

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 4 - REOPENED
 - 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY LITTLE COMPANY OF MARY (14-0179) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 AND ENDING 06/30/2013, 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		405,799	-13,803		1
2 SUBPROVIDER - IPF		38,195			2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		443,994	-13,803		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2800 WEST 95TH STREET
 2 CITY: EVERGREEN PARK

STATE: IL

P.O.BOX:
 ZIP CODE: 60642

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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	LITTLE COMPANY OF MARY	14-0179	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	LITTLE COMPANY OF MARY PSYCH	14-S179	16974	4	07/01/1984	N	P	N	4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	LITTLE COMPANY OF MARY H.C.	14-7404	16974		01/11/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	LITTLE COMPANY OF MARY HOSPICE	14-1511	16974		12/30/1986				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012			TO: 06/30/2013					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

		IN-STATE		OUT-OF-STATE		MEDIKAID HMO DAYS 5	OTHER MEDIKAID DAYS 6	1	2	
		MEDIKAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	MEDIKAID PAID DAYS 3	MEDIKAID ELIGIBLE UNPAID DAYS 4					
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
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.	6,767	1,670			1,022				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.									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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY	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.	Y	Y		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR 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) ADDED AS A RESULT OF 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.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	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.			Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N	71

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

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

TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86

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	Y	90		
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91		
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92		
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93		
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94		
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95		
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96		
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97		
RURAL PROVIDERS						
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	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- SICAL Y	OCCUP- ATIONAL Y	RESPI- RATORY 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.		N	117		
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118		
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01		
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.		N	118.02		
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		N	N	120	
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	121		
TRANSPLANT CENTER INFORMATION						
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125		
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126		
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127		
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128		
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129		
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130		
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131		
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132		
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133		
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134		

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	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.			
141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:
142	STREET:	P.O. BOX:	
143	CITY:	STATE:	ZIP CODE:
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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
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)	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		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
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

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

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	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.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
BED COMPLEMENT				
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
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
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	10/05/2012	Y	10/05/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

22	HAVE ASSETS BEEN 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	N		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. 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: MICHAEL	LAST NAME: CADDICK	TITLE: VICE PRESIDENT	41
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC.			42
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@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	83,307,670	83,307,670	2,981,837.00	27.94 1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A ADMINISTRATIVE		52,637	52,637	938.00	56.12 4
4.01	PHYSICIAN-PART A - TEACHING					4.01
5	PHYSICIAN-PART B		1,300,732	1,300,732	13,984.00	93.02 5
6	NON-PHYSICIAN-PART B					6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21				7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)		302,657	302,657	7,675.00	39.43 7.01
8	HOME OFFICE PERSONNEL					8
9	SNF	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,910,610	-67,336	4,843,274	171,889.00 28.18 10
	OTHER WAGES & RELATED COSTS					
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,466,620	1,466,620	22,208.00	66.04 11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		673,331	673,331	3,731.00	180.47 13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING					16
	WAGE-RELATED COSTS					
17	WAGE-RELATED COSTS (CORE)		19,275,276	19,275,276		17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS		1,210,663	1,210,663		19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A - ADMINISTRATIVE		10,464	10,464		22
22.01	PHYSICIAN PART A - TEACHING					22.01
23	PHYSICIAN PART B		149,450	149,450		23
24	WAGE-RELATED COSTS (RHC/FQHC)					24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)					25
	OVERHEAD COSTS - DIRECT SALARIES					
26	EMPLOYEE BENEFITS DEPARTMENT		984,143	984,143	29,816.00	33.01 26
27	ADMINISTRATIVE & GENERAL		13,546,186	-339,014	13,207,172	437,916.00 30.16 27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		29,400	29,400	140.00	210.00 28
29	MAINTENANCE & REPAIRS					29
30	OPERATION OF PLANT		2,833,359	2,833,359	123,574.00	22.93 30
31	LAUNDRY & LINEN SERVICE		160,740	160,740	11,922.00	13.48 31
32	HOUSEKEEPING		1,411,574	1,411,574	113,425.00	12.44 32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY		1,481,513	-713,313	768,200	45,498.00 16.88 34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA			713,313	713,313	46,330.00 15.40 36
37	MAINTENANCE OF PERSONNEL					37
38	NURSING ADMINISTRATION		1,789,504	1,789,504	55,135.00	32.46 38
39	CENTRAL SERVICES AND SUPPLY					39
40	PHARMACY		2,201,966	2,201,966	57,310.00	38.42 40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,053,084	1,053,084	50,170.00	20.99 41
42	SOCIAL SERVICE			836,724	836,724	30,437.00 27.49 42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	81,733,681		81,733,681	2,960,318.00	27.61 1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,910,610	-67,336	4,843,274	171,889.00	28.18 2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	76,823,071	67,336	76,890,407	2,788,429.00	27.57 3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	2,139,951		2,139,951	25,939.00	82.50 4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	19,285,740		19,285,740		25.08% 5
6	TOTAL (SUM OF LINES 3 THRU 5)	98,248,762	67,336	98,316,098	2,814,368.00	34.93 6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	25,491,469	497,710	25,989,179	1,001,673.00	25.95 7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	880,637	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	4,910,326	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	66,799	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	105,494	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	36,606	7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,805,095	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	234,345	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	166,667	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	220,093	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	963,932	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	5,942,593	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	54,844	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	258,422	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	20,645,853	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
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PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/26/2013 10:30

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.: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,390		258	1,648	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		717.00		236.00	953.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		0.65	0.65	4
5 OTHER ADMINISTRATIVE PERSONNEL		10.68	10.68	5
6 DIRECT NURSING SERVICE		13.90	13.90	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		3.51	2.43	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		0.11	0.31	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE			0.11	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		0.37		14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		0.87		16
17 HOME HEALTH AIDE SUPERVISOR				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	7,834	632	385	127	8,978	21
22 SKILLED NURSING VISIT CHARGES	1,951,220	158,200	95,890	31,535	2,236,845	22
23 PHYSICAL THERAPY VISITS	4,177	27	30	132	4,366	23
24 PHYSICAL THERAPY VISIT CHARGES	1,088,715	7,050	7,905	34,620	1,138,290	24
25 OCCUPATIONAL THERAPY VISITS	405		2	1	408	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	107,040		530	260	107,830	26
27 SPEECH PATHOLOGY VISITS	52		1	1	54	27
28 SPEECH PATHOLOGY VISIT CHARGES	13,775		265	260	14,300	28
29 MEDICAL SOCIAL SERVICE VISITS	118	7	1	4	130	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	40,045	2,380	340	1,360	44,125	30
31 HOME HEALTH AIDE VISITS	511	24		5	540	31
32 HOME HEALTH AIDE VISIT CHARGES	86,240	4,080		850	91,170	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	13,097	690	419	270	14,476	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,287,035	171,710	104,930	68,885	3,632,560	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	850		167	26	1,043	36
37 TOTAL NUMBER OF OUTLIER EPISODES		16			16	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	285,629	65,551	12,975	1,739	365,894	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1511

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----					
TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)
1	2	3	4	5	6
1	CONTINUOUS HOME CARE				1
2	ROUTINE HOME CARE	37,072		1,757	38,829
3	INPATIENT RESPITE CARE	4			4
4	GENERAL INPATIENT CARE	192		43	235
5	TOTAL HOSPICE DAYS	37,268		1,800	39,068

PART II - CENSUS DATA

TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)
1	2	3	4	5	6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	930		44	974
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	40.07		40.91	40.11
9	UNDUPLICATED CENSUS COUNT	328		16	344

