	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	9,213	38,772	37,777	85,762	1,756	5.05
5.06 ADMINISTRATION & GENERAL	5,577	28,094	6,516	40,187	1,663	5.06
6 MAINTENANCE & REPAIRS	241,341	4,199,936	1,914,043	6,355,320	12,123	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	13,532	831,364	2,143,169	2,988,065	2,220	8
9 HOUSEKEEPING	66	29,044	26,842	55,952		9
10 DIETARY	333	64,573	6,466	71,372	1,881	10
11 CAFETERIA	4,938	68,325	131,591	204,854	347	11
12 MAINTENANCE OF PERSONNEL		120,750	15,740	136,490		12
13 NURSING ADMINISTRATION	4,555	30,978	512,618	548,151	1,248	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,831	39,339	128,827	171,997	2,125	15
16 MEDICAL RECORDS & LIBRARY	4,557	58,933	7,274	70,764	1,124	16
17 SOCIAL SERVICE	70	23,833		23,903	582	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			170	170	2,657	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,049	58,690	3,729	66,468	1,317	22
23 PARAMED ED PRGM-PHARMACY			1,231	1,231	120	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,452	824,624	327,101	1,173,177	19,944	30
31 INTENSIVE CARE UNIT	3,144	67,271	47,943	118,358	3,021	31
31.01 SPECIAL CARE NURSERY		13,596		13,596	468	31.01
40 SUBPROVIDER - IPF	685	121,561	7,625	129,871	1,405	40
41 SUBPROVIDER - IRF	798	61,469	2,466	64,733	1,171	41
43 NURSERY	66	1,170	3,208	4,444	1,185	43
44 SKILLED NURSING FACILITY	6,631	134,635	18,478	159,744	1,111	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	124,906	286,062	1,167,877	1,578,845	5,631	50
52 DELIVERY ROOM & LABOR ROOM		18,401	3,533	21,934	1,964	52
53 ANESTHESIOLOGY	1,957	17,023	73,914	92,894	203	53
54 RADIOLOGY-DIAGNOSTIC	10,222	180,332	971,539	1,162,093	3,529	54
54.02 CANCER TREATMENT CENTER	2,995	106,344	101,412	210,751	495	54.02
54.03 ULTRASOUND	198	2,826	181,898	184,922	1,209	54.03
54.04 SPECIAL PROCEDURES	6,941	10,978	5,592	23,511	478	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	468,853		508,842	977,695	682	57
58 MRI			571,045	571,045	406	58
59 CARDIAC CATHETERIZATION	1,802	21,667	189,479	212,948	711	59
60 LABORATORY	12,398	116,454	235,573	364,425	3,274	60
60.01 PATHOLOGY	5,036	23,462	82,590	111,088	737	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	66	5,269	14,112	19,447	230	63
65 RESPIRATORY THERAPY	53,570	16,583	49,273	119,426	1,382	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	197,504	68,881	71,949	338,334	4,412	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	2,120	12,495	48,471	63,086	535	69
69.02 RADIOLOGY	146,890		204,872	351,762	1,737	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,541	118,723	88,751	217,015	529	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		3,914		3,914		74
75 ASC (NON-DISTINCT PART)	3,244	62,789	95,875	161,908	331	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	3,538	104,653	50,600	158,791	410	90.01
90.02 WOUND CARE	3,801	60,705	13,312	77,818	548	90.02
90.03 PAIN MANAGMENT	127,171	63,519	11,705	202,395	115	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		9,172	4,649	13,821	110	90.06
90.07 EVANSTON INFUSION CENTER		23,369	8,137	31,506	769	90.07
91 EMERGENCY	9,570	119,522	191,798	320,890	4,458	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL	REL COSTS	REL COSTS		BENEFITS	
	COSTS	BLDG&FIXT	MOV EQUIP	2A	DEPARTMENT	
	0	1	2		4	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,266	6,265	37,661	50,192	1,441	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,660,123	8,375,517	10,480,807	20,516,447	94,893	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,979		7,979	55	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY		12,600	1,455	14,055	192	190.09
190.10 PLAZA		22,663	61	22,724		190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY		37,486	2,813	40,299	354	190.12
190.13 G SUITE			623	623		190.13
190.14 OFFSITE CLINICS	60		395,708	395,768		190.14
191.01 OCC HEALTH		7,319		7,319		191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,660,183	8,463,564	10,881,467	21,005,214	95,494	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	PURCHASE 5.03	ADMITTING 5.04	PATIENT ACCOUNTS- CASHIERS 5.05	OTHER ADMINISTRA & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES	141,238					5.01
5.03 PURCHASING	1,304	155,053				5.03
5.04 ADMITTING	2,607	65	90,190			5.04
5.05 PATIENT ACCOUNTS & CASHIERS	8,909	74		50,833		5.05
5.06 ADMINISTRATION & GENERAL	21,948	983			6,390,374	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,867	1,495			390,400	7
8 LAUNDRY & LINEN SERVICE	217				36,929	8
9 HOUSEKEEPING	869	1,338			114,196	9
10 DIETARY	1,086	1			23,180	10
11 CAFETERIA	1,086	21			89,772	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,477	28			72,649	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	1,956	55			127,882	15
16 MEDICAL RECORDS & LIBRARY	3,259	19			78,755	16
17 SOCIAL SERVICE	2,173	15			27,872	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		10			137,921	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,042	45			55,021	22
23 PARAMED ED PRGM-PHARMACY		3			5,814	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,778	905	11,437	6,536	992,888	30
31 INTENSIVE CARE UNIT	5,215	61	1,713	979	151,773	31
31.01 SPECIAL CARE NURSERY	1,738		220	126	24,563	31.01
40 SUBPROVIDER - IPF	2,390	34	1,109	633	70,640	40
41 SUBPROVIDER - IRF	869	25	867	495	57,835	41
43 NURSERY	1,956	2	422	241	53,617	43
44 SKILLED NURSING FACILITY	869	38	468	267	58,478	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,301	6,502	6,910	3,948	487,909	50
52 DELIVERY ROOM & LABOR ROOM			1,126	643	93,993	52
53 ANESTHESIOLOGY	652	62	2,787	1,592	19,729	53
54 RADIOLOGY-DIAGNOSTIC	7,388	307	4,439	2,537	253,277	54
54.02 CANCER TREATMENT CENTER	3,694	21	548	313	29,354	54.02
54.03 ULTRASOUND	869	34	1,391	795	65,414	54.03
54.04 SPECIAL PROCEDURES		645	251	143	30,909	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN		14	5,834	3,334	92,758	57
58 MRI		8	2,258	1,290	56,025	58
59 CARDIAC CATHETERIZATION	1,521	8,513	2,306	1,318	64,497	59
60 LABORATORY	6,736	9,906	12,861	6,645	304,235	60
60.01 PATHOLOGY	435	2,058	769	440	54,237	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	652	7,067	965	552	61,550	63
65 RESPIRATORY THERAPY	869	155	2,273	1,299	75,438	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	3,911	113	1,978	1,130	229,489	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	869	79	1,138	650	37,646	69
69.02 RADIOLOGY	1,521	45	1,580	903	103,050	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	435	62,625	8,578	4,902	528,095	71
72 IMPL. DEV. CHARGED TO PATIENTS		49,678	2,584	1,477	329,243	72
73 DRUGS CHARGED TO PATIENTS			4,670	2,669	130,684	73
74 RENAL DIALYSIS		2	593	339	27,155	74
75 ASC (NON-DISTINCT PART)	3,694	65	638	365	26,537	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	5,432	41	112	64	21,161	90.01
90.02 WOUND CARE		41	681	389	31,093	90.02
90.03 PAIN MANAGMENT		15	94	54	24,709	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		2	13	7	5,457	90.06
90.07 EVANSTON INFUSION CENTER		32	1,777	1,015	198,700	90.07
91 EMERGENCY	6,301	508	4,636	2,649	234,853	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES	PURCHASE	ADMITTING	PATIENT ACCOUNTS- CASHIERS	OTHER ADMINISTRA & GENERAL	
	5.01	5.03	5.04	5.05	5.06	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	869	26	164	94	73,840	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	132,764	153,781	90,190	50,833	6,261,222	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	435	997			10,027	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL					14	190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY	217				9,100	190.09
190.10 PLAZA	3,911				49,734	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	3,259				17,643	190.12
190.13 G SUITE					22	190.13
190.14 OFFSITE CLINICS		275			42,162	190.14
191.01 OCC HEALTH	652				450	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	141,238	155,053	90,190	50,833	6,390,374	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,388,047					7
8 LAUNDRY & LINEN SERVICE	30,127	123,225				8
9 HOUSEKEEPING	66,981	9,298	265,935			9
10 DIETARY	70,873			3,141	303,482	10
11 CAFETERIA	125,253		5,550			11
12 MAINTENANCE OF PERSONNEL					358,172	12
13 NURSING ADMINISTRATION	32,133		1,424		4,753	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	40,806		1,808		6,974	15
16 MEDICAL RECORDS & LIBRARY	61,131		2,709		5,980	16
17 SOCIAL SERVICE	24,721		1,095		2,208	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					13,966	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	60,879		2,698		1,837	22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	855,373	56,945	126,050	207,011	89,398	30
31 INTENSIVE CARE UNIT	69,780	4,004	10,283	16,932	9,423	31
31.01 SPECIAL CARE NURSERY	14,102	1,144	2,078		1,576	31.01
40 SUBPROVIDER - IPF	126,094	6,643	18,581	28,182	6,039	40
41 SUBPROVIDER - IRF	63,762	5,245	9,396	22,251	5,534	41
43 NURSERY	1,213	3,450	179		3,887	43
44 SKILLED NURSING FACILITY	139,656	6,861	20,579	29,106	5,631	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	296,729	19,429	13,149		20,594	50
52 DELIVERY ROOM & LABOR ROOM	19,088		846		6,446	52
53 ANESTHESIOLOGY	17,658		782		1,337	53
54 RADIOLOGY-DIAGNOSTIC	187,056	301	8,289		15,416	54
54.02 CANCER TREATMENT CENTER	110,309		4,888		1,314	54.02
54.03 ULTRASOUND	2,931	149	130		3,933	54.03
54.04 SPECIAL PROCEDURES	11,388	965	505		1,717	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN					2,695	57
58 MRI					1,468	58
59 CARDIAC CATHETERIZATION	22,475	1,754	996		2,280	59
60 LABORATORY	120,796	1,701	5,353		20,655	60
60.01 PATHOLOGY	24,337		1,078		3,097	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,466		242		907	63
65 RESPIRATORY THERAPY	17,202		762		6,126	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	71,449		3,166		16,735	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	12,961	126	575		1,519	69
69.02 RADIOLOGY		73			6,095	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	123,151	2,586			984	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	4,060					74
75 ASC (NON-DISTINCT PART)	65,131	2,265	2,886		1,532	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	108,556		4,810		2,119	90.01
90.02 WOUND CARE	62,969	286	2,790		2,544	90.02
90.03 PAIN MANAGMENT	65,888		2,920		910	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	9,514				438	90.06
90.07 EVANSTON INFUSION CENTER	24,241				54,018	90.07
91 EMERGENCY	123,979		5,494		19,056	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	AND LINEN SERVICE	KEEPING			
	7	8	9	10	11	
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,499					101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,296,717	123,225	265,232	303,482	355,648	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,277		367		272	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY	13,069				771	190.09
190.10 PLAZA	23,508					190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	38,884				1,481	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH	7,592		336			191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,388,047	123,225	265,935	303,482	358,172	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & 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	663,863					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		353,603				15
16 MEDICAL RECORDS & LIBRARY			223,741			16
17 SOCIAL SERVICE				82,569		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					154,724	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	315,675	104	28,531	53,185		30
31 INTENSIVE CARE UNIT	33,271	79	4,441	713		31
31.01 SPECIAL CARE NURSERY	5,563		728	257		31.01
40 SUBPROVIDER - IPF	21,319	4	2,978	7,188		40
41 SUBPROVIDER - IRF	19,538	3	2,178	6,693		41
43 NURSERY	13,728		1,196	257		43
44 SKILLED NURSING FACILITY	19,880	31	1,158	6,475		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	72,720	111	14,935			50
52 DELIVERY ROOM & LABOR ROOM	22,759		3,169			52
53 ANESTHESIOLOGY	4,719	339	7,760			53
54 RADIOLOGY-DIAGNOSTIC		14,864	11,261			54
54.02 CANCER TREATMENT CENTER	4,640		1,479			54.02
54.03 ULTRASOUND		61	3,549			54.03
54.04 SPECIAL PROCEDURES		8	465			54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN		12	14,568			57
58 MRI			5,894			58
59 CARDIAC CATHETERIZATION	10,941		6,246			59
60 LABORATORY		2	30,305			60
60.01 PATHOLOGY			2,055			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			2,638			63
65 RESPIRATORY THERAPY		84	5,558			65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE		7	5,147			66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			3,153			69
69.02 RADIOLOGY	21,522	238	3,837			69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		117	22,381			71
72 IMPL. DEV. CHARGED TO PATIENTS			7,203			72
73 DRUGS CHARGED TO PATIENTS		146,075	12,489			73
74 RENAL DIALYSIS			1,464			74
75 ASC (NON-DISTINCT PART)	5,406	15	1,726			75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC		66	487	218		90.01
90.02 WOUND CARE	8,984	93	1,740			90.02
90.03 PAIN MANAGMENT		105	236			90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER			36			90.06
90.07 EVANSTON INFUSION CENTER		191,101				90.07
91 EMERGENCY	67,288	68	12,253	178		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01 OCCUP HEALTH						93.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	15,910	16	497	7,405	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	663,863	353,603	223,741	82,569	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
190.02 COVENANT RETIREMENT HOME					190.02
190.05 BOARD OF BENEVOLENCE					190.05
190.07 DENTAL					190.07
190.08 COVENANT RETIREMENT COMMUNITY					190.08
190.09 OP PHARMACY					190.09
190.10 PLAZA					190.10
190.11 G CAFETERIA					190.11
190.12 G PHARMACY					190.12
190.13 G SUITE					190.13
190.14 OFFSITE CLINICS					190.14
191.01 OCC HEALTH					191.01
200 CROSS FOOT ADJUSTMENTS					154,724
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	663,863	353,603	223,741	82,569	154,724