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.202763	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				18,057,783	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				114,776,677	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				23,272,463	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.				5,214,680	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)				5,214,680	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	27,890,180	2,601,225	30,491,405		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,655,097	527,432	6,182,529		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,286,577	436,930	1,723,507		22
23	COST OF CHARITY CARE	4,368,520	90,502	4,459,022		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)			6,147,310		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,080,206		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			5,067,104		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,027,421		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			5,486,443		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			10,701,123		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		8,513,220	8,513,220	4,600,397	1
2	00200				6,506,160	2
3	00300					3
4	00400	984,143	1,283,838	2,267,981	-4,398	4
5	00500	13,546,186	25,232,487	38,778,673	-1,514,659	5
6	00600					6
7	00700	2,833,359	4,744,004	7,577,363	-276,850	7
8	00800	160,740	461,305	622,045	-1,239	8
9	00900	1,411,574	899,633	2,311,207	-28,983	9
10	01000	1,481,513	1,491,318	2,972,831	-1,526,789	10
11	01100				1,499,886	11
12	01200					12
13	01300	1,789,504	534,499	2,324,003	-38,435	13
14	01400					14
15	01500	2,201,966	9,135,915	11,337,881	-8,595,161	15
16	01600	1,053,084	1,039,102	2,092,186	-19,713	16
17	01700				1,019,548	17
19	01900					19
20	02000					20
21	02100		333,243	333,243		21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	16,900,062	6,053,287	22,953,349	-1,187,757	30
31	03100	4,300,215	1,031,081	5,331,296	-62,238	31
34.10	02060	1,053,553	1,080,302	2,133,855	-18,424	34.10
40	04000	1,354,550	331,342	1,685,892	-7,125	40
43	04300				739,114	43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,201,128	9,330,126	13,531,254	-3,355,319	50
52	05200	2,137,561	929,037	3,066,598	-94,537	52
53	05300	136,127	415,157	551,284	-54,099	53
54	05400	2,602,394	2,531,997	5,134,391	-1,224,951	54
54.01	03440					54.01
55	05500	1,111,664	1,721,002	2,832,666	-456,299	55
56	05600	354,290	896,381	1,250,671	49,796	56
56.10	03630	813,984	364,349	1,178,333	164,807	56.10
57	05700	643,466	875,286	1,518,752	-76,860	57
58	05800	253,241	448,257	701,498	-58,418	58
59	05900	443,409	2,777,947	3,221,356	-1,805,223	59
60	06000	3,587,930	5,780,754	9,368,684	-257,260	60
62.30	06250					62.30
65	06500	1,704,036	849,030	2,553,066	-85,850	65
65.01	06501	165,195	83,815	249,010	-14,832	65.01
66	06600	1,489,902	475,196	1,965,098	-16,914	66
67	06700					67
68	06800	222,966	79,124	302,090	-1,530	68
69	06900	684,223	700,881	1,385,104	-207,910	69
69.01	06901					69.01
70	07000	49,318	40,145	89,463	-4,722	70
71	07100	596,942	994,507	1,591,449	-723,519	71
72	07200				4,029,344	72
73	07300				8,374,387	73
74	07400	445,129	252,289	697,418	-9,256	74
75.10	03340	1,023,762	1,055,111	2,078,873	-147,064	75.10
76	03951					76
76.10	03950					76.10
76.20	03290					76.20
76.30	03953		82,677	82,677		76.30
76.40	03040					76.40
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	374,292	175,673	549,965	-14,213	90
90.01	09001	210,734	116,780	327,514	-3,530	90.01
90.02	09002	1,760,811	864,257	2,625,068	-42,742	90.02
90.03	09003	781,271	815,465	1,596,736	-348,969	90.03
91	09100	3,670,711	2,108,759	5,779,470	-61,142	91
92	09200					92
93	04951	870,244	214,226	1,084,470	-3,734	93
93.10	04950	346,431	201,425	547,856	-30,266	93.10
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10
99.20	09920					99.20

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	
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,850,752	973,740	2,824,492	-90,265	101
113	11300		4,492,441	4,492,441	-4,492,441	113
116	11600	1,225,487	765,895	1,991,382	-13,167	116
117	06950	169,026	56,295	225,321		117
118		82,996,875	103,632,600	186,629,475	6,636	118
190	19000					190
191.10	19101					191.10
192	19200	310,795	282,093	592,888	-6,636	192
192.01	19201					192.01
194	07950					194
200		83,307,670	103,914,693	187,222,363		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	13,113,617	-4,655,688	8,457,929	1
2	00200	CAP REL COSTS-MVBLE EQUIP	6,506,160	-16,898	6,489,262	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	2,263,583	-134,106	2,129,477	4
5	00500	ADMINISTRATIVE & GENERAL	37,264,014	-13,334,396	23,929,618	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	7,300,513	-33,747	7,266,766	7
8	00800	LAUNDRY & LINEN SERVICE	620,806	-275	620,531	8
9	00900	HOUSEKEEPING	2,282,224	-4,838	2,277,386	9
10	01000	DIETARY	1,446,042	-18,310	1,427,732	10
11	01100	CAFETERIA	1,499,886	-719,869	780,017	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,285,568	-9,796	2,275,772	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY	2,742,720	-40,464	2,702,256	15
16	01600	MEDICAL RECORDS & LIBRARY	2,072,473	-8,068	2,064,405	16
17	01700	SOCIAL SERVICE	1,019,548		1,019,548	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	333,243		333,243	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	21,765,592	-1,725,497	20,040,095	30
31	03100	INTENSIVE CARE UNIT	5,269,058		5,269,058	31
34.10	02060	NICU	2,115,431	-747,627	1,367,804	34.10
40	04000	SUBPROVIDER - IPF	1,678,767	-6,667	1,672,100	40
43	04300	NURSERY	739,114		739,114	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	10,175,935	-137,920	10,038,015	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,972,061	-9,712	2,962,349	52
53	05300	ANESTHESIOLOGY	497,185	-1,794	495,391	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,909,440	-3,389	3,906,051	54
54.01	03440	BREAST HEALTH CENTER				54.01
55	05500	RADIOLOGY-THERAPEUTIC	2,376,367	-105,000	2,271,367	55
56	05600	RADIOISOTOPE	1,300,467		1,300,467	56
56.10	03630	ULTRASOUND	1,343,140		1,343,140	56.10
57	05700	CT SCAN	1,441,892		1,441,892	57
58	05800	MRI	643,080		643,080	58
59	05900	CARDIAC CATHETERIZATION	1,416,133	-19,799	1,396,334	59
60	06000	LABORATORY	9,111,424	-207,703	8,903,721	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	2,467,216	-55,829	2,411,387	65
65.01	06501	SLEEP LAB	234,178		234,178	65.01
66	06600	PHYSICAL THERAPY	1,948,184		1,948,184	66
67	06700	OCCUPATIONAL THERAPY				67
68	06800	SPEECH PATHOLOGY	300,560		300,560	68
69	06900	ELECTROCARDIOLOGY	1,177,194	-39,917	1,137,277	69
69.01	06901	C-PORT				69.01
70	07000	ELECTROENCEPHALOGRAPHY	84,741		84,741	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	867,930		867,930	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	4,029,344		4,029,344	72
73	07300	DRUGS CHARGED TO PATIENTS	8,374,387		8,374,387	73
74	07400	RENAL DIALYSIS	688,162	-7,321	680,841	74
75.10	03340	GI LAB	1,931,809		1,931,809	75.10
76	03951	ENTEROSTOMAL THERAPY				76
76.10	03950	NEUROLOGY				76.10
76.20	03290	EMG				76.20
76.30	03953	OS SVCS	82,677	-53,463	29,214	76.30
76.40	03040	AUDIOLOGY				76.40
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	535,752	34,738	570,490	90
90.01	09001	PALOS DIAGNOSTIC CENTER	323,984		323,984	90.01
90.02	09002	CARE STATIONS	2,582,326	-78,855	2,503,471	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,247,767	-622,513	625,254	90.03
91	09100	EMERGENCY	5,718,328	-110,876	5,607,452	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
93	04951	OUTPATIENT REHAB	1,080,736	-2,222	1,078,514	93
93.10	04950	WOUND CARE CENTER	517,590	-18,221	499,369	93.10
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20