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-OTHER	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM	EDUCATION		POST STEP-	
	COSTS			DOWN ADJS	
	22	23	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NON-PATIENT PHONES					5.01
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTS & CASHIERS					5.05
5.06 ADMINISTRATION & 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 SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	191,307				22
23 PARAMED ED PRGM-PHARMACY		7,168			23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			3,946,937		3,946,937
31 INTENSIVE CARE UNIT			430,046		430,046
31.01 SPECIAL CARE NURSERY			66,159		66,159
40 SUBPROVIDER - IPF			423,110		423,110
41 SUBPROVIDER - IRF			260,595		260,595
43 NURSERY			85,777		85,777
44 SKILLED NURSING FACILITY			450,352		450,352
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			2,533,713		2,533,713
52 DELIVERY ROOM & LABOR ROOM			171,968		171,968
53 ANESTHESIOLOGY			150,514		150,514
54 RADIOLOGY-DIAGNOSTIC			1,670,757		1,670,757
54.02 CANCER TREATMENT CENTER			367,806		367,806
54.03 ULTRASOUND			265,387		265,387
54.04 SPECIAL PROCEDURES			70,985		70,985
54.05 OP ONCOLOGY					54.05
57 CT SCAN			1,097,592		1,097,592
58 MRI			638,394		638,394
59 CARDIAC CATHETERIZATION			336,506		336,506
60 LABORATORY			886,894		886,894
60.01 PATHOLOGY			200,331		200,331
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.			99,716		99,716
65 RESPIRATORY THERAPY			230,574		230,574
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE			675,871		675,871
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY			122,337		122,337
69.02 RADIOLOGY			492,363		492,363
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			971,398		971,398
72 IMPL. DEV. CHARGED TO PATIENTS			390,185		390,185
73 DRUGS CHARGED TO PATIENTS			296,587		296,587
74 RENAL DIALYSIS			37,527		37,527
75 ASC (NON-DISTINCT PART)			272,499		272,499
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 FAMILY PRACTICE CLINIC			302,267		302,267
90.02 WOUND CARE			189,976		189,976
90.03 PAIN MANAGMENT			297,441		297,441
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER			29,398		29,398
90.07 EVANSTON INFUSION CENTER			503,159		503,159
91 EMERGENCY			802,611		802,611
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
93.01 OCCUP HEALTH					93.01