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	
99.30	09930				99.30
99.40	09940				99.40
101	10100	2,734,227		2,734,227	101
113	11300				113
116	11600	1,978,215		1,978,215	116
117	06950	225,321		225,321	117
118		186,636,111	-22,896,042	163,740,069	118
190	19000				190
191.10	19101				191.10
192	19200	586,252		586,252	192
192.01	19201				192.01
194	07950				194
200		187,222,363	-22,896,042	164,326,321	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 DRUGS CHGD TO PAT.	A	DRUGS CHARGED TO PATIENTS	73			8,374,387 1
500 TOTAL RECLASSIFICATIONS						8,374,387 500
CODE LETTER - A						
1 CAFETERIA COSTS	B	CAFETERIA	11		713,313	786,573 1
500 TOTAL RECLASSIFICATIONS					713,313	786,573 500
CODE LETTER - B						
1 HHA/HOSPICE BILLING/PLANT COSTS	D	ADMINISTRATIVE & GENERAL	5		67,336	13,577 1
2						2
500 TOTAL RECLASSIFICATIONS					67,336	13,577 500
CODE LETTER - D						
1 INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1			4,492,441 1
500 TOTAL RECLASSIFICATIONS						4,492,441 500
CODE LETTER - G						
1 RADIOLOGY ADMIN COSTS	I	RADIOISOTOPE	56		67,439	29,452 1
2		ULTRASOUND	56.10		176,701	77,169 2
3		CT SCAN	57		160,970	70,299 3
4		MRI	58		92,964	40,600 4
500 TOTAL RECLASSIFICATIONS					498,074	217,520 500
CODE LETTER - I						
1 NURSERY COSTS	J	NURSERY	43		595,775	143,339 1
500 TOTAL RECLASSIFICATIONS					595,775	143,339 500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 EQUIPMENT DEPRECIATION	K	CAP REL COSTS-MVBLE EQUIP	2			6,506,160	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
500 TOTAL RECLASSIFICATIONS						6,506,160	500
CODE LETTER - K							
1 UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	17		836,724	182,824	1
500 TOTAL RECLASSIFICATIONS					836,724	182,824	500
CODE LETTER - L							
1 MATERIALS MANAGEMENT COSTS	N	ADMINISTRATIVE & GENERAL	5		430,374	243,485	1
500 TOTAL RECLASSIFICATIONS					430,374	243,485	500
CODE LETTER - N							
1 PROPERTY INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1			107,956	1
500 TOTAL RECLASSIFICATIONS						107,956	500
CODE LETTER - O							
1 IMPLANT COSTS	P	IMPL. DEV. CHARGED TO PATIENT	72			4,029,344	1
2							2
500 TOTAL RECLASSIFICATIONS						4,029,344	500
CODE LETTER - P							
GRAND TOTAL (INCREASES)					3,141,596	25,097,606	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 DRUGS CHGD TO PAT.	A	PHARMACY	15		8,374,387	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					8,374,387	500
1 CAFETERIA COSTS	B	DIETARY	10	713,313	786,573	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				713,313	786,573	500
1 HHA/HOSPICE BILLING/PLANT COSTS	D	HOME HEALTH AGENCY	101	57,945	11,832	1
2		HOSPICE	116	9,391	1,745	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				67,336	13,577	500
1 INTEREST EXPENSE	G	INTEREST EXPENSE	113		4,492,441	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					4,492,441	500
1 RADIOLOGY ADMIN COSTS	I	RADIOLOGY-DIAGNOSTIC	54	498,074	217,520	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				498,074	217,520	500
1 NURSERY COSTS	J	ADULTS & PEDIATRICS	30	595,775	143,339	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				595,775	143,339	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1	1	6	7	8	9	10
1 EQUIPMENT DEPRECIATION	K	EMPLOYEE BENEFITS DEPARTMENT	4		4,398	9 1
2		ADMINISTRATIVE & GENERAL	5		1,141,927	2
3		OPERATION OF PLANT	7		276,850	3
4		LAUNDRY & LINEN SERVICE	8		1,239	4
5		HOUSEKEEPING	9		28,983	5
6		DIETARY	10		26,903	6
7		NURSING ADMINISTRATION	13		38,435	7
8		PHARMACY	15		220,774	8
9		MEDICAL RECORDS & LIBRARY	16		19,713	9
10		ADULTS & PEDIATRICS	30		448,643	10
11		INTENSIVE CARE UNIT	31		62,238	11
12		NICU	34.10		18,424	12
13		SUBPROVIDER - IPF	40		7,125	13
14		OPERATING ROOM	50		844,043	14
15		DELIVERY ROOM & LABOR ROOM	52		94,537	15
16		ANESTHESIOLOGY	53		54,099	16
17		RADIOLOGY-DIAGNOSTIC	54		509,357	17
18		RADIOLOGY-THERAPEUTIC	55		456,299	18
19		RADIOISOTOPE	56		47,095	19
20		ULTRASOUND	56.10		89,063	20
21		CT SCAN	57		308,129	21
22		MRI	58		191,982	22
23		CARDIAC CATHETERIZATION	59		287,155	23
24		LABORATORY	60		257,260	24
25		RESPIRATORY THERAPY	65		85,850	25
26		SLEEP LAB	65.01		14,832	26
27		PHYSICAL THERAPY	66		16,914	27
28		SPEECH PATHOLOGY	68		1,530	28
29		ELECTROCARDIOLOGY	69		207,910	29
30		ELECTROENCEPHALOGRAPHY	70		4,722	30
31		MEDICAL SUPPLIES CHARGED TO P	71		49,660	31
32		RENAL DIALYSIS	74		9,256	32
33		GI LAB	75.10		147,064	33
34		CLINIC	90		14,213	34
35		PALOS DIAGNOSTIC CENTER	90.01		3,530	35
36		CARE STATIONS	90.02		42,742	36
37		OUTPATIENT CARE CENTER	90.03		348,969	37
38		EMERGENCY	91		61,142	38
39		OUTPATIENT REHAB	93		3,734	39
40		WOUND CARE CENTER	93.10		30,266	40
41		HOME HEALTH AGENCY	101		20,488	41
42		HOSPICE	116		2,031	42
43		PHYSICIANS' PRIVATE OFFICES	192		6,636	43
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					6,506,160	500
1 UTIL/QUALITY MANAGEMENT COSTS	L	ADMINISTRATIVE & GENERAL	5	836,724	182,824	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				836,724	182,824	500
1 MATERIALS MANAGEMENT COSTS	N	MEDICAL SUPPLIES CHARGED TO P	71	430,374	243,485	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				430,374	243,485	500
1 PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5		107,956	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					107,956	500
1 IMPLANT COSTS	P	OPERATING ROOM	50		2,511,276	1
2		CARDIAC CATHETERIZATION	59		1,518,068	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					4,029,344	500
GRAND TOTAL (DECREASES)				3,141,596	25,097,606	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	8,954,323					8,954,323		1
2 LAND IMPROVEMENTS	9,343,739	82,637		82,637		9,426,376		2
3 BUILDINGS AND FIXTURES	145,308,350	128,088,987		128,088,987	1,427,973	271,969,364		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	92,265,739	13,869,235		13,869,235	14,568,307	91,566,667		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	255,872,151	142,040,859		142,040,859	15,996,280	381,916,730		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	255,872,151	142,040,859		142,040,859	15,996,280	381,916,730		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	SUMMARY OF CAPITAL		TOTAL(1) (SUM OF COLS. 9-14) 15	
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14			
1 CAP REL COSTS-BLDG & FIXT	8,513,220							8,513,220	1
2 CAP REL COSTS-MVBLE EQUIP									2
3 TOTAL (SUM OF LINES 1-2)	8,513,220							8,513,220	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	SUMMARY OF CAPITAL		TOTAL(2) (SUM OF COLS. 9-14) 15	
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14			
1 CAP REL COSTS-BLDG & FIXT	8,457,929							8,457,929	1
2 CAP REL COSTS-MVBLE EQUIP	6,489,262							6,489,262	2
3 TOTAL	14,947,191							14,947,191	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)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-62,953	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6,085,728			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-273,014			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-8,068	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			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					33
33.03 LABORATORY REVENUES	B	-11,842	LABORATORY	60	33.03
33.04 PHARMACY MISC REVENUE	B	-40,464	PHARMACY	15	33.04
33.05 RADIOLOGY ADMIN	B	-1,501	RADIOLOGY-DIAGNOSTIC	54	33.05
33.07 RADIOLOGY SILVER	B	-1,888	RADIOLOGY-DIAGNOSTIC	54	33.07
33.09 HUMAN RESOURCES MISC REVENUE	B	-771	EMPLOYEE BENEFITS DEPARTMENT	4	33.09
33.14 OTHER REVENUE CLINIC	B	-275	CLINIC	90	33.14
33.15 TELE & COMM MISC REVENUE	B	-1,341	ADMINISTRATIVE & GENERAL	5	33.15
33.16 ANSWERING SVCE INCOME	B	-246,585	ADMINISTRATIVE & GENERAL	5	33.16
33.18 NURSING ADMIN OTHER REVENUE	B	-1,780	NURSING ADMINISTRATION	13	33.18
33.25 CAFETERIA REVENUE	B	-719,869	CAFETERIA	11	33.25
33.26 VENDING MACHINE REVENUE	B	-14,635	DIETARY	10	33.26
33.27 MEDICAL STAFF APPLICATION REVENUE	B	-36,050	ADMINISTRATIVE & GENERAL	5	33.27
33.28 HOUSEKEEPING	B	-4,838	HOUSEKEEPING	9	33.28
33.29 EMPLOYEE HEALTH	A	-133,335	EMPLOYEE BENEFITS DEPARTMENT	4	33.29
33.30 BUS OFFICE/ADMITTING REVENUE	B	-5,612	ADMINISTRATIVE & GENERAL	5	33.30
33.31 OAK LAWN LAB COSTS	A	-164,849	LABORATORY	60	33.31
33.32 MOTHER BABY	B	-8,785	ADULTS & PEDIATRICS	30	33.32
33.33 SECURITY PURCH SERVICES REVENUE	B	-33,747	OPERATION OF PLANT	7	33.33
33.39 LINEN OTHER REVENUE	B	-275	LAUNDRY & LINEN SERVICE	8	33.39
33.41 HEALTH EDUCATION CENTER REVENUE	B	-49,959	ADMINISTRATIVE & GENERAL	5	33.41
33.43 AFFILIATES REVENUE	B	-592,579	ADMINISTRATIVE & GENERAL	5	33.43
33.44 ACCTG REVENUE	B	-28,948	ADMINISTRATIVE & GENERAL	5	33.44
33.45 MISCELLANEOUS REVENUE	B	-30,842	ADMINISTRATIVE & GENERAL	5	33.45
33.46 REAL ESTATE TAXES	A	-60,400	ADMINISTRATIVE & GENERAL	5	33.46
33.52 NON-ALLOWABLE ADMIN COSTS	A	-372,772	ADMINISTRATIVE & GENERAL	5	9 33.52
33.53 MATERIALS MANAGEMENT REVENUE	B	-45,290	ADMINISTRATIVE & GENERAL	5	33.53
33.58 DIETARY OTHER REVENUE	B	-3,675	DIETARY	10	33.58
33.59 MALPRACTICE SELF INSURANCE	A	3,649,571	ADMINISTRATIVE & GENERAL	5	33.59

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	
			COST CENTER 3	LINE NO. 4	REF 5	
34 CARE DEPOT OTHER REV	B	-611	ADULTS & PEDIATRICS	30		34
34.01 MEDICAID TAX	A	-8,252,148	ADMINISTRATIVE & GENERAL	5		34.01
34.02 VOLUNTEER SERVICES	A	-746,945	ADMINISTRATIVE & GENERAL	5		34.02
34.05 NON-ALLOWABLE DUES	A	-11,159	ADMINISTRATIVE & GENERAL	5	9	34.05
34.06 DEPR TELEPHONES, PATIENT PORTION	A	-16,898	CAP REL COSTS-MVBLE EQUIP	2	9	34.06
34.07 NON-ALLOWABLE INTEREST EXPENSE	A	-4,474,807	CAP REL COSTS-BLDG & FIXT	1	9	34.07
34.08 MARKETING COSTS	A	-1,236,710	ADMINISTRATIVE & GENERAL	5	9	34.08
34.24 EMPLOYEE HEALTH COSTS	A	-2,160,692	ADMINISTRATIVE & GENERAL	5		34.24
34.26 PHYSICIAN MATCH EXPENSES	A	-87,091	ADMINISTRATIVE & GENERAL	5		34.26
34.40 NON-ALLOWABLE DEPRECIATION	A	-125,434	CAP REL COSTS-BLDG & FIXT	1	9	34.40
34.56 RENTAL REVENUE	B	-83,562	CAP REL COSTS-BLDG & FIXT	1	9	34.56
34.64 CHICAGO RIDGE HEALTH EDUCATION COS	A	-306,886	ADMINISTRATIVE & GENERAL	5		34.64
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL (SUM OF LINES 1 THRU 49)		-22,896,042				50
TRANSFER TO WKST A, COL. 6, LINE 200)						