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-OTHER	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM	EDUCATION		POST STEP-	
	COSTS			DOWN ADJS	
	22	23	24	25	26
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY			161,460		161,460 101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)			19,929,192		19,929,192 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			28,409		28,409 190
190.02 COVENANT RETIREMENT HOME					190.02
190.05 BOARD OF BENEVOLENCE					190.05
190.07 DENTAL			14		14 190.07
190.08 COVENANT RETIREMENT COMMUNITY					190.08
190.09 OP PHARMACY			37,404		37,404 190.09
190.10 PLAZA			99,877		99,877 190.10
190.11 G CAFETERIA					190.11
190.12 G PHARMACY			101,920		101,920 190.12
190.13 G SUITE			645		645 190.13
190.14 OFFSITE CLINICS			438,205		438,205 190.14
191.01 OCC HEALTH			16,349		16,349 191.01
200 CROSS FOOT ADJUSTMENTS	191,307	7,168	353,199		353,199 200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	191,307	7,168	21,005,214		21,005,214 202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NON PATIENT PHONES (PHONES) 5.01	PURCHASE (SUPPLY EXPENSE) 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	730,846					1
2 CAP REL COSTS-MVBLE EQUIP		10,979,238				2
4 EMPLOYEE BENEFITS DEPARTMENT	1,994	56,051	99,281,873			4
5.01 NON-PATIENT PHONES	1,036	66,175	331,708	650		5.01
5.03 PURCHASING	5,532	32,687	810,417	6	26,704,394	5.03
5.04 ADMITTING	3,348	38,116	1,825,452	12	11,228	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	2,426	6,575	1,728,976	41	12,715	5.05
5.06 ADMINISTRATION & GENERAL	362,673	1,931,241	12,601,424	101	169,325	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	71,790	2,162,427	2,307,471	27	257,461	7
8 LAUNDRY & LINEN SERVICE	2,508	27,083		1		8
9 HOUSEKEEPING	5,576	6,524	1,954,973	4	230,437	9
10 DIETARY	5,900	132,773	360,913	5	227	10
11 CAFETERIA	10,427	15,881		5	3,671	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,675	517,224	1,296,857	16	4,834	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,397	129,985	2,209,362	9	9,546	15
16 MEDICAL RECORDS & LIBRARY	5,089	7,339	1,167,945	15	3,275	16
17 SOCIAL SERVICE	2,058		604,908	10	2,546	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		172	2,761,737		1,652	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,068	3,763	1,368,720	14	7,758	22
23 PARAMED ED PRGM-PHARMACY		1,242	124,607		522	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	71,208	330,040	20,748,925	45	155,809	30
31 INTENSIVE CARE UNIT	5,809	48,374	3,140,001	24	10,423	31
31.01 SPECIAL CARE NURSERY	1,174		486,337	8		31.01
40 SUBPROVIDER - IPF	10,497	7,694	1,460,788	11	5,850	40
41 SUBPROVIDER - IRF	5,308	2,488	1,217,415	4	4,255	41
43 NURSERY	101	3,237	1,231,610	9	388	43
44 SKILLED NURSING FACILITY	11,626	18,644	1,154,956	4	6,465	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,702	1,178,370	5,853,486	29	1,119,871	50
52 DELIVERY ROOM & LABOR ROOM	1,589	3,565	2,041,839			52
53 ANESTHESIOLOGY	1,470	74,578	211,153	3	10,690	53
54 RADIOLOGY-DIAGNOSTIC	15,572	980,268	3,668,896	34	52,895	54
54.02 CANCER TREATMENT CENTER	9,183	102,323	514,344	17	3,703	54.02
54.03 ULTRASOUND	244	183,532	1,256,842	4	5,893	54.03
54.04 SPECIAL PROCEDURES	948	5,642	497,144		111,079	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN		513,414	709,303		2,388	57
58 MRI		576,176	421,549		1,455	58
59 CARDIAC CATHETERIZATION	1,871	191,181	739,083	7	1,466,303	59
60 LABORATORY	10,056	237,690	3,403,241	31	1,706,243	60
60.01 PATHOLOGY	2,026	83,332	766,150	2	354,543	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	455	14,239	239,210	3	1,217,231	63
65 RESPIRATORY THERAPY	1,432	49,716	1,436,845	4	26,681	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	5,948	72,595	4,586,546	18	19,473	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,079	48,907	555,861	4	13,599	69
69.02 RADIOLOGY		206,713	1,805,722	7	7,769	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,252	89,548	550,004	2	10,784,668	71
72 IMPL. DEV. CHARGED TO PATIENTS					8,556,280	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	338				299	74
75 ASC (NON-DISTINCT PART)	5,422	96,736	344,001	17	11,222	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	9,037	51,055	426,170	25	7,147	90.01
90.02 WOUND CARE	5,242	13,432	569,897		7,095	90.02
90.03 PAIN MANAGEMENT	5,485	11,810	119,423		2,602	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	792	4,691	114,231		292	90.06
90.07 EVANSTON INFUSION CENTER	2,018	8,210	798,878		5,509	90.07
91 EMERGENCY	10,321	193,521	4,634,282	29	87,575	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE) 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NON PATIENT PHONES (PHONES) 5.01	PURCHASE (SUPPLY EXPENSE) 5.03	
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	541	37,999	1,498,130	4	4,449	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	723,243	10,574,978	98,657,732	611	26,485,341	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	689		57,412	2	171,737	190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY	1,088	1,468	199,127	1		190.09
190.10 PLAZA	1,957	62		18		190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	3,237	2,838	367,602	15		190.12
190.13 G SUITE		629				190.13
190.14 OFFSITE CLINICS		399,263			47,316	190.14
191.01 OCC HEALTH	632			3		191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,463,564	10,881,467	19,890,971	452,969	1,440,213	202
203 UNIT COST MULT-WS B PT I	11.580503	0.991095	0.200348	696.875385	0.053932	203
204 COST TO BE ALLOC PER B PT II			95,494	141,238	155,053	204
205 UNIT COST MULT-WS B PT II			0.000962	217.289231	0.005806	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON-	OTHER	OPERATION
	GROSS REVENUE 5.04	ACCOUNTS- CASHIERS GROSS REVENUE 5.05	CILIAATION 5A.06	ADMINISTRA & GENERAL ACCUM COST 5.06	OF PLANT SQUARE FEET 7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NON-PATIENT PHONES					5.01
5.03 PURCHASING					5.03
5.04 ADMITTING	1,280,182,707				5.04
5.05 PATIENT ACCOUNTS & CASHIERS		1,280,182,707			5.05
5.06 ADMINISTRATION & GENERAL			-48,461,828	178,203,642	5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT				10,886,790	282,047 7
8 LAUNDRY & LINEN SERVICE				1,029,800	2,508 8
9 HOUSEKEEPING				3,184,502	5,576 9
10 DIETARY				646,413	5,900 10
11 CAFETERIA				2,503,398	10,427 11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION				2,025,900	2,675 13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY				3,566,138	3,397 15
16 MEDICAL RECORDS & LIBRARY				2,196,174	5,089 16
17 SOCIAL SERVICE				777,231	2,058 17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD				3,846,091	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,534,321	5,068 22
23 PARAMED ED PRGM-PHARMACY				162,120	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	163,389,969	163,389,969		27,688,145	71,208 30
31 INTENSIVE CARE UNIT	24,476,390	24,476,390		4,232,388	5,809 31
31.01 SPECIAL CARE NURSERY	3,144,960	3,144,960		684,966	1,174 31.01
40 SUBPROVIDER - IPF	15,836,299	15,836,299		1,969,879	10,497 40
41 SUBPROVIDER - IRF	12,382,442	12,382,442		1,612,811	5,308 41
43 NURSERY	6,026,064	6,026,064		1,495,167	101 43
44 SKILLED NURSING FACILITY	6,682,669	6,682,669		1,630,731	11,626 44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	98,711,835	98,711,835		13,605,929	24,702 50
52 DELIVERY ROOM & LABOR ROOM	16,085,183	16,085,183		2,621,114	1,589 52
53 ANESTHESIOLOGY	39,809,231	39,809,231		550,172	1,470 53
54 RADIOLOGY-DIAGNOSTIC	63,413,137	63,413,137		7,062,940	15,572 54
54.02 CANCER TREATMENT CENTER	7,821,446	7,821,446		818,576	9,183 54.02
54.03 ULTRASOUND	19,867,125	19,867,125		1,824,143	244 54.03
54.04 SPECIAL PROCEDURES	3,586,037	3,586,037		861,924	948 54.04
54.05 OP ONCOLOGY					54.05
57 CT SCAN	83,347,418	83,347,418		2,586,667	57
58 MRI	32,258,249	32,258,249		1,562,337	58
59 CARDIAC CATHETERIZATION	32,938,032	32,938,032		1,798,586	1,871 59
60 LABORATORY	175,475,060	175,475,060		8,483,978	10,056 60
60.01 PATHOLOGY	10,987,915	10,987,915		1,512,469	2,026 60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	13,789,344	13,789,344		1,716,400	455 63
65 RESPIRATORY THERAPY	32,465,669	32,465,669		2,103,684	1,432 65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	28,261,085	28,261,085		6,399,590	5,948 66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	16,254,231	16,254,231		1,049,818	1,079 69
69.02 RADIOLOGY	22,567,205	22,567,205		2,873,664	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	122,544,602	122,544,602		14,726,578	10,252 71
72 IMPL. DEV. CHARGED TO PATIENTS	36,912,699	36,912,699		9,181,334	72
73 DRUGS CHARGED TO PATIENTS	66,717,545	66,717,545		3,644,272	73
74 RENAL DIALYSIS	8,478,211	8,478,211		757,264	338 74
75 ASC (NON-DISTINCT PART)	9,117,906	9,117,906		740,006	5,422 75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 FAMILY PRACTICE CLINIC	1,606,134	1,606,134		590,100	9,037 90.01
90.02 WOUND CARE	9,731,348	9,731,348		867,071	5,242 90.02
90.03 PAIN MANAGEMENT	1,345,406	1,345,406		689,032	5,485 90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	187,135	187,135		152,180	792 90.06
90.07 EVANSTON INFUSION CENTER	25,386,763	25,386,763		5,540,979	2,018 90.07
91 EMERGENCY	66,230,363	66,230,363		6,549,165	10,321 91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON-	OTHER	OPERATION
	GROSS REVENUE 5.04	ACCOUNTS- CASHIERS GROSS REVENUE 5.05	CILIAATION 5A.06	ADMINISTRA & GENERAL ACCUM COST 5.06	OF PLANT SQUARE FEET 7
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	2,347,600	2,347,600		2,059,113	541 101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,280,182,707	1,280,182,707	-48,461,828	174,602,050	274,444 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				279,628	689 190
190.02 COVENANT RETIREMENT HOME					190.02
190.05 BOARD OF BENEVOLENCE					190.05
190.07 DENTAL				394	190.07
190.08 COVENANT RETIREMENT COMMUNITY					190.08
190.09 OP PHARMACY				253,774	1,088 190.09
190.10 PLAZA				1,386,902	1,957 190.10
190.11 G CAFETERIA					190.11
190.12 G PHARMACY				492,002	3,237 190.12
190.13 G SUITE				623	190.13
190.14 OFFSITE CLINICS				1,175,726	190.14
191.01 OCC HEALTH				12,543	632 191.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,343,264	3,330,505		48,461,828	13,847,409 202
203 UNIT COST MULT-WS B PT I	0.001830	0.002602		0.271946	49.096105 203
204 COST TO BE ALLOC PER B PT II	90,190	50,833		6,390,374	3,388,047 204
205 UNIT COST MULT-WS B PT II	0.000070	0.000040		0.035860	12.012349 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE-KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTE'S) 11	NURSING ADMINISTRATION (DIRECT NRSG HRS) 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,189,731					8
9 HOUSEKEEPING	89,773	628,558				9
10 DIETARY		7,423	204,915			10
11 CAFETERIA		13,119		139,800		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,366		1,855	1,526,363	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		4,274		2,722		15
16 MEDICAL RECORDS & LIBRARY		6,403		2,334		16
17 SOCIAL SERVICE		2,589		862		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				5,451		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		6,376		717		22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	549,833	297,923	139,776	34,894	725,805	30
31 INTENSIVE CARE UNIT	38,657	24,304	11,433	3,678	76,498	31
31.01 SPECIAL CARE NURSERY	11,041	4,912		615	12,791	31.01
40 SUBPROVIDER - IPF	64,135	43,918	19,029	2,357	49,017	40
41 SUBPROVIDER - IRF	50,637	22,208	15,024	2,160	44,921	41
43 NURSERY	33,306	423		1,517	31,563	43
44 SKILLED NURSING FACILITY	66,239	48,641	19,653	2,198	45,709	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	187,582	31,079		8,038	167,199	50
52 DELIVERY ROOM & LABOR ROOM		1,999		2,516	52,327	52
53 ANESTHESIOLOGY		1,849		522	10,849	53
54 RADIOLOGY-DIAGNOSTIC	2,905	19,592		6,017		54
54.02 CANCER TREATMENT CENTER		11,554		513	10,668	54.02
54.03 ULTRASOUND	1,436	307		1,535		54.03
54.04 SPECIAL PROCEDURES	9,316	1,193		670		54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN				1,052		57
58 MRI				573		58
59 CARDIAC CATHETERIZATION	16,934	2,354		890	25,156	59
60 LABORATORY	16,419	12,652		8,062		60
60.01 PATHOLOGY		2,549		1,209		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		572		354		63
65 RESPIRATORY THERAPY		1,802		2,391		65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE		7,484		6,532		66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,214	1,358		593		69
69.02 RADIOLOGY	704			2,379	49,484	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,968			384		71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	21,867	6,822		598	12,430	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC		11,370		827		90.01
90.02 WOUND CARE	2,765	6,595		993	20,656	90.02
90.03 PAIN MANAGEMENT		6,901		355		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER				171		90.06
90.07 EVANSTON INFUSION CENTER				21,084		90.07
91 EMERGENCY		12,985		7,438	154,709	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (FTE'S) 11	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY				1,759	36,581	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,189,731	626,896	204,915	138,815	1,526,363	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		867		106		190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY				301		190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY				578		190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH		795				191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,432,983	4,432,403	1,164,214	3,788,623	2,782,174	202
203 UNIT COST MULT-WS B PT I	1.204460	7.051701	5.681448	27.100308	1.822747	203
204 COST TO BE ALLOC PER B PT II	123,225	265,935	303,482	358,172	663,863	204
205 UNIT COST MULT-WS B PT II	0.103574	0.423087	1.481014	2.562031	0.434931	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & 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	8,108,497					15
16 MEDICAL RECORDS & LIBRARY		1,199,537,423				16
17 SOCIAL SERVICE			4,170			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				35,935		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					35,935	22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,394	152,570,734	2,686	19,429	19,429	30
31 INTENSIVE CARE UNIT	1,813	23,747,247	36	2,432	2,432	31
31.01 SPECIAL CARE NURSERY		3,893,540	13			31.01
40 SUBPROVIDER - IPF	98	15,923,955	363			40
41 SUBPROVIDER - IRF	78	11,648,656	338			41
43 NURSERY		6,397,055	13			43
44 SKILLED NURSING FACILITY	717	6,192,603	327			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,539	79,865,865		3,680	3,680	50
52 DELIVERY ROOM & LABOR ROOM		16,948,625		2,120	2,120	52
53 ANESTHESIOLOGY	7,784	41,499,082				53
54 RADIOLOGY-DIAGNOSTIC	340,839	60,218,157				54
54.02 CANCER TREATMENT CENTER		7,909,633				54.02
54.03 ULTRASOUND	1,396	18,976,652				54.03
54.04 SPECIAL PROCEDURES	190	2,488,678				54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	276	77,902,923				57
58 MRI		31,518,059				58
59 CARDIAC CATHETERIZATION	6	33,398,557				59
60 LABORATORY	37	165,118,417				60
60.01 PATHOLOGY		10,986,778				60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		14,105,118				63
65 RESPIRATORY THERAPY	1,918	29,719,585				65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	166	27,522,335				66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		16,862,452				69
69.02 RADIOLOGY	5,455	20,519,460				69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,688	119,687,060				71
72 IMPL. DEV. CHARGED TO PATIENTS		38,519,165				72
73 DRUGS CHARGED TO PATIENTS	3,349,651	66,786,816				73
74 RENAL DIALYSIS		7,829,067				74
75 ASC (NON-DISTINCT PART)	336	9,232,434				75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	1,502	2,606,833	11	7,201	7,201	90.01
90.02 WOUND CARE	2,122	9,305,592				90.02
90.03 PAIN MANAGEMENT	2,409	1,260,420				90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		191,776				90.06
90.07 EVANSTON INFUSION CENTER	4,382,138					90.07
91 EMERGENCY	1,569	65,526,172	9	1,073	1,073	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	376	2,657,922	374			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	8,108,497	1,199,537,423	4,170	35,935	35,935	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.02 COVENANT RETIREMENT HOME						190.02
190.05 BOARD OF BENEVOLENCE						190.05
190.07 DENTAL						190.07
190.08 COVENANT RETIREMENT COMMUNITY						190.08
190.09 OP PHARMACY						190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY						190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS						190.14
191.01 OCC HEALTH						191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,806,620	3,151,669	1,131,253	5,039,744	2,264,785	202
203 UNIT COST MULT-WS B PT I	0.592788	0.002627	271.283693	140.246111	63.024489	203
204 COST TO BE ALLOC PER B PT II	353,603	223,741	82,569	154,724	191,307	204
205 UNIT COST MULT-WS B PT II	0.043609	0.000187	19.800719	4.305663	5.323696	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME
		23
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS DEPARTMENT		4
5.01 NON-PATIENT PHONES		5.01
5.03 PURCHASING		5.03
5.04 ADMITTING		5.04
5.05 PATIENT ACCOUNTS & CASHIERS		5.05
5.06 ADMINISTRATION & 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 SERVICES-SALARY & FRINGES APPRVD		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-PHARMACY	35,935	23
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	19,429	30
31 INTENSIVE CARE UNIT	2,432	31
31.01 SPECIAL CARE NURSERY		31.01
40 SUBPROVIDER - IPF		40
41 SUBPROVIDER - IRF		41
43 NURSERY		43
44 SKILLED NURSING FACILITY		44
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM	3,680	50
52 DELIVERY ROOM & LABOR ROOM	2,120	52
53 ANESTHESIOLOGY		53
54 RADIOLOGY-DIAGNOSTIC		54
54.02 CANCER TREATMENT CENTER		54.02
54.03 ULTRASOUND		54.03
54.04 SPECIAL PROCEDURES		54.04
54.05 OP ONCOLOGY		54.05
57 CT SCAN		57
58 MRI		58
59 CARDIAC CATHETERIZATION		59
60 LABORATORY		60
60.01 PATHOLOGY		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63 BLOOD STORING, PROCESSING & TRANS.		63
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
66.01 REHABILITATION MEDICINE		66.01
67 OCCUPATIONAL THERAPY		67
68 SPEECH PATHOLOGY		68
69 ELECTROCARDIOLOGY		69
69.02 RADIOLOGY		69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENTS		72
73 DRUGS CHARGED TO PATIENTS		73
74 RENAL DIALYSIS		74
75 ASC (NON-DISTINCT PART)		75
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90.01 FAMILY PRACTICE CLINIC	7,201	90.01
90.02 WOUND CARE		90.02
90.03 PAIN MANAGEMENT		90.03
90.05 WOMENS CENTER		90.05
90.06 DIABETES CENTER		90.06
90.07 EVANSTON INFUSION CENTER		90.07
91 EMERGENCY	1,073	91
92 OBSERVATION BEDS (NON-DISTINCT PART)		92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		23	
93.01 OCCUP HEALTH			93.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	35,935		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
190.02 COVENANT RETIREMENT HOME			190.02
190.05 BOARD OF BENEVOLENCE			190.05
190.07 DENTAL			190.07
190.08 COVENANT RETIREMENT COMMUNITY			190.08
190.09 OP PHARMACY			190.09
190.10 PLAZA			190.10
190.11 G CAFETERIA			190.11
190.12 G PHARMACY			190.12
190.13 G SUITE			190.13
190.14 OFFSITE CLINICS			190.14
191.01 OCC HEALTH			191.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	206,208		202
203 UNIT COST MULT-WS B PT I	5.738361		203
204 COST TO BE ALLOC PER B PT II	7,168		204
205 UNIT COST MULT-WS B PT II	0.199471		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	45,782,143		45,782,143	8,559	45,790,702	30
31 INTENSIVE CARE UNIT	6,277,763		6,277,763		6,277,763	31
31.01 SPECIAL CARE NURSERY	1,030,552		1,030,552		1,030,552	31.01
40 SUBPROVIDER - IPF	3,809,586		3,809,586		3,809,586	40
41 SUBPROVIDER - IRF	2,877,721		2,877,721		2,877,721	41
43 NURSERY	2,068,804		2,068,804		2,068,804	43
44 SKILLED NURSING FACILITY	3,427,719		3,427,719		3,427,719	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,718,897		19,718,897		19,718,897	50
52 DELIVERY ROOM & LABOR ROOM	3,646,277		3,646,277		3,646,277	52
53 ANESTHESIOLOGY	932,552		932,552		932,552	53
54 RADIOLOGY-DIAGNOSTIC	10,413,160		10,413,160		10,413,160	54
54.02 CANCER TREATMENT CENTER	1,627,635		1,627,635		1,627,635	54.02
54.03 ULTRASOUND	2,428,364		2,428,364		2,428,364	54.03
54.04 SPECIAL PROCEDURES	1,187,306		1,187,306		1,187,306	54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	3,523,426		3,523,426		3,523,426	57
58 MRI	2,085,534		2,085,534		2,085,534	58
59 CARDIAC CATHETERIZATION	2,574,273		2,574,273		2,574,273	59
60 LABORATORY	12,046,621		12,046,621		12,046,621	60
60.01 PATHOLOGY	2,102,849		2,102,849		2,102,849	60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,256,189		2,256,189		2,256,189	63
65 RESPIRATORY THERAPY	2,902,792		2,902,792		2,902,792	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	8,734,150		8,734,150		8,734,150	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,459,693		1,459,693		1,459,693	69
69.02 RADIOLOGY	3,867,801		3,867,801		3,867,801	69.02
71 MEDICAL SUPPLIES CHARGED TO	19,591,236		19,591,236		19,591,236	71
72 IMPL. DEV. CHARGED TO PATIE	11,779,351		11,779,351		11,779,351	72
73 DRUGS CHARGED TO PATIENTS	6,796,399		6,796,399		6,796,399	73
74 RENAL DIALYSIS	1,000,360		1,000,360		1,000,360	74
75 ASC (NON-DISTINCT PART)	1,345,208		1,345,208		1,345,208	75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	1,348,891		1,348,891		1,348,891	90.01
90.02 WOUND CARE	1,500,331		1,500,331		1,500,331	90.02
90.03 PAIN MANAGMENT	1,208,727		1,208,727		1,208,727	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	237,587		237,587		237,587	90.06
90.07 EVANSTON INFUSION CENTER	10,315,964		10,315,964		10,315,964	90.07
91 EMERGENCY	9,593,704		9,593,704		9,593,704	91
92 OBSERVATION BEDS (NON-DISTI	6,463,236		6,463,236		6,463,236	92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,868,654		2,868,654		2,868,654	101
200 SUBTOTAL (SEE INSTRUCTIONS)	220,831,455		220,831,455	8,559	220,840,014	200
201 LESS OBSERVATION BEDS	6,463,236		6,463,236		6,463,236	201
202 TOTAL (SEE INSTRUCTIONS)	214,368,219		214,368,219		214,376,778	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	143,162,429		143,162,429			30
31 INTENSIVE CARE UNIT	24,476,390		24,476,390			31
31.01 SPECIAL CARE NURSERY	3,144,960		3,144,960			31.01
40 SUBPROVIDER - IPF	15,836,299		15,836,299			40
41 SUBPROVIDER - IRF	12,382,442		12,382,442			41
43 NURSERY	6,026,064		6,026,064			43
44 SKILLED NURSING FACILITY	6,682,669		6,682,669			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,735,500	55,976,335	98,711,835	0.199762	0.199762	0.199762 50
52 DELIVERY ROOM & LABOR ROOM	14,783,776	1,301,407	16,085,183	0.226685	0.226685	0.226685 52
53 ANESTHESIOLOGY	24,936,843	14,872,388	39,809,231	0.023426	0.023426	0.023426 53
54 RADIOLOGY-DIAGNOSTIC	22,096,000	41,317,137	63,413,137	0.164211	0.164211	0.164211 54
54.02 CANCER TREATMENT CENTER	308,310	7,513,136	7,821,446	0.208099	0.208099	0.208099 54.02
54.03 ULTRASOUND	3,156,333	16,710,792	19,867,125	0.122230	0.122230	0.122230 54.03
54.04 SPECIAL PROCEDURES	2,142,244	1,443,793	3,586,037	0.331091	0.331091	0.331091 54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	30,212,396	53,135,022	83,347,418	0.042274	0.042274	0.042274 57
58 MRI	8,506,602	23,751,647	32,258,249	0.064651	0.064651	0.064651 58
59 CARDIAC CATHETERIZATION	24,628,070	8,309,962	32,938,032	0.078155	0.078155	0.078155 59
60 LABORATORY	86,782,127	88,692,933	175,475,060	0.068651	0.068651	0.068651 60
60.01 PATHOLOGY	3,247,361	7,740,554	10,987,915	0.191378	0.191378	0.191378 60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	11,807,913	1,981,431	13,789,344	0.163618	0.163618	0.163618 63
65 RESPIRATORY THERAPY	30,782,677	1,682,992	32,465,669	0.089411	0.089411	0.089411 65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	16,597,078	11,664,007	28,261,085	0.309052	0.309052	0.309052 66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	7,816,023	8,438,208	16,254,231	0.089804	0.089804	0.089804 69
69.02 CARDIOLOGY	9,490,413	13,076,792	22,567,205	0.171390	0.171390	0.171390 69.02
71 MEDICAL SUPPLIES CHARGED TO	95,648,894	26,895,708	122,544,602	0.159870	0.159870	0.159870 71
72 IMPL. DEV. CHARGED TO PATIE	30,312,311	6,600,388	36,912,699	0.319114	0.319114	0.319114 72
73 DRUGS CHARGED TO PATIENTS	57,425,310	9,292,235	66,717,545	0.101868	0.101868	0.101868 73
74 RENAL DIALYSIS	8,006,640	471,571	8,478,211	0.117992	0.117992	0.117992 74
75 ASC (NON-DISTINCT PART)	2,355,231	6,762,675	9,117,906	0.147535	0.147535	0.147535 75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC		1,606,134	1,606,134	0.839837	0.839837	0.839837 90.01
90.02 WOUND CARE	528,485	9,202,863	9,731,348	0.154175	0.154175	0.154175 90.02
90.03 PAIN MANAGMENT	3,457	1,341,949	1,345,406	0.898411	0.898411	0.898411 90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		187,135	187,135	1.269602	1.269602	1.269602 90.06
90.07 EVANSTON INFUSION CENTER	647,366	24,739,397	25,386,763	0.406352	0.406352	0.406352 90.07
91 EMERGENCY	22,108,177	44,122,186	66,230,363	0.144854	0.144854	0.144854 91
92 OBSERVATION BEDS (NON-DISTI	1,378,810	18,848,730	20,227,540	0.319527	0.319527	0.319527 92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,347,600		2,347,600			101
200 SUBTOTAL (SEE INSTRUCTIONS)	772,503,200	507,679,507	1,280,182,707			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	772,503,200	507,679,507	1,280,182,707			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, ADJUSTMENT COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,946,937		58,542	67.42	23,317	1,572,032	30
31 INTENSIVE CARE UNIT	430,046		3,811	112.84	1,907	215,186	31
31.01 SPECIAL CARE NURSERY	66,159		1,092	60.59			31.01
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	423,110		6,343	66.71	3,567	237,955	40
41 SUBPROVIDER - IRF	260,595		5,008	52.04	3,265	169,911	41
42 SUBPROVIDER I							42
43 NURSERY	85,777		3,294	26.04			43
44 SKILLED NURSING FACILITY	450,352		6,551	68.75	5,324	366,025	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,662,976		84,641		37,380	2,561,109	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0114) [] IPF [] IRF	[] 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	2,533,713	98,711,835	0.025668	17,469,832	448,416	50
52	DELIVERY ROOM & LABOR ROOM	171,968	16,085,183	0.010691			52
53	ANESTHESIOLOGY	150,514	39,809,231	0.003781	9,057,014	34,245	53
54	RADIOLOGY-DIAGNOSTIC	1,670,757	63,413,137	0.026347	11,373,725	299,664	54
54.02	CANCER TREATMENT CENTER	367,806	7,821,446	0.047025	149,936	7,051	54.02
54.03	ULTRASOUND	265,387	19,867,125	0.013358	988,098	13,199	54.03
54.04	SPECIAL PROCEDURES	70,985	3,586,037	0.019795	1,212,441	24,000	54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	1,097,592	83,347,418	0.013169	13,314,629	175,340	57
58	MRI	638,394	32,258,249	0.019790	3,870,210	76,591	58
59	CARDIAC CATHETERIZATION	336,506	32,938,032	0.010216	9,981,488	101,971	59
60	LABORATORY	886,894	175,475,060	0.005054	39,006,540	197,139	60
60.01	PATHOLOGY	200,331	10,987,915	0.018232	1,220,832	22,258	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	99,716	13,789,344	0.007231	5,012,818	36,248	63
65	RESPIRATORY THERAPY	230,574	32,465,669	0.007102	16,200,860	115,059	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	675,871	28,261,085	0.023915	3,453,491	82,590	66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	122,337	16,254,231	0.007526	3,673,453	27,646	69
69.02	CARDIOLOGY	492,363	22,567,205	0.021818	4,827,407	105,324	69.02
71	MEDICAL SUPPLIES CHARGED TO P	971,398	122,544,602	0.007927	39,282,966	311,396	71
72	IMPL. DEV. CHARGED TO PATIENT	390,185	36,912,699	0.010570	11,713,315	123,810	72
73	DRUGS CHARGED TO PATIENTS	296,587	66,717,545	0.004445	24,627,097	109,467	73
74	RENAL DIALYSIS	37,527	8,478,211	0.004426	4,537,810	20,084	74
75	ASC (NON-DISTINCT PART)	272,499	9,117,906	0.029886	1,178,609	35,224	75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	302,267	1,606,134	0.188195			90.01
90.02	WOUND CARE	189,976	9,731,348	0.019522	264,584	5,165	90.02
90.03	PAIN MANAGEMENT	297,441	1,345,406	0.221079	2,739	606	90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	29,398	187,135	0.157095			90.06
90.07	EVANSTON INFUSION CENTER	503,159	25,386,763	0.019820	261,505	5,183	90.07
91	EMERGENCY	802,611	66,230,363	0.012118	10,812,944	131,031	91
92	OBSERVATION BEDS (NON-DISTINC	557,099	20,227,540	0.027542	1,159,267	31,929	92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	14,661,855	1,066,123,854		234,653,610	2,540,636	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		111,491			111,491	30
31 INTENSIVE CARE UNIT		13,956			13,956	31
31.01 SPECIAL CARE NURSERY						31.01
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						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		125,447			125,447	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	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	58,542	1.90	23,317	44,302	30
31	INTENSIVE CARE UNIT	3,811	3.66	1,907	6,980	31
31.01	SPECIAL CARE NURSERY	1,092				31.01
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	6,343		3,567		40
41	SUBPROVIDER - IRF	5,008		3,265		41
42	SUBPROVIDER I					42
43	NURSERY	3,294				43
44	SKILLED NURSING FACILITY	6,551		5,324		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	84,641		37,380	51,282	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC			15,738		15,738	15,738	92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			96,499		96,499	96,499	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0114)	[] 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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	98,711,835	0.000214	0.000214	17,469,832	3,739	24,197,364	5,178	50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756			2,306	2	52
53	ANESTHESIOLOGY	39,809,231			9,057,014		3,984,913		53
54	RADIOLOGY-DIAGNOSTIC	63,413,137			11,373,725		15,501,026		54
54.02	CANCER TREATMENT CENTER	7,821,446			149,936		3,227,005		54.02
54.03	ULTRASOUND	19,867,125			988,098		2,145,748		54.03
54.04	SPECIAL PROCEDURES	3,586,037			1,212,441		1,029,694		54.04
54.05	OP ONCOLOGY								54.05
57	CT SCAN	83,347,418			13,314,629		19,662,088		57
58	MRI	32,258,249			3,870,210		8,238,150		58
59	CARDIAC CATHETERIZATION	32,938,032			9,981,488		3,585,737		59
60	LABORATORY	175,475,060			39,006,540		298,855		60
60.01	PATHOLOGY	10,987,915			1,220,832		2,306,290		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	13,789,344			5,012,818		364,910		63
65	RESPIRATORY THERAPY	32,465,669			16,200,860		706,112		65
66	PHYSICAL THERAPY								66
66.01	REHABILITATION MEDICINE	28,261,085			3,453,491		15,070		66.01
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY	16,254,231			3,673,453		3,182,312		69
69.02	CARDIOLOGY	22,567,205			4,827,407		5,974,035		69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602			39,282,966		10,631,980		71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699			11,713,315		3,976,529		72
73	DRUGS CHARGED TO PATIENTS	66,717,545			24,627,097		4,278,024		73
74	RENAL DIALYSIS	8,478,211			4,537,810		367,385		74
75	ASC (NON-DISTINCT PART)	9,117,906			1,178,609		2,825,012		75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728			53,695	1,381	90.01
90.02	WOUND CARE	9,731,348			264,584		4,130,469		90.02
90.03	PAIN MANAGMENT	1,345,406			2,739		628,618		90.03
90.05	WOMENS CENTER								90.05
90.06	DIABETES CENTER	187,135							90.06
90.07	EVANSTON INFUSION CENTER	25,386,763			261,505		13,782,547		90.07
91	EMERGENCY	66,230,363	0.000093	0.000093	10,812,944	1,006	7,866,802	732	91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540	0.000778	0.000778	1,159,267	902	6,771,208	5,268	92
93.01	OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS									
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854			234,653,610	5,647	149,733,884	12,561	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0114) [] 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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.199762	24,197,364			4,833,714				50
52 DELIVERY ROOM & LABOR ROOM	0.226685	2,306			523				52
53 ANESTHESIOLOGY	0.023426	3,984,913			93,351				53
54 RADIOLOGY-DIAGNOSTIC	0.164211	15,501,026			2,545,439				54
54.02 CANCER TREATMENT CENTER	0.208099	3,227,005			671,537				54.02
54.03 ULTRASOUND	0.122230	2,145,748			262,275				54.03
54.04 SPECIAL PROCEDURES	0.331091	1,029,694			340,922				54.04
54.05 OP ONCOLOGY									54.05
57 CT SCAN	0.042274	19,662,088			831,195				57
58 MRI	0.064651	8,238,150			532,605				58
59 CARDIAC CATHETERIZATION	0.078155	3,585,737			280,243				59
60 LABORATORY	0.068651	298,855	4,130		20,517	284			60
60.01 PATHOLOGY	0.191378	2,306,290			441,373				60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618	364,910			59,706				63
65 RESPIRATORY THERAPY	0.089411	706,112			63,134				65
66 PHYSICAL THERAPY									66
66.01 REHABILITATION MEDICINE	0.309052	15,070			4,657				66.01
67 OCCUPATIONAL THERAPY									67
68 SPEECH PATHOLOGY									68
69 ELECTROCARDIOLOGY	0.089804	3,182,312			285,784				69
69.02 CARDIOLOGY	0.171390	5,974,035			1,023,890				69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870	10,631,980	136		1,699,735	22			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114	3,976,529			1,268,966				72
73 DRUGS CHARGED TO PATIENTS	0.101868	4,278,024		399,662	435,794		40,713		73
74 RENAL DIALYSIS	0.117992	367,385			43,348				74
75 ASC (NON-DISTINCT PART)	0.147535	2,825,012			416,788				75
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 FAMILY PRACTICE CLINIC	0.839837	53,695			45,095				90.01
90.02 WOUND CARE	0.154175	4,130,469			636,815				90.02
90.03 PAIN MANAGEMENT	0.898411	628,618			564,757				90.03
90.05 WOMENS CENTER									90.05
90.06 DIABETES CENTER	1.269602								90.06
90.07 EVANSTON INFUSION CENTER	0.406352	13,782,547			5,600,566				90.07
91 EMERGENCY	0.144854	7,866,802			1,139,538				91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527	6,771,208			2,163,584				92
93.01 OCCUP HEALTH									93.01
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)		149,733,884	4,266	399,662	26,305,851	306	40,713		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		149,733,884	4,266	399,662	26,305,851	306	40,713		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S114) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					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					2,533,713	98,711,835	0.025668	5,293	136	50
52					171,968	16,085,183	0.010691			52
53					150,514	39,809,231	0.003781	3,058	12	53
54					1,670,757	63,413,137	0.026347	73,625	1,940	54
54.02					367,806	7,821,446	0.047025			54.02
54.03					265,387	19,867,125	0.013358	17,536	234	54.03
54.04					70,985	3,586,037	0.019795			54.04
54.05										54.05
57					1,097,592	83,347,418	0.013169	105,598	1,391	57
58					638,394	32,258,249	0.019790	12,532	248	58
59					336,506	32,938,032	0.010216			59
60					886,894	175,475,060	0.005054	1,159,846	5,862	60
60.01					200,331	10,987,915	0.018232	892	16	60.01
62.30										62.30
63					99,716	13,789,344	0.007231	18,957	137	63
65					230,574	32,465,669	0.007102	86,594	615	65
66										66
66.01					675,871	28,261,085	0.023915	928,666	22,209	66.01
67										67
68										68
69					122,337	16,254,231	0.007526	127,413	959	69
69.02					492,363	22,567,205	0.021818	35,034	764	69.02
71					971,398	122,544,602	0.007927	65,754	521	71
72					390,185	36,912,699	0.010570			72
73					296,587	66,717,545	0.004445	1,073,475	4,772	73
74					37,527	8,478,211	0.004426			74
75					272,499	9,117,906	0.029886	1,359	41	75
76.97										76.97
76.98										76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01					302,267	1,606,134	0.188195			90.01
90.02					189,976	9,731,348	0.019522			90.02
90.03					297,441	1,345,406	0.221079			90.03
90.05										90.05
90.06					29,398	187,135	0.157095			90.06
90.07					503,159	25,386,763	0.019820			90.07
91					802,611	66,230,363	0.012118	511,946	6,204	91
92						20,227,540				92
93.01										93.01
	OTHER REIMBURSABLE COST CENTERS									
94										94
200					14,104,756	1,066,123,854		4,227,578	46,061	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S114) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC							92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			80,761		80,761	80,761	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S114)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	98,711,835	0.000214	0.000214	5,293	1	50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756			52
53	ANESTHESIOLOGY	39,809,231			3,058		53
54	RADIOLOGY-DIAGNOSTIC	63,413,137			73,625		54
54.02	CANCER TREATMENT CENTER	7,821,446					54.02
54.03	ULTRASOUND	19,867,125			17,536		54.03
54.04	SPECIAL PROCEDURES	3,586,037					54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	83,347,418			105,598		57
58	MRI	32,258,249			12,532		58
59	CARDIAC CATHETERIZATION	32,938,032					59
60	LABORATORY	175,475,060			1,159,846		60
60.01	PATHOLOGY	10,987,915			892		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	13,789,344			18,957		63
65	RESPIRATORY THERAPY	32,465,669			86,594		65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	28,261,085			928,666		66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,254,231			127,413		69
69.02	CARDIOLOGY	22,567,205			35,034		69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602			65,754		71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699					72
73	DRUGS CHARGED TO PATIENTS	66,717,545			1,073,475		73
74	RENAL DIALYSIS	8,478,211					74
75	ASC (NON-DISTINCT PART)	9,117,906			1,359		75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728			90.01
90.02	WOUND CARE	9,731,348					90.02
90.03	PAIN MANAGMENT	1,345,406					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	187,135					90.06
90.07	EVANSTON INFUSION CENTER	25,386,763					90.07
91	EMERGENCY	66,230,363	0.000093	0.000093	511,946	48	91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854			4,227,578	49	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S114) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.199762								50
52 DELIVERY ROOM & LABOR ROOM	0.226685								52
53 ANESTHESIOLOGY	0.023426								53
54 RADIOLOGY-DIAGNOSTIC	0.164211								54
54.02 CANCER TREATMENT CENTER	0.208099								54.02
54.03 ULTRASOUND	0.122230								54.03
54.04 SPECIAL PROCEDURES	0.331091								54.04
54.05 OP ONCOLOGY									54.05
57 CT SCAN	0.042274								57
58 MRI	0.064651								58
59 CARDIAC CATHETERIZATION	0.078155								59
60 LABORATORY	0.068651								60
60.01 PATHOLOGY	0.191378								60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618								63
65 RESPIRATORY THERAPY	0.089411								65
66 PHYSICAL THERAPY									66
66.01 REHABILITATION MEDICINE	0.309052								66.01
67 OCCUPATIONAL THERAPY									67
68 SPEECH PATHOLOGY									68
69 ELECTROCARDIOLOGY	0.089804								69
69.02 CARDIOLOGY	0.171390								69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870								71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114								72
73 DRUGS CHARGED TO PATIENTS	0.101868				9,319				73
74 RENAL DIALYSIS	0.117992							949	74
75 ASC (NON-DISTINCT PART)	0.147535								75
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 FAMILY PRACTICE CLINIC	0.839837								90.01
90.02 WOUND CARE	0.154175								90.02
90.03 PAIN MANAGMENT	0.898411								90.03
90.05 WOMENS CENTER									90.05
90.06 DIABETES CENTER	1.269602								90.06
90.07 EVANSTON INFUSION CENTER	0.406352								90.07
91 EMERGENCY	0.144854								91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527								92
93.01 OCCUP HEALTH									93.01
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)					9,319			949	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)					9,319			949	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T114)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					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					2,533,713	98,711,835	0.025668	4,097	105	50
52					171,968	16,085,183	0.010691			52
53					150,514	39,809,231	0.003781	6,830	26	53
54					1,670,757	63,413,137	0.026347	351,410	9,259	54
54.02					367,806	7,821,446	0.047025			54.02
54.03					265,387	19,867,125	0.013358	19,310	258	54.03
54.04					70,985	3,586,037	0.019795	3,041	60	54.04
54.05										54.05
57					1,097,592	83,347,418	0.013169	105,270	1,386	57
58					638,394	32,258,249	0.019790	57,581	1,140	58
59					336,506	32,938,032	0.010216			59
60					886,894	175,475,060	0.005054	1,171,597	5,921	60
60.01					200,331	10,987,915	0.018232	3,253	59	60.01
62.30										62.30
63					99,716	13,789,344	0.007231	25,820	187	63
65					230,574	32,465,669	0.007102	355,099	2,522	65
66										66
66.01					675,871	28,261,085	0.023915	3,399,236	81,293	66.01
67										67
68										68
69					122,337	16,254,231	0.007526	23,718	179	69
69.02					492,363	22,567,205	0.021818	9,847	215	69.02
71					971,398	122,544,602	0.007927	1,232,165	9,767	71
72					390,185	36,912,699	0.010570	1,655	17	72
73					296,587	66,717,545	0.004445	1,482,410	6,589	73
74					37,527	8,478,211	0.004426	348,133	1,541	74
75					272,499	9,117,906	0.029886	6,702	200	75
76.97										76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90.01					302,267	1,606,134	0.188195			90.01
90.02					189,976	9,731,348	0.019522			90.02
90.03					297,441	1,345,406	0.221079			90.03
90.05										90.05
90.06					29,398	187,135	0.157095			90.06
90.07					503,159	25,386,763	0.019820	5,286	105	90.07
91					802,611	66,230,363	0.012118			91
92						20,227,540				92
93.01										93.01
OTHER REIMBURSABLE COST CENTERS										
94										94
200					14,104,756	1,066,123,854		8,612,460	120,829	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-T114) [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC							92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			80,761		80,761	80,761	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-T114)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	98,711,835	0.000214	0.000214	4,097	1	50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756			52
53	ANESTHESIOLOGY	39,809,231			6,830		53
54	RADIOLOGY-DIAGNOSTIC	63,413,137			351,410	32,852	54
54.02	CANCER TREATMENT CENTER	7,821,446					54.02
54.03	ULTRASOUND	19,867,125			19,310	1,440	54.03
54.04	SPECIAL PROCEDURES	3,586,037			3,041		54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	83,347,418			105,270	38,570	57
58	MRI	32,258,249			57,581	3,811	58
59	CARDIAC CATHETERIZATION	32,938,032					59
60	LABORATORY	175,475,060			1,171,597	1,236	60
60.01	PATHOLOGY	10,987,915			3,253		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	13,789,344			25,820		63
65	RESPIRATORY THERAPY	32,465,669			355,099	481	65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	28,261,085			3,399,236		66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,254,231			23,718	1,860	69
69.02	CARDIOLOGY	22,567,205			9,847	2,664	69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602			1,232,165	24,028	71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699			1,655		72
73	DRUGS CHARGED TO PATIENTS	66,717,545			1,482,410	22,527	73
74	RENAL DIALYSIS	8,478,211			348,133	78,958	74
75	ASC (NON-DISTINCT PART)	9,117,906			6,702		75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728			90.01
90.02	WOUND CARE	9,731,348					90.02
90.03	PAIN MANAGMENT	1,345,406					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	187,135					90.06
90.07	EVANSTON INFUSION CENTER	25,386,763			5,286		90.07
91	EMERGENCY	66,230,363	0.000093	0.000093			91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854			8,612,460	1 208,427	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-T114) [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS		50
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES SUBJECT TO DED & COINS 6	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	0.199762					50
52 DELIVERY ROOM & LABOR ROOM	0.226685					52
53 ANESTHESIOLOGY	0.023426					53