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	76.30	OS SVCS				
		MRI PROCEDURES	29,214	82,677	-53,463	1
2						2
3	1	CAP REL COSTS-BLDG & FIXT				
		POTTER PAV DEPR COSTS	28,115		28,115	9
3.01	5	ADMINISTRATIVE & GENERAL				
		POTTER PAVILLION ADMIN CO	13,630	105,756	-92,126	4.01
3.02	90	CLINIC				
		POTTER PAVILLION ADMIN CO	14,459		14,459	4.02
3.04	90.02	CARE STATIONS				
		OP CARE CENTER BUILD COST	87,949	166,804	-78,855	4.04
3.05	90.03	OUTPATIENT CARE CENTER				
		OP CARE CENTER BUILDING C	69,462	108,999	-39,537	4.05
4	5	ADMINISTRATIVE & GENERAL				
		POTTER PAV ADMIN COS	19,376	91,537	-72,161	4
4.01	90	CLINIC				
		POTTER PAV COSTS	20,554		20,554	4.01
5		TOTALS (SUM OF LINES 1-4)	282,759	555,773	-273,014	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT			
LINE NO.	1	2	3	4	5	6	7	8	9		
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE	2,558,488	2,246,730	311,757	177,800	863	73,770	3,689	1
2	30	ADULTS & PEDIATRICS	AGGREGATE	1,732,513	1,706,913	25,600	177,800	192	16,412	821	2
3	34.10	NICU		764,039		764,039	177,800	192	16,412	821	3
4	40	SUBPROVIDER - IPF		37,440		37,440	177,800	360	30,773	1,539	4
5	50	OPERATING ROOM		138,006		138,006	177,800	1	86	4	5
6	52	DELIVERY ROOM & LABOR RO		9,798		9,798	177,800	1	86	4	6
7	53	ANESTHESIOLOGY		10,000		10,000	177,800	96	8,206	410	7
8	13	NURSING ADMINISTRATION		52,637		52,637	177,800	522	44,621	2,231	8
9	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	105,000	105,000						9
10	59	CARDIAC CATHETERIZATION		37,408		37,408	177,800	206	17,609	880	10
11	60	LABORATORY	AGGREGATE	31,012	31,012						11
12	65	RESPIRATORY THERAPY		97,800		97,800	177,800	491	41,971	2,099	12
13	69	ELECTROCARDIOLOGY		131,040		131,040	177,800	1,066	91,123	4,556	13
14	74	RENAL DIALYSIS		20,400		20,400	177,800	153	13,079	654	14
15	90.03	OUTPATIENT CARE CENTER	AGGREGATE	582,976	582,976						15
16	91	EMERGENCY		151,907		151,907	177,800	480	41,031	2,052	16
17	93	OUTPATIENT REHAB		12,480		12,480	177,800	120	10,258	513	17
18	93.10	WOUND CARE CENTER		42,840		42,840	177,800	288	24,619	1,231	18
200		TOTAL		6,515,784	4,672,631	1,843,152		5,031	430,056	21,504	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL					73,770	237,987	2,484,718	1
2	30 ADULTS & PEDIATRICS					16,412	9,188	1,716,101	2
3	34.10 NICU					16,412	747,627	747,627	3
4	40 SUBPROVIDER - IPF					30,773	6,667	6,667	4
5	50 OPERATING ROOM					86	137,920	137,920	5
6	52 DELIVERY ROOM & LABOR RO					86	9,712	9,712	6
7	53 ANESTHESIOLOGY					8,206	1,794	1,794	7
8	13 NURSING ADMINISTRATION					44,621	8,016	8,016	8
9	55 RADIOLOGY-THERAPEUTIC		AGGREGATE					105,000	9
10	59 CARDIAC CATHETERIZATION					17,609	19,799	19,799	10
11	60 LABORATORY		AGGREGATE					31,012	11
12	65 RESPIRATORY THERAPY					41,971	55,829	55,829	12
13	69 ELECTROCARDIOLOGY					91,123	39,917	39,917	13
14	74 RENAL DIALYSIS					13,079	7,321	7,321	14
15	90.03 OUTPATIENT CARE CENTER		AGGREGATE					582,976	15
16	91 EMERGENCY					41,031	110,876	110,876	16
17	93 OUTPATIENT REHAB					10,258	2,222	2,222	17
18	93.10 WOUND CARE CENTER					24,619	18,221	18,221	18
200	TOTAL					430,056	1,413,096	6,085,728	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	8,457,929	8,457,929				1
2 CAP REL COSTS-MVBLE EQUIP	6,489,262		6,489,262			2
4 EMPLOYEE BENEFITS DEPARTMENT	2,129,477	39,531	4,387	2,173,395		4
5 ADMINISTRATIVE & GENERAL	23,929,618	1,008,603	1,138,964	336,759	26,413,944	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,266,766	846,244	276,131	95,029	8,484,170	7
8 LAUNDRY & LINEN SERVICE	620,531	134,841	1,236	9,168	765,776	8
9 HOUSEKEEPING	2,277,386	54,931	28,908	87,224	2,448,449	9
10 DIETARY	1,427,732	166,368	26,833	34,988	1,655,921	10
11 CAFETERIA	780,017	134,484		35,628	950,129	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,275,772	10,366	38,335	42,399	2,366,872	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,702,256	65,594	220,200	44,072	3,032,122	15
16 MEDICAL RECORDS & LIBRARY	2,064,405	100,061	19,662	38,581	2,222,709	16
17 SOCIAL SERVICE	1,019,548	9,474			1,029,022	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	333,243				333,243	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		31,943			31,943	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,040,095	1,740,844	422,135	451,322	22,654,396	30
31 INTENSIVE CARE UNIT	5,269,058	238,555	62,076	97,811	5,667,500	31
34.10 NICU	1,367,804	79,152	18,376	20,434	1,485,766	34.10
40 SUBPROVIDER - IPF	1,672,100	204,786	7,106	32,638	1,916,630	40
43 NURSERY	739,114	5,079	25,342	13,983	783,518	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,038,015	649,953	841,850	108,347	11,638,165	50
52 DELIVERY ROOM & LABOR ROOM	2,962,349	216,027	94,291	51,537	3,324,204	52
53 ANESTHESIOLOGY	495,391	6,757	53,958	3,830	559,936	53
54 RADIOLOGY-DIAGNOSTIC	3,906,051	488,426	556,624	58,574	5,009,675	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	2,271,367	517,087	455,114	23,251	3,266,819	55
56 RADIOISOTOPE	1,300,467	44,595	47,071	9,306	1,401,439	56
56.10 ULTRASOUND	1,343,140	31,097	100,363	24,384	1,498,984	56.10
57 CT SCAN	1,441,892	20,909	404,531	22,213	1,889,545	57
58 MRI	643,080		376,978	12,829	1,032,887	58
59 CARDIAC CATHETERIZATION	1,396,334	128,633	286,409	9,346	1,820,722	59
60 LABORATORY	8,903,721	196,826	260,856	114,699	9,476,102	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,411,387	72,514	85,627	46,059	2,615,587	65
65.01 SLEEP LAB	234,178	39,502	14,793	5,361	293,834	65.01
66 PHYSICAL THERAPY	1,948,184	137,113	16,870	33,490	2,135,657	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	300,560	3,341	1,526	4,434	309,861	68
69 ELECTROCARDIOLOGY	1,137,277	24,043	208,252	21,744	1,391,316	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	84,741	23,166	4,710	2,029	114,646	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	867,930	56,015	49,531	9,791	983,267	71
72 IMPL. DEV. CHARGED TO PATIENTS	4,029,344				4,029,344	72
73 DRUGS CHARGED TO PATIENTS	8,374,387				8,374,387	73
74 RENAL DIALYSIS	680,841	26,122	9,232	7,814	724,009	74
75.10 GI LAB	1,931,809	114,496	146,682	24,612	2,217,599	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	29,214				29,214	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	570,490	52,719	14,176	11,214	648,599	90
90.01 PALOS DIAGNOSTIC CENTER	323,984		3,521	8,468	335,973	90.01
90.02 CARE STATIONS	2,503,471		42,631	435	2,546,537	90.02
90.03 OUTPATIENT CARE CENTER	625,254				625,254	90.03
91 EMERGENCY	5,607,452	275,235	60,983	97,024	6,040,694	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	1,078,514	230,566	3,724	23,674	1,336,478	93
93.10 WOUND CARE CENTER	499,369	17,820	30,187	7,922	555,298	93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
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 SPECIAL PURPOSE COST CENTERS	2,734,227	60,515	20,435	44,089	2,859,266	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,978,215	16,439	2,026	34,448	2,031,128	116
117 MOBILE MED	225,321			3,871	229,192	117
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	163,740,069	8,320,772	6,482,642	2,164,831	163,587,728	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,775			26,775	190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	586,252	40,927	6,620	8,564	642,363	192
192.01 VACANT SPACE		67,272			67,272	192.01
194 FUND DEVELOPMENT		2,183			2,183	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	164,326,321	8,457,929	6,489,262	2,173,395	164,326,321	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	26,413,944					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,624,948	10,109,118				7
8 LAUNDRY & LINEN SERVICE	146,667	207,680	1,120,123			8
9 HOUSEKEEPING	468,944	84,605	3,299	3,005,297		9
10 DIETARY	317,154	256,238	16	78,444	2,307,773	10
11 CAFETERIA	181,975	207,131		63,411		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	453,320	15,965		4,887		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	580,733	101,027		30,928		15
16 MEDICAL RECORDS & LIBRARY	425,709	154,113		47,180		16
17 SOCIAL SERVICE	197,085	14,593		4,467		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	63,825					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,118	49,198		15,061		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,338,929	2,681,230	261,292	820,826	1,876,199	30
31 INTENSIVE CARE UNIT	1,085,479	367,420	45,240	112,481	256,455	31
34.10 NICU	284,564	121,909	4,025	37,321		34.10
40 SUBPROVIDER - IPF	367,086	315,409	8,774	96,558	175,119	40
43 NURSERY	150,065	7,822		2,395		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,229,023	1,001,052	525,053	306,459		50
52 DELIVERY ROOM & LABOR ROOM	636,675	332,723	92,625	101,859		52
53 ANESTHESIOLOGY	107,243	10,407	81	3,186		53
54 RADIOLOGY-DIAGNOSTIC	959,488	752,270	32,078	230,298		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	625,684	796,413	8,790	243,812		55
56 RADIOISOTOPE	268,413	68,685	4,006	21,027		56
56.10 ULTRASOUND	287,096	47,895	12,569	14,662		56.10
57 CT SCAN	361,899	32,204	9,883	9,859		57
58 MRI	197,826		3,410			58
59 CARDIAC CATHETERIZATION	348,717	198,120	1,294	60,652		59
60 LABORATORY	1,814,929	303,149	2,369	92,805		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	500,956	111,685	54	34,191		65
65.01 SLEEP LAB	56,277	60,840	980	18,625		65.01
66 PHYSICAL THERAPY	409,036	211,180	9,404	64,650		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	59,347	5,146		1,575		68
69 ELECTROCARDIOLOGY	266,475	37,030	4,338	11,336		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	21,958	35,681	568	10,923		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	188,322	86,274		26,412		71
72 IMPL. DEV. CHARGED TO PATIENTS	771,728					72
73 DRUGS CHARGED TO PATIENTS	1,603,921					73
74 RENAL DIALYSIS	138,667	40,232	4,022	12,317		74