54 RADIOLOGY-DIAGNOSTIC	0.164211	32,852			5,395	54
54.02 CANCER TREATMENT CENTER	0.208099					54.02
54.03 ULTRASOUND	0.122230	1,440			176	54.03
54.04 SPECIAL PROCEDURES	0.331091					54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN	0.042274	38,570			1,631	57
58 MRI	0.064651	3,811			246	58
59 CARDIAC CATHETERIZATION	0.078155					59
60 LABORATORY	0.068651	1,236			85	60
60.01 PATHOLOGY	0.191378					60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618					63
65 RESPIRATORY THERAPY	0.089411	481			43	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	0.309052					66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	0.089804	1,860			167	69
69.02 CARDIOLOGY	0.171390	2,664			457	69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870	24,028			3,841	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114					72
73 DRUGS CHARGED TO PATIENTS	0.101868	22,527			2,295	73
74 RENAL DIALYSIS	0.117992	78,958			9,316	74
75 ASC (NON-DISTINCT PART)	0.147535					75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC	0.839837					90.01
90.02 WOUND CARE	0.154175					90.02
90.03 PAIN MANAGEMENT	0.898411					90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	1.269602					90.06
90.07 EVANSTON INFUSION CENTER	0.406352					90.07
91 EMERGENCY	0.144854					91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527					92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 SUBTOTAL (SEE INSTRUCTIONS)		208,427			23,652	200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)		208,427			23,652	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5573) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC							92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			80,761		80,761	80,761	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	[XX] SNF (14-5573)		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
	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 (COL. 10)	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)
COST CENTER DESCRIPTION	7	8	9	10	11	12
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	98,711,835	0.000214	0.000214		50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756		52
53	ANESTHESIOLOGY	39,809,231				53
54	RADIOLOGY-DIAGNOSTIC	63,413,137			187,725	54
54.02	CANCER TREATMENT CENTER	7,821,446				54.02
54.03	ULTRASOUND	19,867,125			16,281	54.03
54.04	SPECIAL PROCEDURES	3,586,037				54.04
54.05	OP ONCOLOGY					54.05
57	CT SCAN	83,347,418			14,871	57
58	MRI	32,258,249			6,810	58
59	CARDIAC CATHETERIZATION	32,938,032			839	59
60	LABORATORY	175,475,060			1,262,674	60
60.01	PATHOLOGY	10,987,915			5,976	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
63	BLOOD STORING, PROCESSING &	13,789,344			4,760	63
65	RESPIRATORY THERAPY	32,465,669			831,660	65
66	PHYSICAL THERAPY					66
66.01	REHABILITATION MEDICINE	28,261,085			3,105,820	66.01
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY	16,254,231			32,085	69
69.02	CARDIOLOGY	22,567,205			437,327	69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602			2,784,114	71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699			2,526	72
73	DRUGS CHARGED TO PATIENTS	66,717,545			1,833,858	73
74	RENAL DIALYSIS	8,478,211				74
75	ASC (NON-DISTINCT PART)	9,117,906				75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728		90.01
90.02	WOUND CARE	9,731,348				90.02
90.03	PAIN MANAGMENT	1,345,406				90.03
90.05	WOMENS CENTER					90.05
90.06	DIABETES CENTER	187,135				90.06
90.07	EVANSTON INFUSION CENTER	25,386,763			10,897	90.07
91	EMERGENCY	66,230,363	0.000093	0.000093		91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540				92
93.01	OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854			10,538,223	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5573) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.199762								50
52 DELIVERY ROOM & LABOR ROOM	0.226685								52
53 ANESTHESIOLOGY	0.023426								53
54 RADIOLOGY-DIAGNOSTIC	0.164211								54
54.02 CANCER TREATMENT CENTER	0.208099								54.02
54.03 ULTRASOUND	0.122230								54.03
54.04 SPECIAL PROCEDURES	0.331091								54.04
54.05 OP ONCOLOGY									54.05
57 CT SCAN	0.042274								57
58 MRI	0.064651								58
59 CARDIAC CATHETERIZATION	0.078155								59
60 LABORATORY	0.068651								60
60.01 PATHOLOGY	0.191378								60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618								63
65 RESPIRATORY THERAPY	0.089411								65
66 PHYSICAL THERAPY									66
66.01 REHABILITATION MEDICINE	0.309052								66.01
67 OCCUPATIONAL THERAPY									67
68 SPEECH PATHOLOGY									68
69 ELECTROCARDIOLOGY	0.089804								69
69.02 CARDIOLOGY	0.171390								69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870								71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114								72
73 DRUGS CHARGED TO PATIENTS	0.101868				1,606				73
74 RENAL DIALYSIS	0.117992							164	74
75 ASC (NON-DISTINCT PART)	0.147535								75
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 FAMILY PRACTICE CLINIC	0.839837								90.01
90.02 WOUND CARE	0.154175								90.02
90.03 PAIN MANAGEMENT	0.898411								90.03
90.05 WOMENS CENTER									90.05
90.06 DIABETES CENTER	1.269602								90.06
90.07 EVANSTON INFUSION CENTER	0.406352								90.07
91 EMERGENCY	0.144854								91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527								92
93.01 OCCUP HEALTH									93.01
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)					1,606			164	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)					1,606			164	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	PGM
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,946,937		3,946,937	58,542	67.42	12,311	830,008	30
31 INTENSIVE CARE UNIT	430,046		430,046	3,811	112.84	724	81,696	31
31.01 SPECIAL CARE NURSERY	66,159		66,159	1,092	60.59	718	43,504	31.01
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	423,110		423,110	6,343	66.71	1,686	112,473	40
41 SUBPROVIDER - IRF	260,595		260,595	5,008	52.04	840	43,714	41
42 SUBPROVIDER I								42
43 NURSERY	85,777		85,777	3,294	26.04	2,855	74,344	43
44 SKILLED NURSING FACILITY	450,352		450,352	6,551	68.75			44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	5,662,976		5,662,976	84,641		19,134	1,185,739	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0114) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,533,713	98,711,835	0.025668	50
52	DELIVERY ROOM & LABOR ROOM	171,968	16,085,183	0.010691	52
53	ANESTHESIOLOGY	150,514	39,809,231	0.003781	53
54	RADIOLOGY-DIAGNOSTIC	1,670,757	63,413,137	0.026347	54
54.02	CANCER TREATMENT CENTER	367,806	7,821,446	0.047025	54.02
54.03	ULTRASOUND	265,387	19,867,125	0.013358	54.03
54.04	SPECIAL PROCEDURES	70,985	3,586,037	0.019795	54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	1,097,592	83,347,418	0.013169	57
58	MRI	638,394	32,258,249	0.019790	58
59	CARDIAC CATHETERIZATION	336,506	32,938,032	0.010216	59
60	LABORATORY	886,894	175,475,060	0.005054	60
60.01	PATHOLOGY	200,331	10,987,915	0.018232	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	99,716	13,789,344	0.007231	63
65	RESPIRATORY THERAPY	230,574	32,465,669	0.007102	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	675,871	28,261,085	0.023915	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	122,337	16,254,231	0.007526	69
69.02	CARDIOLOGY	492,363	22,567,205	0.021818	69.02
71	MEDICAL SUPPLIES CHARGED TO P	971,398	122,544,602	0.007927	71
72	IMPL. DEV. CHARGED TO PATIENT	390,185	36,912,699	0.010570	72
73	DRUGS CHARGED TO PATIENTS	296,587	66,717,545	0.004445	73
74	RENAL DIALYSIS	37,527	8,478,211	0.004426	74
75	ASC (NON-DISTINCT PART)	272,499	9,117,906	0.029886	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC	302,267	1,606,134	0.188195	90.01
90.02	WOUND CARE	189,976	9,731,348	0.019522	90.02
90.03	PAIN MANAGEMENT	297,441	1,345,406	0.221079	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	29,398	187,135	0.157095	90.06
90.07	EVANSTON INFUSION CENTER	503,159	25,386,763	0.019820	90.07
91	EMERGENCY	802,611	66,230,363	0.012118	91
92	OBSERVATION BEDS (NON-DISTINC	557,099	20,227,540	0.027542	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	14,661,855	1,066,123,854		200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		111,491			111,491	30
31 INTENSIVE CARE UNIT		13,956			13,956	31
31.01 SPECIAL CARE NURSERY						31.01
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						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		125,447			125,447	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	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	58,542	1.90	12,311	23,391	30
31	INTENSIVE CARE UNIT	3,811	3.66	724	2,650	31
31.01	SPECIAL CARE NURSERY	1,092		718		31.01
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	6,343		1,686		40
41	SUBPROVIDER - IRF	5,008		840		41
42	SUBPROVIDER I					42
43	NURSERY	3,294		2,855		43
44	SKILLED NURSING FACILITY	6,551				44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	84,641		19,134	26,041	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0114) [] 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 PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC							92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			80,761		80,761	80,761	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0114)	[] 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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	98,711,835	0.000214	0.000214			50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756			52
53	ANESTHESIOLOGY	39,809,231					53
54	RADIOLOGY-DIAGNOSTIC	63,413,137					54
54.02	CANCER TREATMENT CENTER	7,821,446					54.02
54.03	ULTRASOUND	19,867,125					54.03
54.04	SPECIAL PROCEDURES	3,586,037					54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	83,347,418					57
58	MRI	32,258,249					58
59	CARDIAC CATHETERIZATION	32,938,032					59
60	LABORATORY	175,475,060					60
60.01	PATHOLOGY	10,987,915					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	13,789,344					63
65	RESPIRATORY THERAPY	32,465,669					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	28,261,085					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,254,231					69
69.02	CARDIOLOGY	22,567,205					69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602					71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699					72
73	DRUGS CHARGED TO PATIENTS	66,717,545					73
74	RENAL DIALYSIS	8,478,211					74
75	ASC (NON-DISTINCT PART)	9,117,906					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728			90.01
90.02	WOUND CARE	9,731,348					90.02
90.03	PAIN MANAGMENT	1,345,406					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	187,135					90.06
90.07	EVANSTON INFUSION CENTER	25,386,763					90.07
91	EMERGENCY	66,230,363	0.000093	0.000093			91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854					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 [XX] IPF (14-S114) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,533,713	98,711,835	0.025668	50
52	DELIVERY ROOM & LABOR ROOM	171,968	16,085,183	0.010691	52
53	ANESTHESIOLOGY	150,514	39,809,231	0.003781	53
54	RADIOLOGY-DIAGNOSTIC	1,670,757	63,413,137	0.026347	54
54.02	CANCER TREATMENT CENTER	367,806	7,821,446	0.047025	54.02
54.03	ULTRASOUND	265,387	19,867,125	0.013358	54.03
54.04	SPECIAL PROCEDURES	70,985	3,586,037	0.019795	54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	1,097,592	83,347,418	0.013169	57
58	MRI	638,394	32,258,249	0.019790	58
59	CARDIAC CATHETERIZATION	336,506	32,938,032	0.010216	59
60	LABORATORY	886,894	175,475,060	0.005054	60
60.01	PATHOLOGY	200,331	10,987,915	0.018232	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	99,716	13,789,344	0.007231	63
65	RESPIRATORY THERAPY	230,574	32,465,669	0.007102	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	675,871	28,261,085	0.023915	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	122,337	16,254,231	0.007526	69
69.02	CARDIOLOGY	492,363	22,567,205	0.021818	69.02
71	MEDICAL SUPPLIES CHARGED TO P	971,398	122,544,602	0.007927	71
72	IMPL. DEV. CHARGED TO PATIENT	390,185	36,912,699	0.010570	72
73	DRUGS CHARGED TO PATIENTS	296,587	66,717,545	0.004445	73
74	RENAL DIALYSIS	37,527	8,478,211	0.004426	74
75	ASC (NON-DISTINCT PART)	272,499	9,117,906	0.029886	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC	302,267	1,606,134	0.188195	90.01
90.02	WOUND CARE	189,976	9,731,348	0.019522	90.02
90.03	PAIN MANAGEMENT	297,441	1,345,406	0.221079	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	29,398	187,135	0.157095	90.06
90.07	EVANSTON INFUSION CENTER	503,159	25,386,763	0.019820	90.07
91	EMERGENCY	802,611	66,230,363	0.012118	91
92	OBSERVATION BEDS (NON-DISTINC		20,227,540	20,227,540	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	14,104,756	1,066,123,854		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S114) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC							92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			80,761		80,761	80,761	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (14-S114)	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	98,711,835	0.000214	0.000214			50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756			52
53	ANESTHESIOLOGY	39,809,231					53
54	RADIOLOGY-DIAGNOSTIC	63,413,137					54
54.02	CANCER TREATMENT CENTER	7,821,446					54.02
54.03	ULTRASOUND	19,867,125					54.03
54.04	SPECIAL PROCEDURES	3,586,037					54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	83,347,418					57
58	MRI	32,258,249					58
59	CARDIAC CATHETERIZATION	32,938,032					59
60	LABORATORY	175,475,060					60
60.01	PATHOLOGY	10,987,915					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	13,789,344					63
65	RESPIRATORY THERAPY	32,465,669					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	28,261,085					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,254,231					69
69.02	CARDIOLOGY	22,567,205					69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602					71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699					72
73	DRUGS CHARGED TO PATIENTS	66,717,545					73
74	RENAL DIALYSIS	8,478,211					74
75	ASC (NON-DISTINCT PART)	9,117,906					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728			90.01
90.02	WOUND CARE	9,731,348					90.02
90.03	PAIN MANAGMENT	1,345,406					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	187,135					90.06
90.07	EVANSTON INFUSION CENTER	25,386,763					90.07
91	EMERGENCY	66,230,363	0.000093	0.000093			91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854					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-T114)	[] 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	2,533,713	98,711,835	0.025668	50
52	DELIVERY ROOM & LABOR ROOM	171,968	16,085,183	0.010691	52
53	ANESTHESIOLOGY	150,514	39,809,231	0.003781	53
54	RADIOLOGY-DIAGNOSTIC	1,670,757	63,413,137	0.026347	54
54.02	CANCER TREATMENT CENTER	367,806	7,821,446	0.047025	54.02
54.03	ULTRASOUND	265,387	19,867,125	0.013358	54.03
54.04	SPECIAL PROCEDURES	70,985	3,586,037	0.019795	54.04
54.05	OP ONCOLOGY				54.05
57	CT SCAN	1,097,592	83,347,418	0.013169	57
58	MRI	638,394	32,258,249	0.019790	58
59	CARDIAC CATHETERIZATION	336,506	32,938,032	0.010216	59
60	LABORATORY	886,894	175,475,060	0.005054	60
60.01	PATHOLOGY	200,331	10,987,915	0.018232	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	99,716	13,789,344	0.007231	63
65	RESPIRATORY THERAPY	230,574	32,465,669	0.007102	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	675,871	28,261,085	0.023915	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	122,337	16,254,231	0.007526	69
69.02	CARDIOLOGY	492,363	22,567,205	0.021818	69.02
71	MEDICAL SUPPLIES CHARGED TO P	971,398	122,544,602	0.007927	71
72	IMPL. DEV. CHARGED TO PATIENT	390,185	36,912,699	0.010570	72
73	DRUGS CHARGED TO PATIENTS	296,587	66,717,545	0.004445	73
74	RENAL DIALYSIS	37,527	8,478,211	0.004426	74
75	ASC (NON-DISTINCT PART)	272,499	9,117,906	0.029886	75
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	FAMILY PRACTICE CLINIC	302,267	1,606,134	0.188195	90.01
90.02	WOUND CARE	189,976	9,731,348	0.019522	90.02
90.03	PAIN MANAGEMENT	297,441	1,345,406	0.221079	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	29,398	187,135	0.157095	90.06
90.07	EVANSTON INFUSION CENTER	503,159	25,386,763	0.019820	90.07
91	EMERGENCY	802,611	66,230,363	0.012118	91
92	OBSERVATION BEDS (NON-DISTINC		20,227,540	20,227,540	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	14,104,756	1,066,123,854		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-T114) [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			21,117		21,117	21,117	50
52 DELIVERY ROOM & LABOR ROOM			12,165		12,165	12,165	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.02 CANCER TREATMENT CENTER							54.02
54.03 ULTRASOUND							54.03
54.04 SPECIAL PROCEDURES							54.04
54.05 OP ONCOLOGY							54.05
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 PATHOLOGY							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE							66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
69.02 CARDIOLOGY							69.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 FAMILY PRACTICE CLINIC			41,322		41,322	41,322	90.01
90.02 WOUND CARE							90.02
90.03 PAIN MANAGMENT							90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER							90.06
90.07 EVANSTON INFUSION CENTER							90.07
91 EMERGENCY			6,157		6,157	6,157	91
92 OBSERVATION BEDS (NON-DISTINC							92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			80,761		80,761	80,761	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-T114)	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	98,711,835	0.000214	0.000214			50
52	DELIVERY ROOM & LABOR ROOM	16,085,183	0.000756	0.000756			52
53	ANESTHESIOLOGY	39,809,231					53
54	RADIOLOGY-DIAGNOSTIC	63,413,137					54
54.02	CANCER TREATMENT CENTER	7,821,446					54.02
54.03	ULTRASOUND	19,867,125					54.03
54.04	SPECIAL PROCEDURES	3,586,037					54.04
54.05	OP ONCOLOGY						54.05
57	CT SCAN	83,347,418					57
58	MRI	32,258,249					58
59	CARDIAC CATHETERIZATION	32,938,032					59
60	LABORATORY	175,475,060					60
60.01	PATHOLOGY	10,987,915					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	13,789,344					63
65	RESPIRATORY THERAPY	32,465,669					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	28,261,085					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,254,231					69
69.02	CARDIOLOGY	22,567,205					69.02
71	MEDICAL SUPPLIES CHARGED TO	122,544,602					71
72	IMPL. DEV. CHARGED TO PATIEN	36,912,699					72
73	DRUGS CHARGED TO PATIENTS	66,717,545					73
74	RENAL DIALYSIS	8,478,211					74
75	ASC (NON-DISTINCT PART)	9,117,906					75
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	FAMILY PRACTICE CLINIC	1,606,134	0.025728	0.025728			90.01
90.02	WOUND CARE	9,731,348					90.02
90.03	PAIN MANAGMENT	1,345,406					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	187,135					90.06
90.07	EVANSTON INFUSION CENTER	25,386,763					90.07
91	EMERGENCY	66,230,363	0.000093	0.000093			91
92	OBSERVATION BEDS (NON-DISTIN	20,227,540					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,066,123,854					200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0114)	[]	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)	58,542	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,542	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50,279	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)	23,317	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)	45,790,702	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	45,790,702	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)	45,790,702	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0114) [] 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) 782.19 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 18,238,324 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 18,238,324 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	6,277,763	3,811	1,647.27	1,907	3,141,344	43
43.01 SPECIAL CARE NURSERY	1,030,552	1,092	943.73			43.01
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)					30,443,328	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					51,822,996	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,838,500 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,546,283 51
 52 TOTAL PROGRAM EXCLUDABLE COST 4,384,783 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 47,438,213 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,263 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 782.19 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 6,463,236 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,946,937	45,790,702	0.086195	6,463,236	557,099	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	111,491	45,790,702	0.002435	6,463,236	15,738	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	[XX]	IPF (14-S114)	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,343	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,343	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,343	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)	3,567	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,809,586	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,809,586	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)	3,809,586	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S114)			[]	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)	600.60 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,142,340 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,142,340 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	609,951 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,752,291 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	237,955 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	46,110 51
52	TOTAL PROGRAM EXCLUDABLE COST	284,065 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,468,226 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