75.10 GI LAB	424,730	176,345	13,886	53,986		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	5,595					76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	124,224	81,197	1,403	24,857		90
90.01 PALOS DIAGNOSTIC CENTER	64,348					90.01
90.02 CARE STATIONS	487,731		2,633			90.02
90.03 OUTPATIENT CARE CENTER	119,753					90.03
91 EMERGENCY	1,156,956	423,915	63,771	129,776		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	255,972	355,115		108,714		93
93.10 WOUND CARE CENTER	106,355	27,447	4,230	8,402		93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
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	547,627	93,205	29	28,533		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	389,016	25,320		7,751		116
117 MOBILE MED	43,896					117
118 SUBTOTALS (SUM OF LINES 1-117)	26,272,484	9,897,870	1,120,122	2,940,626	2,307,773	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,128	41,239		12,625		190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	123,030	63,036	1	19,298		192
192.01 VACANT SPACE	12,884	103,611		31,719		192.01
194 FUND DEVELOPMENT	418	3,362		1,029		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	26,413,944	10,109,118	1,120,123	3,005,297	2,307,773	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,402,646					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	40,898	2,881,942				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	39,122		3,783,932			15
16 MEDICAL RECORDS & LIBRARY	3,867			2,853,578		16
17 SOCIAL SERVICE	19,081				1,264,248	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-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	429,294	1,104,333	2,779	311,322	1,033,596	30
31 INTENSIVE CARE UNIT	93,038	249,779	186	63,594	143,628	31
34.10 NICU	19,437	49,901	458	19,978	23,822	34.10
40 SUBPROVIDER - IPF	33,975	88,298	66	24,818		40
43 NURSERY	13,238	34,405		12,845		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	107,992	280,663	1,802	222,216		50
52 DELIVERY ROOM & LABOR ROOM	48,422	125,846	194	66,762		52
53 ANESTHESIOLOGY	3,491	9,074	31,428	65,526		53
54 RADIOLOGY-DIAGNOSTIC	51,866	134,796	910	127,030		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	22,944	59,630	330	67,521		55
56 RADIOISOTOPE	9,413		111	44,039		56
56.10 ULTRASOUND	21,586		237	56,648		56.10
57 CT SCAN	17,433		7	195,457		57
58 MRI	9,062		22	37,100		58
59 CARDIAC CATHETERIZATION	8,277		866	81,795		59
60 LABORATORY	108,000		43	444,236		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	44,030	114,432	2,438	82,502		65
65.01 SLEEP LAB	5,049		1	5,490		65.01
66 PHYSICAL THERAPY	29,542		36	29,817		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	4,086			7,340		68
69 ELECTROCARDIOLOGY	21,339		37	71,343		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,905	4,950		4,280		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,173		17	7,561		71
72 IMPL. DEV. CHARGED TO PATIENTS				59,486		72
73 DRUGS CHARGED TO PATIENTS				290,937		73
74 RENAL DIALYSIS	7,983			9,663		74
75.10 GI LAB	23,750	61,725	3,318	72,606		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS				571		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,857	23,018	619	5,786		90
90.01 PALOS DIAGNOSTIC CENTER	8,581			3,849		90.01
90.02 CARE STATIONS			14,450	17,931		90.02
90.03 OUTPATIENT CARE CENTER				31,693		90.03
91 EMERGENCY	95,102	247,163	4,161	281,370	63,202	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	21,795	56,644	4	17,147		93
93.10 WOUND CARE CENTER	8,073	20,982	1,343	13,319		93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11	13	15	16	17	
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		116,899	431			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		85,456	35,887			116
117 MOBILE MED	3,415	8,876	616			117
118 SUBTOTALS (SUM OF LINES 1-117)	1,394,116	2,876,870	3,783,932	2,853,578	1,264,248	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10 ADULT DAY CARE		5,072				191.10
192 PHYSICIANS' PRIVATE OFFICES	8,530					192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,402,646	2,881,942	3,783,932	2,853,578	1,264,248	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	21	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	397,068					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		102,320				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	295,918	76,255	35,886,369	-372,173	35,514,196	30
31 INTENSIVE CARE UNIT			8,084,800		8,084,800	31
34.10 NICU			2,047,181		2,047,181	34.10
40 SUBPROVIDER - IPF			3,026,733		3,026,733	40
43 NURSERY			1,004,288		1,004,288	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	101,150	26,065	16,439,640	-127,215	16,312,425	50
52 DELIVERY ROOM & LABOR ROOM			4,729,310		4,729,310	52
53 ANESTHESIOLOGY			790,372		790,372	53
54 RADIOLOGY-DIAGNOSTIC			7,298,411		7,298,411	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC			5,091,943		5,091,943	55
56 RADIOISOTOPE			1,817,133		1,817,133	56
56.10 ULTRASOUND			1,939,677		1,939,677	56.10
57 CT SCAN			2,516,287		2,516,287	57
58 MRI			1,280,307		1,280,307	58
59 CARDIAC CATHETERIZATION			2,520,443		2,520,443	59
60 LABORATORY			12,241,633		12,241,633	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			3,505,875		3,505,875	65
65.01 SLEEP LAB			441,096		441,096	65.01
66 PHYSICAL THERAPY			2,889,322		2,889,322	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY			387,355		387,355	68
69 ELECTROCARDIOLOGY			1,803,214		1,803,214	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY			194,911		194,911	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,302,026		1,302,026	71
72 IMPL. DEV. CHARGED TO PATIENTS			4,860,558		4,860,558	72
73 DRUGS CHARGED TO PATIENTS			13,948,997		13,948,997	73
74 RENAL DIALYSIS			938,276		938,276	74
75.10 GI LAB			3,047,945		3,047,945	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS			35,380		35,380	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			918,560		918,560	90
90.01 PALOS DIAGNOSTIC CENTER			412,751		412,751	90.01
90.02 CARE STATIONS			3,069,282		3,069,282	90.02
90.03 OUTPATIENT CARE CENTER			776,700		776,700	90.03
91 EMERGENCY			8,506,110		8,506,110	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB			2,151,869		2,151,869	93
93.10 WOUND CARE CENTER			745,449		745,449	93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
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 SPECIAL PURPOSE COST CENTERS			3,645,990		3,645,990	101
113 INTEREST EXPENSE						113
116 HOSPICE			2,574,558		2,574,558	116
117 MOBILE MED			285,995		285,995	117
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	397,068	102,320	163,156,746	-499,388	162,657,358	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			85,767		85,767	190
191.10 ADULT DAY CARE			5,072		5,072	191.10
192 PHYSICIANS' PRIVATE OFFICES			856,258		856,258	192
192.01 VACANT SPACE			215,486		215,486	192.01
194 FUND DEVELOPMENT			6,992		6,992	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	397,068	102,320	164,326,321	-499,388	163,826,933	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	540	39,531	4,387	44,458	44,458	4
5 ADMINISTRATIVE & GENERAL	198,127	1,008,603	1,138,964	2,345,694	6,888	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,155	846,244	276,131	1,135,530	1,944	7
8 LAUNDRY & LINEN SERVICE		134,841	1,236	136,077	188	8
9 HOUSEKEEPING	3,290	54,931	28,908	87,129	1,784	9
10 DIETARY	1,663	166,368	26,833	194,864	716	10
11 CAFETERIA		134,484		134,484	729	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,620	10,366	38,335	50,321	867	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,421	65,594	220,200	289,215	901	15
16 MEDICAL RECORDS & LIBRARY	108	100,061	19,662	119,831	789	16
17 SOCIAL SERVICE		9,474		9,474		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		31,943		31,943		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,973	1,740,844	422,135	2,164,952	9,235	30
31 INTENSIVE CARE UNIT	756	238,555	62,076	301,387	2,001	31
34.10 NICU	432	79,152	18,376	97,960	418	34.10
40 SUBPROVIDER - IPF	216	204,786	7,106	212,108	668	40
43 NURSERY		5,079	25,342	30,421	286	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,702	649,953	841,850	1,494,505	2,216	50
52 DELIVERY ROOM & LABOR ROOM	864	216,027	94,291	311,182	1,054	52
53 ANESTHESIOLOGY	216	6,757	53,958	60,931	78	53
54 RADIOLOGY-DIAGNOSTIC	2,592	488,426	556,624	1,047,642	1,198	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	756	517,087	455,114	972,957	476	55
56 RADIOISOTOPE	576	44,595	47,071	92,242	190	56
56.10 ULTRASOUND	282	31,097	100,363	131,742	499	56.10
57 CT SCAN	216	20,909	404,531	425,656	454	57
58 MRI	594		376,978	377,572	262	58
59 CARDIAC CATHETERIZATION	2,904	128,633	286,409	417,946	191	59
60 LABORATORY	1,633	196,826	260,856	459,315	2,346	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8,541	72,514	85,627	166,682	942	65
65.01 SLEEP LAB	1,416	39,502	14,793	55,711	110	65.01
66 PHYSICAL THERAPY	1,188	137,113	16,870	155,171	685	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	15,984	3,341	1,526	20,851	91	68
69 ELECTROCARDIOLOGY	432	24,043	208,252	232,727	445	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY		23,166	4,710	27,876	41	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,464	56,015	49,531	131,010	200	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	783	26,122	9,232	36,137	160	74
75.10 GI LAB	424	114,496	146,682	261,602	503	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	2,259			2,259		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,402	52,719	14,176	72,297	229	90
90.01 PALOS DIAGNOSTIC CENTER	28,980		3,521	32,501	173	90.01
90.02 CARE STATIONS	86,669		42,631	129,300	9	90.02
90.03 OUTPATIENT CARE CENTER	35,294			35,294		90.03
91 EMERGENCY	567	275,235	60,983	336,785	1,985	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	216	230,566	3,724	234,506	484	93
93.10 WOUND CARE CENTER	482	17,820	30,187	48,489	162	93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