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-T114)	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,008	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,008	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,008	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)	3,265	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,877,721	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,877,721	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 31)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)		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 35 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,877,721	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T114)			[]	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)	574.62 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,876,134 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,876,134 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,634,349 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,510,483 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	169,911 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	120,830 51
52	TOTAL PROGRAM EXCLUDABLE COST	290,741 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,219,742 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

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	[XX]	SNF (14-5573)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,551	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,551	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,551	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,324	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,427,719	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,427,719	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)	3,427,719	37							

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL SUB (OTHER) ICF/MR PPS
APPLICABLE TITLE XVIII-PT A IPF SNF (14-5573) TEFRA
BOXES TITLE XIX-INPT IRF NF OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	3,427,719	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	523.24	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,785,730	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,785,730	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,785,730	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,871,754	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,657,484	86

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0114)	[]	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)	58,542	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,542	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50,279	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)	12,311	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)	3,294	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,855	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)	45,782,143	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	45,782,143	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)	45,782,143	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0114) [] 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) 782.04 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,627,694 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) 9,627,694 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	2,068,804	3,294	628.05	2,855	1,793,083 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,277,763	3,811	1,647.27	724	1,192,623 43
43.01 SPECIAL CARE NURSERY	1,030,552	1,092	943.73	718	677,598 43.01
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)					13,290,998 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,055,593 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,055,593 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) 8,263 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S114)	[]	SNF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[XX]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,343	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,343	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,343	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,686	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,809,586	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,809,586	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 31)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)		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 35 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,809,586	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S114)			[]	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)	600.60 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,012,612 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,012,612 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,012,612 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	112,473 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	112,473 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

WORKSHEET D-1
 PART I

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-T114)	[]	NF	[]		[XX]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,008	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,008	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,008	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)	840	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,877,721	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,877,721	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)	2,877,721	37							

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T114)			[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)	574.62	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	482,681	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)	482,681	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	482,681	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	43,714	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	43,714	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 (14-0114)	[]	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	(COL.1 x COL.2)					
	1		2	3						
INPATIENT ROUTINE SERVICE COST CENTERS										
30 ADULTS & PEDIATRICS			67,555,992			30				
31 INTENSIVE CARE UNIT			12,295,390			31				
31.01 SPECIAL CARE NURSERY						31.01				
40 SUBPROVIDER - IPF						40				
41 SUBPROVIDER - IRF						41				
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	0.199762		17,469,832	3,489,809		50				
52 DELIVERY ROOM & LABOR ROOM	0.226685					52				
53 ANESTHESIOLOGY	0.023426		9,057,014	212,170		53				
54 RADIOLOGY-DIAGNOSTIC	0.164211		11,373,725	1,867,691		54				
54.02 CANCER TREATMENT CENTER	0.208099		149,936	31,202		54.02				
54.03 ULTRASOUND	0.122230		988,098	120,775		54.03				
54.04 SPECIAL PROCEDURES	0.331091		1,212,441	401,428		54.04				
54.05 OP ONCOLOGY						54.05				
57 CT SCAN	0.042274		13,314,629	562,863		57				
58 MRI	0.064651		3,870,210	250,213		58				
59 CARDIAC CATHETERIZATION	0.078155		9,981,488	780,103		59				
60 LABORATORY	0.068651		39,006,540	2,677,838		60				
60.01 PATHOLOGY	0.191378		1,220,832	233,640		60.01				
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30				
63 BLOOD STORING, PROCESSING & TRA	0.163618		5,012,818	820,187		63				
65 RESPIRATORY THERAPY	0.089411		16,200,860	1,448,535		65				
66 PHYSICAL THERAPY						66				
66.01 REHABILITATION MEDICINE	0.309052		3,453,491	1,067,308		66.01				
67 OCCUPATIONAL THERAPY						67				
68 SPEECH PATHOLOGY						68				
69 ELECTROCARDIOLOGY	0.089804		3,673,453	329,891		69				
69.02 RADIOLOGY	0.171390		4,827,407	827,369		69.02				
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870		39,282,966	6,280,168		71				
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114		11,713,315	3,737,883		72				
73 DRUGS CHARGED TO PATIENTS	0.101868		24,627,097	2,508,713		73				
74 RENAL DIALYSIS	0.117992		4,537,810	535,425		74				
75 ASC (NON-DISTINCT PART)	0.147535		1,178,609	173,886		75				
76.97 CARDIAC REHABILITATION						76.97				
76.98 HYPERBARIC OXYGEN THERAPY						76.98				
76.99 LITHOTRIPSY						76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01 FAMILY PRACTICE CLINIC	0.839837					90.01				
90.02 WOUND CARE	0.154175		264,584	40,792		90.02				
90.03 PAIN MANAGMENT	0.898411		2,739	2,461		90.03				
90.05 WOMENS CENTER						90.05				
90.06 DIABETES CENTER	1.269602					90.06				
90.07 EVANSTON INFUSION CENTER	0.406352		261,505	106,263		90.07				
91 EMERGENCY	0.144854		10,812,944	1,566,298		91				
92 OBSERVATION BEDS (NON-DISTINCT	0.319527		1,159,267	370,417		92				
93.01 OCCUP HEALTH						93.01				
OTHER REIMBURSABLE COST CENTERS										
94 HOME PROGRAM DIALYSIS						94				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			234,653,610	30,443,328		200				
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES						201				
202 NET CHARGES (LINE 200 MINUS LINE 201)			234,653,610			202				