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	
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	2,425	60,515	20,435	83,375	902	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	238,535	16,439	2,026	257,000	705	116
117 MOBILE MED					79	117
118 SUBTOTALS (SUM OF LINES 1-117)	693,697	8,320,772	6,482,642	15,497,111	44,283	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,775		26,775		190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	198	40,927	6,620	47,745	175	192
192.01 VACANT SPACE		67,272		67,272		192.01
194 FUND DEVELOPMENT		2,183		2,183		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	693,895	8,457,929	6,489,262	15,641,086	44,458	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	2,352,582					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	144,731	1,282,205				7
8 LAUNDRY & LINEN SERVICE	13,063	26,341	175,669			8
9 HOUSEKEEPING	41,768	10,731	517	141,929		9
10 DIETARY	28,248	32,500	2	3,705	260,035	10
11 CAFETERIA	16,208	26,272		2,995		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	40,376	2,025		231		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	51,725	12,814		1,461		15
16 MEDICAL RECORDS & LIBRARY	37,917	19,547		2,228		16
17 SOCIAL SERVICE	17,554	1,851		211		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	5,685					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	545	6,240		711		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	386,397	340,077	40,979	38,764	211,406	30
31 INTENSIVE CARE UNIT	96,682	46,602	7,095	5,312	28,897	31
34.10 NICU	25,346	15,463	631	1,763		34.10
40 SUBPROVIDER - IPF	32,696	40,005	1,376	4,560	19,732	40
43 NURSERY	13,366	992		113		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	198,535	126,970	82,343	14,473		50
52 DELIVERY ROOM & LABOR ROOM	56,708	42,201	14,526	4,810		52
53 ANESTHESIOLOGY	9,552	1,320	13	150		53
54 RADIOLOGY-DIAGNOSTIC	85,460	95,415	5,031	10,876		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	55,729	101,014	1,379	11,514		55
56 RADIOISOTOPE	23,907	8,712	628	993		56
56.10 ULTRASOUND	25,571	6,075	1,971	692		56.10
57 CT SCAN	32,234	4,085	1,550	466		57
58 MRI	17,620		535			58
59 CARDIAC CATHETERIZATION	31,060	25,129	203	2,864		59
60 LABORATORY	161,653	38,450	372	4,383		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	44,619	14,166	9	1,615		65
65.01 SLEEP LAB	5,013	7,717	154	880		65.01
66 PHYSICAL THERAPY	36,432	26,785	1,475	3,053		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	5,286	653		74		68
69 ELECTROCARDIOLOGY	23,734	4,697	680	535		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,956	4,526	89	516		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,774	10,943		1,247		71
72 IMPL. DEV. CHARGED TO PATIENTS	68,737					72
73 DRUGS CHARGED TO PATIENTS	142,859					73
74 RENAL DIALYSIS	12,351	5,103	631	582		74
75.10 GI LAB	37,830	22,367	2,178	2,550		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	498					76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,064	10,299	220	1,174		90
90.01 PALOS DIAGNOSTIC CENTER	5,731					90.01
90.02 CARE STATIONS	43,441		413			90.02
90.03 OUTPATIENT CARE CENTER	10,666					90.03
91 EMERGENCY	103,048	53,768	10,001	6,129		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	22,799	45,042		5,134		93
93.10 WOUND CARE CENTER	9,473	3,481	663	397		93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
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	48,776	11,822	5	1,348		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	34,649	3,211		366		116
117 MOBILE MED	3,910					117
118 SUBTOTALS (SUM OF LINES 1-117)	2,339,982	1,255,411	175,669	138,875	260,035	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	457	5,231		596		190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	10,958	7,995		911		192
192.01 VACANT SPACE	1,148	13,142		1,498		192.01
194 FUND DEVELOPMENT	37	426		49		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,352,582	1,282,205	175,669	141,929	260,035	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	180,688					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,268	99,088				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,040		361,156			15
16 MEDICAL RECORDS & LIBRARY	498			180,810		16
17 SOCIAL SERVICE	2,458				31,548	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-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,303	37,971	265	19,693	25,793	30
31 INTENSIVE CARE UNIT	11,985	8,588	18	4,023	3,584	31
34.10 NICU	2,504	1,716	44	1,264	594	34.10
40 SUBPROVIDER - IPF	4,377	3,036	6	1,570		40
43 NURSERY	1,705	1,183		812		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,911	9,650	172	14,056		50
52 DELIVERY ROOM & LABOR ROOM	6,238	4,327	18	4,223		52
53 ANESTHESIOLOGY	450	312	3,000	4,145		53
54 RADIOLOGY-DIAGNOSTIC	6,681	4,635	87	8,035		54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	2,956	2,050	32	4,271		55
56 RADIOISOTOPE	1,213		11	2,786		56
56.10 ULTRASOUND	2,781		23	3,583		56.10
57 CT SCAN	2,246		1	12,364		57
58 MRI	1,167		2	2,347		58
59 CARDIAC CATHETERIZATION	1,066		83	5,174		59
60 LABORATORY	13,912		4	28,406		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,672	3,934	233	5,219		65
65.01 SLEEP LAB	650			347		65.01
66 PHYSICAL THERAPY	3,806		3	1,886		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	526			464		68
69 ELECTROCARDIOLOGY	2,749		4	4,513		69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	245	170		271		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,310		2	478		71
72 IMPL. DEV. CHARGED TO PATIENTS				3,763		72
73 DRUGS CHARGED TO PATIENTS			351,211	18,403		73
74 RENAL DIALYSIS	1,028		132	611		74
75.10 GI LAB	3,059	2,122	317	4,593		75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS				36		76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,141	791	59	366		90
90.01 PALOS DIAGNOSTIC CENTER	1,105			243		90.01
90.02 CARE STATIONS			1,379	1,134		90.02
90.03 OUTPATIENT CARE CENTER				2,005		90.03
91 EMERGENCY	12,251	8,498	397	17,798	1,577	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	2,808	1,948		1,085		93
93.10 WOUND CARE CENTER	1,040	721	128	843		93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11	13	15	16	17	
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		4,019	41			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		2,938	3,425			116
117 MOBILE MED	440	305	59			117
118 SUBTOTALS (SUM OF LINES 1-117)	179,589	98,914	361,156	180,810	31,548	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10 ADULT DAY CARE		174				191.10
192 PHYSICIANS' PRIVATE OFFICES	1,099					192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	180,688	99,088	361,156	180,810	31,548	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	21	22		24	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD	5,685				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		39,439			22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			3,330,835		3,330,835
31 INTENSIVE CARE UNIT			516,174		516,174
34.10 NICU			147,703		147,703
40 SUBPROVIDER - IPF			320,134		320,134
43 NURSERY			48,878		48,878
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			1,956,831		1,956,831
52 DELIVERY ROOM & LABOR ROOM			445,287		445,287
53 ANESTHESIOLOGY			79,951		79,951
54 RADIOLOGY-DIAGNOSTIC			1,265,060		1,265,060
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC			1,152,378		1,152,378
56 RADIOISOTOPE			130,682		130,682
56.10 ULTRASOUND			172,937		172,937
57 CT SCAN			479,056		479,056
58 MRI			399,505		399,505
59 CARDIAC CATHETERIZATION			483,716		483,716
60 LABORATORY			708,841		708,841
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY			243,091		243,091
65.01 SLEEP LAB			70,582		70,582
66 PHYSICAL THERAPY			229,296		229,296
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY			27,945		27,945
69 ELECTROCARDIOLOGY			270,084		270,084
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY			35,690		35,690
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			161,964		161,964
72 IMPL. DEV. CHARGED TO PATIENTS			72,500		72,500
73 DRUGS CHARGED TO PATIENTS			512,473		512,473
74 RENAL DIALYSIS			56,735		56,735
75.10 GI LAB			337,121		337,121
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS			2,793		2,793
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			97,640		97,640
90.01 PALOS DIAGNOSTIC CENTER			39,753		39,753
90.02 CARE STATIONS			175,676		175,676
90.03 OUTPATIENT CARE CENTER			47,965		47,965
91 EMERGENCY			552,237		552,237
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
93 OUTPATIENT REHAB			313,806		313,806
93.10 WOUND CARE CENTER			65,397		65,397
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	21	22		24		
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			150,288		150,288	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			302,294		302,294	116
117 MOBILE MED			4,793		4,793	117
118 SUBTOTALS (SUM OF LINES 1-117)			15,408,091		15,408,091	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			33,059		33,059	190
191.10 ADULT DAY CARE			174		174	191.10
192 PHYSICIANS' PRIVATE OFFICES			68,883		68,883	192
192.01 VACANT SPACE			83,060		83,060	192.01
194 FUND DEVELOPMENT			2,695		2,695	194
200 CROSS FOOT ADJUSTMENTS	5,685	39,439	45,124		45,124	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,685	39,439	15,641,086		15,641,086	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	569,546					1
2 CAP REL COSTS-MVBLE EQUIP		6,506,162				2
4 EMPLOYEE BENEFITS DEPARTMENT	2,662	4,398	2,826,245			4
5 ADMINISTRATIVE & GENERAL	67,918	1,141,927	437,916	-26,413,944	137,912,377	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	56,985	276,850	123,574		8,484,170	7
8 LAUNDRY & LINEN SERVICE	9,080	1,239	11,922		765,776	8
9 HOUSEKEEPING	3,699	28,983	113,425		2,448,449	9
10 DIETARY	11,203	26,903	45,498		1,655,921	10
11 CAFETERIA	9,056		46,330		950,129	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	698	38,435	55,135		2,366,872	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,417	220,774	57,310		3,032,122	15
16 MEDICAL RECORDS & LIBRARY	6,738	19,713	50,170		2,222,709	16
17 SOCIAL SERVICE	638				1,029,022	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					333,243	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,151				31,943	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	117,226	423,235	586,889		22,654,396	30
31 INTENSIVE CARE UNIT	16,064	62,238	127,192		5,667,500	31
34.10 NICU	5,330	18,424	26,572		1,485,766	34.10
40 SUBPROVIDER - IPF	13,790	7,125	42,442		1,916,630	40
43 NURSERY	342	25,408	18,183		783,518	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,767	844,043	140,892		11,638,165	50
52 DELIVERY ROOM & LABOR ROOM	14,547	94,537	67,018		3,324,204	52
53 ANESTHESIOLOGY	455	54,099	4,981		559,936	53
54 RADIOLOGY-DIAGNOSTIC	32,890	558,074	76,169		5,009,675	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	34,820	456,299	30,235		3,266,819	55
56 RADIOISOTOPE	3,003	47,194	12,102		1,401,439	56
56.10 ULTRASOUND	2,094	100,624	31,709		1,498,984	56.10
57 CT SCAN	1,408	405,585	28,886		1,889,545	57
58 MRI		377,960	16,683		1,032,887	58
59 CARDIAC CATHETERIZATION	8,662	287,155	12,154		1,820,722	59
60 LABORATORY	13,254	261,535	149,153		9,476,102	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,883	85,850	59,895		2,615,587	65
65.01 SLEEP LAB	2,660	14,832	6,971		293,834	65.01
66 PHYSICAL THERAPY	9,233	16,914	43,550		2,135,657	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	225	1,530	5,766		309,861	68
69 ELECTROCARDIOLOGY	1,619	208,794	28,276		1,391,316	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,560	4,722	2,638		114,646	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,772	49,660	12,732		983,267	71
72 IMPL. DEV. CHARGED TO PATIENTS					4,029,344	72
73 DRUGS CHARGED TO PATIENTS					8,374,387	73