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S114) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF		8,825,755		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.199762	5,293	1,057	50
52 DELIVERY ROOM & LABOR ROOM	0.226685			52
53 ANESTHESIOLOGY	0.023426	3,058	72	53
54 RADIOLOGY-DIAGNOSTIC	0.164211	73,625	12,090	54
54.02 CANCER TREATMENT CENTER	0.208099			54.02
54.03 ULTRASOUND	0.122230	17,536	2,143	54.03
54.04 SPECIAL PROCEDURES	0.331091			54.04
54.05 OP ONCOLOGY				54.05
57 CT SCAN	0.042274	105,598	4,464	57
58 MRI	0.064651	12,532	810	58
59 CARDIAC CATHETERIZATION	0.078155			59
60 LABORATORY	0.068651	1,159,846	79,625	60
60.01 PATHOLOGY	0.191378	892	171	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618	18,957	3,102	63
65 RESPIRATORY THERAPY	0.089411	86,594	7,742	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.309052	928,666	287,006	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.089804	127,413	11,442	69
69.02 RADIOLOGY	0.171390	35,034	6,004	69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870	65,754	10,512	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114			72
73 DRUGS CHARGED TO PATIENTS	0.101868	1,073,475	109,353	73
74 RENAL DIALYSIS	0.117992			74
75 ASC (NON-DISTINCT PART)	0.147535	1,359	201	75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	0.839837			90.01
90.02 WOUND CARE	0.154175			90.02
90.03 PAIN MANAGMENT	0.898411			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.269602			90.06
90.07 EVANSTON INFUSION CENTER	0.406352			90.07
91 EMERGENCY	0.144854	511,946	74,157	91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,227,578	609,951	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,227,578		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-T114)	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 SPECIAL CARE NURSERY					31.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		8,047,660			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.199762	4,097	818		50
52 DELIVERY ROOM & LABOR ROOM	0.226685				52
53 ANESTHESIOLOGY	0.023426	6,830	160		53
54 RADIOLOGY-DIAGNOSTIC	0.164211	351,410	57,705		54
54.02 CANCER TREATMENT CENTER	0.208099				54.02
54.03 ULTRASOUND	0.122230	19,310	2,360		54.03
54.04 SPECIAL PROCEDURES	0.331091	3,041	1,007		54.04
54.05 OP ONCOLOGY					54.05
57 CT SCAN	0.042274	105,270	4,450		57
58 MRI	0.064651	57,581	3,723		58
59 CARDIAC CATHETERIZATION	0.078155				59
60 LABORATORY	0.068651	1,171,597	80,431		60
60.01 PATHOLOGY	0.191378	3,253	623		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618	25,820	4,225		63
65 RESPIRATORY THERAPY	0.089411	355,099	31,750		65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	0.309052	3,399,236	1,050,541		66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	0.089804	23,718	2,130		69
69.02 RADIOLOGY	0.171390	9,847	1,688		69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870	1,232,165	196,986		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114	1,655	528		72
73 DRUGS CHARGED TO PATIENTS	0.101868	1,482,410	151,010		73
74 RENAL DIALYSIS	0.117992	348,133	41,077		74
75 ASC (NON-DISTINCT PART)	0.147535	6,702	989		75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 FAMILY PRACTICE CLINIC	0.839837				90.01
90.02 WOUND CARE	0.154175				90.02
90.03 PAIN MANAGMENT	0.898411				90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	1.269602				90.06
90.07 EVANSTON INFUSION CENTER	0.406352	5,286	2,148		90.07
91 EMERGENCY	0.144854				91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527				92
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,612,460	1,634,349		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,612,460			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5573)	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.199762			50
52 DELIVERY ROOM & LABOR ROOM	0.226685			52
53 ANESTHESIOLOGY	0.023426			53
54 RADIOLOGY-DIAGNOSTIC	0.164211	187,725	30,827	54
54.02 CANCER TREATMENT CENTER	0.208099			54.02
54.03 ULTRASOUND	0.122230	16,281	1,990	54.03
54.04 SPECIAL PROCEDURES	0.331091			54.04
54.05 OP ONCOLOGY				54.05
57 CT SCAN	0.042274	14,871	629	57
58 MRI	0.064651	6,810	440	58
59 CARDIAC CATHETERIZATION	0.078155	839	66	59
60 LABORATORY	0.068651	1,262,674	86,684	60
60.01 PATHOLOGY	0.191378	5,976	1,144	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618	4,760	779	63
65 RESPIRATORY THERAPY	0.089411	831,660	74,360	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.309052	3,105,820	959,860	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.089804	32,085	2,881	69
69.02 RADIOLOGY	0.171390	437,327	74,953	69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870	2,784,114	445,096	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114	2,526	806	72
73 DRUGS CHARGED TO PATIENTS	0.101868	1,833,858	186,811	73
74 RENAL DIALYSIS	0.117992			74
75 ASC (NON-DISTINCT PART)	0.147535			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	0.839837			90.01
90.02 WOUND CARE	0.154175			90.02
90.03 PAIN MANAGMENT	0.898411			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.269602			90.06
90.07 EVANSTON INFUSION CENTER	0.406352	10,897	4,428	90.07
91 EMERGENCY	0.144854			91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		10,538,223	1,871,754	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		10,538,223		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0114)	[]	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
31.01 SPECIAL CARE NURSERY			31.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.199762		50
52 DELIVERY ROOM & LABOR ROOM	0.226685		52
53 ANESTHESIOLOGY	0.023426		53
54 RADIOLOGY-DIAGNOSTIC	0.164211		54
54.02 CANCER TREATMENT CENTER	0.208099		54.02
54.03 ULTRASOUND	0.122230		54.03
54.04 SPECIAL PROCEDURES	0.331091		54.04
54.05 OP ONCOLOGY			54.05
57 CT SCAN	0.042274		57
58 MRI	0.064651		58
59 CARDIAC CATHETERIZATION	0.078155		59
60 LABORATORY	0.068651		60
60.01 PATHOLOGY	0.191378		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618		63
65 RESPIRATORY THERAPY	0.089411		65
66 PHYSICAL THERAPY			66
66.01 REHABILITATION MEDICINE	0.309052		66.01
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	0.089804		69
69.02 CARDIOLOGY	0.171390		69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114		72
73 DRUGS CHARGED TO PATIENTS	0.101868		73
74 RENAL DIALYSIS	0.117992		74
75 ASC (NON-DISTINCT PART)	0.147535		75
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 FAMILY PRACTICE CLINIC	0.839837		90.01
90.02 WOUND CARE	0.154175		90.02
90.03 PAIN MANAGMENT	0.898411		90.03
90.05 WOMENS CENTER			90.05
90.06 DIABETES CENTER	1.269602		90.06
90.07 EVANSTON INFUSION CENTER	0.406352		90.07
91 EMERGENCY	0.144854		91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527		92
93.01 OCCUP HEALTH			93.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S114)	[]	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	1	PROGRAM CHARGES	2	PROGRAM COSTS	(COL.1 x COL.2)				
						3				
INPATIENT ROUTINE SERVICE COST CENTERS										
30	ADULTS & PEDIATRICS					30				
31	INTENSIVE CARE UNIT					31				
31.01	SPECIAL CARE NURSERY					31.01				
40	SUBPROVIDER - IPF					40				
41	SUBPROVIDER - IRF					41				
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	0.199762				50				
52	DELIVERY ROOM & LABOR ROOM	0.226685				52				
53	ANESTHESIOLOGY	0.023426				53				
54	RADIOLOGY-DIAGNOSTIC	0.164211				54				
54.02	CANCER TREATMENT CENTER	0.208099				54.02				
54.03	ULTRASOUND	0.122230				54.03				
54.04	SPECIAL PROCEDURES	0.331091				54.04				
54.05	OP ONCOLOGY					54.05				
57	CT SCAN	0.042274				57				
58	MRI	0.064651				58				
59	CARDIAC CATHETERIZATION	0.078155				59				
60	LABORATORY	0.068651				60				
60.01	PATHOLOGY	0.191378				60.01				
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30				
63	BLOOD STORING, PROCESSING & TRA	0.163618				63				
65	RESPIRATORY THERAPY	0.089411				65				
66	PHYSICAL THERAPY					66				
66.01	REHABILITATION MEDICINE	0.309052				66.01				
67	OCCUPATIONAL THERAPY					67				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY	0.089804				69				
69.02	CARDIOLOGY	0.171390				69.02				
71	MEDICAL SUPPLIES CHARGED TO PAT	0.159870				71				
72	IMPL. DEV. CHARGED TO PATIENTS	0.319114				72				
73	DRUGS CHARGED TO PATIENTS	0.101868				73				
74	RENAL DIALYSIS	0.117992				74				
75	ASC (NON-DISTINCT PART)	0.147535				75				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01	FAMILY PRACTICE CLINIC	0.839837				90.01				
90.02	WOUND CARE	0.154175				90.02				
90.03	PAIN MANAGMENT	0.898411				90.03				
90.05	WOMENS CENTER					90.05				
90.06	DIABETES CENTER	1.269602				90.06				
90.07	EVANSTON INFUSION CENTER	0.406352				90.07				
91	EMERGENCY	0.144854				91				
92	OBSERVATION BEDS (NON-DISTINCT	0.319527				92				
93.01	OCCUP HEALTH					93.01				
OTHER REIMBURSABLE COST CENTERS										
94	HOME PROGRAM DIALYSIS					94				
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-T114)	[]	NF	[]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
31.01 SPECIAL CARE NURSERY				31.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.199762			50
52 DELIVERY ROOM & LABOR ROOM	0.226685			52
53 ANESTHESIOLOGY	0.023426			53
54 RADIOLOGY-DIAGNOSTIC	0.164211			54
54.02 CANCER TREATMENT CENTER	0.208099			54.02
54.03 ULTRASOUND	0.122230			54.03
54.04 SPECIAL PROCEDURES	0.331091			54.04
54.05 OP ONCOLOGY				54.05
57 CT SCAN	0.042274			57
58 MRI	0.064651			58
59 CARDIAC CATHETERIZATION	0.078155			59
60 LABORATORY	0.068651			60
60.01 PATHOLOGY	0.191378			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.163618			63
65 RESPIRATORY THERAPY	0.089411			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.309052			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.089804			69
69.02 RADIOLOGY	0.171390			69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.159870			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.319114			72
73 DRUGS CHARGED TO PATIENTS	0.101868			73
74 RENAL DIALYSIS	0.117992			74
75 ASC (NON-DISTINCT PART)	0.147535			75
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 FAMILY PRACTICE CLINIC	0.839837			90.01
90.02 WOUND CARE	0.154175			90.02
90.03 PAIN MANAGMENT	0.898411			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.269602			90.06
90.07 EVANSTON INFUSION CENTER	0.406352			90.07
91 EMERGENCY	0.144854			91
92 OBSERVATION BEDS (NON-DISTINCT	0.319527			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
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 HOSPITAL (14-0114)
 APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	40,258,171	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	828,881	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	4,519,973	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	203.36	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)	25.22	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.	3.38	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)	13.44	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)	42.04	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	63.29	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	1.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	43.04	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	40.74	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	35.72	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	39.83	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	39.83	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.195860	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.188011	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.188011	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	4,368,466	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)	21.25	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)	4,368,466	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1116	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.3221	31
32	SUM OF LINES 30 AND 31	0.4337	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2500	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	10,064,543	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)	55,520,061	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)	55,520,061	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,837,984	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0114)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	2,076,188	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	51,282	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	5,647	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	61,491,162	59
60	PRIMARY PAYER PAYMENTS	17,593	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	61,473,569	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,716,232	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	311,112	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,441,156	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	936,751	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,217,265	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	58,382,976	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	48,296	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-265,952	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	58,165,320	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	581,653	71.01
72	INTERIM PAYMENTS	56,552,466	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	1,031,201	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,405,010	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0114) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	41,019	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	26,293,290	2
3	PPS PAYMENTS	19,558,126	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	383,159	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	12,561	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	41,019	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	403,928	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)	403,928	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)	403,928	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	362,909	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)	41,019	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)	19,953,846	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,486,262	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	15,508,603	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	865,138	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	16,373,741	30
31	PRIMARY PAYER PAYMENTS	646	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	16,373,095	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)	1,800,982	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,170,638	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,523,962	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	17,543,733	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	17,543,733	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	175,437	40.01
41	INTERIM PAYMENTS	17,159,329	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	208,967	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S114) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	949	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS	1,319	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)	949	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	9,319	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)	9,319	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)	9,319	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	8,370	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)	949	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)	1,319	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,268	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)	2,268	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,268	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	2,268	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	2,268	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	23	40.01
41	INTERIM PAYMENTS	1,311	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	934	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
 [] SUB (OTHER) [XX] SNF (14-5573)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	164	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	164	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	1,606	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)	1,606	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)	1,606	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	1,442	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)	164	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	164	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)	164	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	164	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	164	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	164	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	2	40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	162	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 (14-0114) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		56,455,538		17,088,331	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 03/27/2013 .02 09/24/2013 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	35,474 61,454	03/27/2013 09/24/2013	7,790 63,208	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)		96,928		70,998	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		56,552,466		17,159,329	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	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	1,612,854		384,404	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		58,165,320		17,543,733	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S114) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,587,604		1,311	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.					
PROGRAM .01		NONE		NONE	3.01
TO .02					3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50		NONE		NONE	3.50
.51					3.51
PROVIDER .52					3.52
TO .53					3.53
PROGRAM .54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
.99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,587,604		1,311	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01		NONE		NONE	5.01
TO .02					5.02
PROVIDER .03					5.03
.04					5.04
.05					5.05
.06					5.06
.07					5.07
.08					5.08
.09					5.09
PROVIDER .50		NONE		NONE	5.50
TO .51					5.51
PROGRAM .52					5.52
.53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
PROGRAM TO .01		186,152		957	6.01
PROVIDER PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,773,756		2,268	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5573)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,339,048			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)		2,339,048			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	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	34,815		164	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,373,863		164	7

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0114) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	12,629	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,224	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,778	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	55,182	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,280,182,707	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	62,497,181	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)	1,718,937	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	34,379	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,684,558	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,637,307	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	47,251	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK HOSPITAL
 APPLICABLE BOX: IPF (14-S114)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,913,932	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.378082	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,913,932	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,913,932	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,913,932	18
19	DEDUCTIBLES	252,432	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,661,500	20
21	COINSURANCE	52,263	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,609,237	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	253,030	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	164,470	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	216,126	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,773,707	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	49	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,773,756	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	27,738	31.01
32	INTERIM PAYMENTS	2,587,604	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	158,414	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T114)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,186,947	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.105800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	494,060	3
4	OUTLIER PAYMENTS	2,363	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	13.720548	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)	4,683,370	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	4,683,370	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,683,370	19
20	DEDUCTIBLES	12,912	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,670,458	21
22	COINSURANCE	55,829	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,614,629	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	11,560	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,514	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	7,514	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,622,143	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)	1	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,622,144	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	46,221	32.01
33	INTERIM PAYMENTS	4,593,176	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-17,253	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 VI

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

PROSPECTIVE PAYMENT AMOUNT			
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,432,204	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	2,432,204	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	70,935	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	14,866	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	12,743	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	12,594	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,373,863	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,373,863	15
15.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	23,739	15.01
16	INTERIM PAYMENTS	2,339,048	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	11,076	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-0114) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	13,290,998		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	13,290,998		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	13,290,998		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))	13,290,998		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S114) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,012,612		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,012,612		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,012,612		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))	1,012,612		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T114) [] 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	482,681		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	482,681		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	482,681		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))	482,681		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	25.70			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	3.38			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)	14.98			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)	44.06			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	66.66			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	44.06			7
			PRIMARY CARE	OTHER	TOTAL
			1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	47.50	12.70		60.20
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	31.40	8.39		39.79
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	31.40	8.39		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	32.29	8.83		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	30.42	5.78		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	31.37	7.67		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	31.37	7.67		17
18	PER RESIDENT AMOUNT	147,073.35	139,279.31		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,613,691	1,068,272		5,681,963
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				22.60
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				5,681,963
	COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
			PART A	CARE	
26	INPATIENT DAYS	32,056	2,778		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	66,533	66,533		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.481806	0.041754		28
29	PROGRAM DIRECT GME AMOUNT	2,737,604	237,245		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		33,523		30
31	NET PROGRAM DIRECT GME AMOUNT				2,941,326
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				32
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				8,478,211
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				63,303,704
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				17,593
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				63,286,111
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				26,371,635
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				26,370,989
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				89,657,100
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				0.705868
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				0.294132
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				2,941,326
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				2,076,188
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				865,138

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	25.70			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)	25.70			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	35.53			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	25.70			7
			PRIMARY CARE	OTHER	TOTAL
			1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	26.83		8.28	35.11
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	19.41		5.99	25.40
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	19.41		5.99	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	22.10		11.60	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	17.92		10.54	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	19.81		9.38	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	19.81		9.38	17
18	PER RESIDENT AMOUNT				18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				9.83
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT	MANAGED	
			PART A	CARE	
26	INPATIENT DAYS		16,279	2,102	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)		66,533	66,533	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS		0.244676	0.031593	28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,124,005			1
2	TEMPORARY INVESTMENTS	772,197			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	29,897,699			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,177,214			7
8	PREPAID EXPENSES	2,896,107			8
9	OTHER CURRENT ASSETS	4,796,417			9
10	DUE FROM OTHER FUNDS	57,332,415			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	100,996,054			11
FIXED ASSETS					
12	LAND	7,960,138			12
13	LAND IMPROVEMENTS	3,711,953			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	271,189,432			15
16	ACCUMULATED DEPRECIATION	-253,650,223			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	43,095,943			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	122,854,150			23
24	ACCUMULATED DEPRECIATION				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)	195,161,393			30
OTHER ASSETS					
31	INVESTMENTS	166,101,254			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	166,101,254			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	462,258,701			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	11,602,603			37
38	SALARIES, WAGES & FEES PAYABLE	23,339,765			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	15,574,576			43
44	OTHER CURRENT LIABILITIES	27,924,993			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	78,441,937			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	211,770,919			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	211,770,919			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	290,212,856			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	172,045,845			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)	172,045,845			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	462,258,701			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		144,862,060							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		13,597,698							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		158,459,758							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS AND GAINS		13,586,087							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		13,586,087							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		172,045,845							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		172,045,845							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	152,799,589		152,799,589	1
2 SUBPROVIDER IPF	15,839,814		15,839,814	2
3 SUBPROVIDER IRF	12,794,276		12,794,276	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	8,571,202		8,571,202	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	190,004,881		190,004,881	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	29,228,618		29,228,618	11
11.01 SPECIAL CARE NURSERY				11.01
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	29,228,618		29,228,618	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	219,233,499		219,233,499	17
18 ANCILLARY SERVICES	554,245,985	508,648,226	1,062,894,211	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	773,479,484	508,648,226	1,282,127,710	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		248,098,602	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35 FHBT PREM			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 DSR INCOME	-411,813		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-411,813	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		247,686,789	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,282,127,710	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,039,992,921	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	242,134,789	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	247,686,789	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,552,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING INCOME)	19,544,126	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	19,544,126	25
26	TOTAL (LINE 5 PLUS LINE 25)	13,992,126	26
27	OTHER EXPENSES (NON OPERATING)	394,428	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	394,428	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	13,597,698	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

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						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	508,655		31,388		118,937	658,980 5
6 SKILLED NURSING CARE	654,038					654,038 6
7 PHYSICAL THERAPY	237,343					237,343 7
8 OCCUPATIONAL THERAPY	124,709					124,709 8
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES	7,549					7,549 10
11 HOME HEALTH AIDE	18,463					18,463 11
12 SUPPLIES (SEE INSTRUCTIONS)					11,920	11,920 12
13 DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROMOTION ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DELIVERED MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
24 TOTAL (SUM OF LINES 1-23)	1,550,757		31,388		130,857	1,713,002 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7126

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-11,374	647,606	-20	647,586	5
6		654,038		654,038	6
7		237,343		237,343	7
8		124,709		124,709	8
9					9
10		7,549		7,549	10
11		18,463		18,463	11
12		11,920		11,920	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-11,374	1,701,628	-20	1,701,608	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7126

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1									1
2									2
3									3
4									4
5	647,586					647,586	647,586		5
6	654,038					654,038	401,837	1,055,875	6
7	237,343					237,343	145,822	383,165	7
8	124,709					124,709	76,621	201,330	8
9									9
10	7,549					7,549	4,638	12,187	10
11	18,463					18,463	11,344	29,807	11
12	11,920					11,920	7,324	19,244	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	1,701,608					1,701,608		1,701,608	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-647,586	1,054,022	5
6 SKILLED NURSING CARE						654,038	6
7 PHYSICAL THERAPY						237,343	7
8 OCCUPATIONAL THERAPY						124,709	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						7,549	10
11 HOME HEALTH AIDE						18,463	11
12 SUPPLIES (SEE INSTRUCTIONS)						11,920	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-647,586	1,054,022	24
25 COST TO BE ALLOC (PER W/S H)						647,586	25
26 UNIT COST MULTIPLIER						0.614395	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-2
 PART I

HHA COST CENTER	NURSING SCHOOL 20	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	PARAMED EDUCATION 23	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP-DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	
1 ADMINISTRATIVE AND GENERAL					372,061		372,061		1
2 SKILLED NURSING CARE					1,576,367		1,576,367	234,922	2
3 PHYSICAL THERAPY					547,847		547,847	81,644	3
4 OCCUPATIONAL THERAPY					287,860		287,860	42,899	4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES					17,424		17,424	2,597	6
7 HOME HEALTH AIDE					42,618		42,618	6,351	7
8 SUPPLIES					24,477		24,477	3,648	8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
20 TOTAL (SUM OF LINES 1-19)					2,868,654		2,868,654	372,061	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.								0.149027	21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7126

WORKSHEET H-2
PART I

HHA COST CENTER	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	1,811,289	2
3 PHYSICAL THERAPY	629,491	3
4 OCCUPATIONAL THERAPY	330,759	4
5 SPEECH PATHOLOGY		5
6 MEDICAL SOCIAL SERVICES	20,021	6
7 HOME HEALTH AIDE	48,969	7
8 SUPPLIES	28,125	8
9 DRUGS		9
10 DME		10
11 HOME DIALYSIS AIDE SERVICES		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIES		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGRAM		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
20 TOTAL (SUM OF LINES 1-19)	2,868,654	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.		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES (PHONES)	PURCHASE (SUPPLY EXPENSE)	ADMITTING GROSS REVENUE	PATIENT ACCOUNTS- CASHIERS GROSS REVENUE	
	1	2	3	4	5.01	5.03	5.04	5.05	
1 ADMINISTRATIVE AND GENERAL	541	37,999		456,028	4	4,449	2,347,600	2,347,600	1
2 SKILLED NURSING CARE				654,038					2
3 PHYSICAL THERAPY				237,343					3
4 OCCUPATIONAL THERAPY				124,709					4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES				7,549					6
7 HOME HEALTH AIDE				18,463					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)	541	37,999		1,498,130	4	4,449	2,347,600	2,347,600	20
21 TOTAL COST TO BE ALLOCATED	6,265	37,661		300,147	2,788	240	4,296	6,108	21
22 UNIT COST MULTIPLIER	11.580407				697.000000		0.001830		22
22 UNIT COST MULTIPLIER		0.991105		0.200348		0.053945		0.002602	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	RECON- CILIATION	OTHER ADMINISTRA & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	4A.06	5.06	6	7	8	9	10	11	
1 ADMINISTRATIVE AND GENERAL		148,722		541				1,759	1
2 SKILLED NURSING CARE		1,186,911							2
3 PHYSICAL THERAPY		430,716							3
4 OCCUPATIONAL THERAPY		226,315							4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES		13,699							6
7 HOME HEALTH AIDE		33,506							7
8 SUPPLIES		19,244							8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		2,059,113		541				1,759	20
21 TOTAL COST TO BE ALLOCATED		559,968		26,561				47,669	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		0.271946		49.096118				27.100057	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING OF ADMINI- STRATION (DIRECT NRSNG HRS) 13	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20
1 ADMINISTRATIVE AND GENERAL				376	2,657,922	374		1
2 SKILLED NURSING CARE		36,581						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)		36,581		376	2,657,922	374		20
21 TOTAL COST TO BE ALLOCATED		66,678		223	6,982	101,460		21
22 UNIT COST MULTIPLIER					0.002627			22
22 UNIT COST MULTIPLIER		1.822750		0.593085		271.283422		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7126

WORKSHEET H-2
 PART II

HHA COST CENTER	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	PARAMED EDUCATION ASSIGNED TIME 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
19.50				19.50
20				20
21				21
22				22
22				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7126

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	(COLS. 1+2) 3	4	(COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	1,811,289		1,811,289	6,335	285.92	1
2	PHYSICAL THERAPY	3	629,491		629,491	3,495	180.11	2
3	OCCUPATIONAL THERAPY	4	330,759		330,759	1,532	215.90	3
4	SPEECH PATHOLOGY	5				72		4
5	MEDICAL SOCIAL SERVICES	6	20,021		20,021	95	210.75	5
6	HOME HEALTH AIDE	7	48,969		48,969	431	113.62	6
7	TOTAL (SUM OF LINES 1-6)		2,840,529		2,840,529	11,960		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4) 5	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	(COLS. 1+2) 3	4		
15	COST OF MEDICAL SUPPLIES	8	28,125		28,125	16,306	1.724825	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7126

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	1,611	910		460,617	260,187		720,804
2 PHYSICAL THERAPY	942	587		169,664	105,725		275,389
3 OCCUPATIONAL THERAPY	432	234		93,269	50,521		143,790
4 SPEECH PATHOLOGY	16	14					4
5 MEDICAL SOCIAL SERVICES	19	16		4,004	3,372		7,376
6 HOME HEALTH AIDE	62	183		7,044	20,792		27,836
7 TOTAL (SUM OF LINES 1-6)	3,082	1,944		734,598	440,597		1,175,195

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL
		PART A	PART B				
		3	4				
8 SKILLED NURSING CARE	16974	1,611	910				8
9 PHYSICAL THERAPY	16974	942	587				9
10 OCCUPATIONAL THERAPY	16974	432	234				10
11 SPEECH PATHOLOGY	16974	16	14				11
12 MEDICAL SOCIAL SERVICES	16974	19	16				12
13 HOME HEALTH AIDE	16974	62	183				13
14 TOTAL (SUM OF LINES 8-13)		3,082	1,944				14

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

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

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
	1	1	2	3	4	
1 PHYSICAL THERAPY	66				COL 2, LINE 2	1
1.01 REHABILITATION MEDICINE	66.01	0.309052			COL 2, LINE 2	1.01
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68				COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	71	0.159870			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.101868			COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7126

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)				1
2 TOTAL CHARGES	615,524			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	615,524			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	615,524			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	624,928	391,517	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2,602	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	12,071	8,179	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4,405	7,511	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		260	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	641,404	410,069	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	641,404	410,069	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	641,404	410,069	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)	641,404	410,069	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	641,404	410,069	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	5,303	3,675	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	636,101	406,394	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-011) [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	3,201,500	1
2 CAPITAL DRG OUTLIER PAYMENTS	95,430	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	151.18	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	39.83	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0772	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	247,156	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1116	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.3221	8
9 SUM OF LINES 7 AND 8	0.4337	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0918	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	293,898	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,837,984	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT PHONES						5.01
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTS & CASHIERS						5.05
5.06 ADMINISTRATION & 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 SERVICES-SALARY & FRINGES						21
22 I&R SERVICES-OTHER PRGM COSTS						22
23 PARAMED ED PRGM-PHARMACY						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
31.01 SPECIAL CARE NURSERY						31.01
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 CANCER TREATMENT CENTER						54.02
54.03 ULTRASOUND						54.03
54.04 SPECIAL PROCEDURES						54.04
54.05 OP ONCOLOGY						54.05
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 PATHOLOGY						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
63 BLOOD STORING, PROCESSING & TR						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.02 RADIOLOGY						69.02
71 MEDICAL SUPPLIES CHARGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 FAMILY PRACTICE CLINIC						90.01
90.02 WOUND CARE						90.02
90.03 PAIN MANAGMENT						90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER						90.06
90.07 EVANSTON INFUSION CENTER						90.07
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT)						92
93.01 OCCUP HEALTH						93.01

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
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
190.02 COVENANT RETIREMENT HOME					190.02
190.05 BOARD OF BENEVOLENCE					190.05
190.07 DENTAL					190.07
190.08 COVENANT RETIREMENT COMMUNITY					190.08
190.09 OP PHARMACY					190.09
190.10 PLAZA					190.10
190.11 G CAFETERIA					190.11
190.12 G PHARMACY					190.12
190.13 G SUITE					190.13
190.14 OFFSITE CLINICS					190.14
191.01 OCC HEALTH					191.01
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

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

EXHIBIT 3

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