74 RENAL DIALYSIS	1,759	9,256	10,161		724,009	74
75.10 GI LAB	7,710	147,064	32,005		2,217,599	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS					29,214	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,550	14,213	14,583		648,599	90
90.01 PALOS DIAGNOSTIC CENTER		3,530	11,011		335,973	90.01
90.02 CARE STATIONS		42,742	566		2,546,537	90.02
90.03 OUTPATIENT CARE CENTER					625,254	90.03
91 EMERGENCY	18,534	61,142	126,168		6,040,694	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	15,526	3,734	30,785		1,336,478	93
93.10 WOUND CARE CENTER	1,200	30,266	10,301		555,298	93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,075	20,488	57,332		2,859,266	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,107	2,031	44,795		2,031,128	116
117 MOBILE MED			5,034		229,192	117
118 SUBTOTALS (SUM OF LINES 1-117)	560,310	6,499,525	2,815,109	-26,413,944	137,173,784	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,803				26,775	190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	2,756	6,637	11,136		642,363	192
192.01 VACANT SPACE	4,530				67,272	192.01
194 FUND DEVELOPMENT	147				2,183	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,457,929	6,489,262	2,173,395		26,413,944	202
203 UNIT COST MULT-WS B PT I	14.850300	0.997402	0.769004		0.191527	203
204 COST TO BE ALLOC PER B PT II			44,458		2,352,582	204
205 UNIT COST MULT-WS B PT II			0.015730		0.017059	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7	8	9	10	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	441,981					7
8 LAUNDRY & LINEN SERVICE	9,080	1,010,419				8
9 HOUSEKEEPING	3,699	2,976	429,202			9
10 DIETARY	11,203	14	11,203	219,353		10
11 CAFETERIA	9,056		9,056		1,917,557	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	698		698		55,911	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	4,417		4,417		53,483	15
16 MEDICAL RECORDS & LIBRARY	6,738		6,738		5,286	16
17 SOCIAL SERVICE	638		638		26,086	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	2,151		2,151			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	117,226	235,701	117,226	178,332	586,889	30
31 INTENSIVE CARE UNIT	16,064	40,809	16,064	24,376	127,192	31
34.10 NICU	5,330	3,631	5,330		26,572	34.10
40 SUBPROVIDER - IPF	13,790	7,915	13,790	16,645	46,447	40
43 NURSERY	342		342		18,098	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,767	473,631	43,767		147,636	50
52 DELIVERY ROOM & LABOR ROOM	14,547	83,553	14,547		66,198	52
53 ANESTHESIOLOGY	455	73	455		4,773	53
54 RADIOLOGY-DIAGNOSTIC	32,890	28,936	32,890		70,906	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	34,820	7,929	34,820		31,367	55
56 RADIOISOTOPE	3,003	3,614	3,003		12,868	56
56.10 ULTRASOUND	2,094	11,338	2,094		29,510	56.10
57 CT SCAN	1,408	8,915	1,408		23,833	57
58 MRI		3,076			12,389	58
59 CARDIAC CATHETERIZATION	8,662	1,167	8,662		11,315	59
60 LABORATORY	13,254	2,137	13,254		147,647	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,883	49	4,883		60,194	65
65.01 SLEEP LAB	2,660	884	2,660		6,902	65.01
66 PHYSICAL THERAPY	9,233	8,483	9,233		40,387	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	225		225		5,586	68
69 ELECTROCARDIOLOGY	1,619	3,913	1,619		29,172	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	1,560	512	1,560		2,604	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,772		3,772		13,907	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	1,759	3,628	1,759		10,914	74
75.10 GI LAB	7,710	12,526	7,710		32,469	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,550	1,266	3,550		12,108	90
90.01 PALOS DIAGNOSTIC CENTER					11,731	90.01
90.02 CARE STATIONS		2,375				90.02
90.03 OUTPATIENT CARE CENTER						90.03
91 EMERGENCY	18,534	57,525	18,534		130,014	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
93 OUTPATIENT REHAB	15,526		15,526		29,796	93
93.10 WOUND CARE CENTER	1,200	3,816	1,200		11,037	93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7	8	9	10	11	
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,075	26	4,075			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,107		1,107			116
117 MOBILE MED					4,669	117
118 SUBTOTALS (SUM OF LINES 1-117)	432,745	1,010,418	419,966	219,353	1,905,896	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,803		1,803			190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES	2,756	1	2,756		11,661	192
192.01 VACANT SPACE	4,530		4,530			192.01
194 FUND DEVELOPMENT	147		147			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	10,109,118	1,120,123	3,005,297	2,307,773	1,402,646	202
203 UNIT COST MULT-WS B PT I	22.872291	1.108573	7.002057	10.520818	0.731476	203
204 COST TO BE ALLOC PER B PT II	1,282,205	175,669	141,929	260,035	180,688	204
205 UNIT COST MULT-WS B PT II	2.901041	0.173858	0.330681	1.185464	0.094228	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,515,975				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY		8,611,477			15
16 MEDICAL RECORDS & LIBRARY			802,205,010		16
17 SOCIAL SERVICE				54,609	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					369
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	580,908	6,325	87,523,861	44,646	275
31 INTENSIVE CARE UNIT	131,390	424	17,878,435	6,204	31
34.10 NICU	26,249	1,042	5,616,595	1,029	34.10
40 SUBPROVIDER - IPF	46,447	150	6,977,348		40
43 NURSERY	18,098		3,611,096		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	147,636	4,102	62,472,879		94
52 DELIVERY ROOM & LABOR ROOM	66,198	441	18,769,124		52
53 ANESTHESIOLOGY	4,773	71,523	18,421,734		53
54 RADIOLOGY-DIAGNOSTIC	70,906	2,070	35,712,741		54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	31,367	752	18,982,487		55
56 RADIOISOTOPE		253	12,380,912		56
56.10 ULTRASOUND		539	15,925,903		56.10
57 CT SCAN		15	54,950,004		57
58 MRI		50	10,430,199		58
59 CARDIAC CATHETERIZATION		1,970	22,995,535		59
60 LABORATORY		97	124,852,190		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	60,194	5,549	23,194,273		65
65.01 SLEEP LAB		2	1,543,568		65.01
66 PHYSICAL THERAPY		83	8,382,732		66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY			2,063,512		68
69 ELECTROCARDIOLOGY		85	20,056,980		69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY	2,604		1,203,173		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		38	2,125,537		71
72 IMPL. DEV. CHARGED TO PATIENTS			16,723,671		72
73 DRUGS CHARGED TO PATIENTS		8,374,387	81,792,843		73
74 RENAL DIALYSIS		3,147	2,716,699		74
75.10 GI LAB	32,469	7,550	20,412,239		75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS			160,658		76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	12,108	1,408	1,626,540		90
90.01 PALOS DIAGNOSTIC CENTER			1,082,144		90.01
90.02 CARE STATIONS		32,886	5,041,056		90.02
90.03 OUTPATIENT CARE CENTER			8,910,036		90.03
91 EMERGENCY	130,014	9,469	79,103,131	2,730	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
93 OUTPATIENT REHAB	29,796	10	4,820,619		93
93.10 WOUND CARE CENTER	11,037	3,057	3,744,556		93.10
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	
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	61,492	980				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	44,952	81,672				116
117 MOBILE MED	4,669	1,401				117
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,513,307	8,611,477	802,205,010	54,609	369	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191.10 ADULT DAY CARE	2,668					191.10
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,881,942	3,783,932	2,853,578	1,264,248	397,068	202
203 UNIT COST MULT-WS B PT I	1.901049	0.439406	0.003557	23.150909	1,076.065041	203
204 COST TO BE ALLOC PER B PT II	99,088	361,156	180,810	31,548	5,685	204
205 UNIT COST MULT-WS B PT II	0.065363	0.041939	0.000225	0.577707	15.406504	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		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	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	369	22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	275	30
31	INTENSIVE CARE UNIT		31
34.10	NICU		34.10
40	SUBPROVIDER - IPF		40
43	NURSERY		43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	94	50
52	DELIVERY ROOM & LABOR ROOM		52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC		54
54.01	BREAST HEALTH CENTER		54.01
55	RADIOLOGY-THERAPEUTIC		55
56	RADIOISOTOPE		56
56.10	ULTRASOUND		56.10
57	CT SCAN		57
58	MRI		58
59	CARDIAC CATHETERIZATION		59
60	LABORATORY		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY		65
65.01	SLEEP LAB		65.01
66	PHYSICAL THERAPY		66
67	OCCUPATIONAL THERAPY		67
68	SPEECH PATHOLOGY		68
69	ELECTROCARDIOLOGY		69
69.01	C-PORT		69.01
70	ELECTROENCEPHALOGRAPHY		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		71
72	IMPL. DEV. CHARGED TO PATIENTS		72
73	DRUGS CHARGED TO PATIENTS		73
74	RENAL DIALYSIS		74
75.10	GI LAB		75.10
76	ENTEROSTOMAL THERAPY		76
76.10	NEUROLOGY		76.10
76.20	EMG		76.20
76.30	OS SVCS		76.30
76.40	AUDIOLOGY		76.40
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC		90
90.01	PALOS DIAGNOSTIC CENTER		90.01
90.02	CARE STATIONS		90.02
90.03	OUTPATIENT CARE CENTER		90.03
91	EMERGENCY		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
93	OUTPATIENT REHAB		93
93.10	WOUND CARE CENTER		93.10
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/26/2013 10:30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	22	
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
101 HOME HEALTH AGENCY		101
SPECIAL PURPOSE COST CENTERS		
116 HOSPICE		116
117 MOBILE MED		117
118 SUBTOTALS (SUM OF LINES 1-117)	369	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
191.10 ADULT DAY CARE		191.10
192 PHYSICIANS' PRIVATE OFFICES		192
192.01 VACANT SPACE		192.01
194 FUND DEVELOPMENT		194
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	102,320	202
203 UNIT COST MULT-WS B PT I	277.289973	203
204 COST TO BE ALLOC PER B PT II	39,439	204
205 UNIT COST MULT-WS B PT II	106.880759	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	35,514,196		35,514,196	9,188	35,523,384	30
31 INTENSIVE CARE UNIT	8,084,800		8,084,800		8,084,800	31
34.10 NICU	2,047,181		2,047,181	747,627	2,794,808	34.10
40 SUBPROVIDER - IPF	3,026,733		3,026,733	6,667	3,033,400	40
43 NURSERY	1,004,288		1,004,288		1,004,288	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,312,425		16,312,425	137,920	16,450,345	50
52 DELIVERY ROOM & LABOR ROOM	4,729,310		4,729,310	9,712	4,739,022	52
53 ANESTHESIOLOGY	790,372		790,372	1,794	792,166	53
54 RADIOLOGY-DIAGNOSTIC	7,298,411		7,298,411		7,298,411	54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	5,091,943		5,091,943		5,091,943	55
56 RADIOISOTOPE	1,817,133		1,817,133		1,817,133	56
56.10 ULTRASOUND	1,939,677		1,939,677		1,939,677	56.10
57 CT SCAN	2,516,287		2,516,287		2,516,287	57
58 MRI	1,280,307		1,280,307		1,280,307	58
59 CARDIAC CATHETERIZATION	2,520,443		2,520,443	19,799	2,540,242	59
60 LABORATORY	12,241,633		12,241,633		12,241,633	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,505,875		3,505,875	55,829	3,561,704	65
65.01 SLEEP LAB	441,096		441,096		441,096	65.01
66 PHYSICAL THERAPY	2,889,322		2,889,322		2,889,322	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	387,355		387,355		387,355	68
69 ELECTROCARDIOLOGY	1,803,214		1,803,214	39,917	1,843,131	69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY	194,911		194,911		194,911	70
71 MEDICAL SUPPLIES CHARGED TO	1,302,026		1,302,026		1,302,026	71
72 IMPL. DEV. CHARGED TO PATIE	4,860,558		4,860,558		4,860,558	72
73 DRUGS CHARGED TO PATIENTS	13,948,997		13,948,997		13,948,997	73
74 RENAL DIALYSIS	938,276		938,276	7,321	945,597	74
75.10 GI LAB	3,047,945		3,047,945		3,047,945	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	35,380		35,380		35,380	76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	918,560		918,560		918,560	90
90.01 PALOS DIAGNOSTIC CENTER	412,751		412,751		412,751	90.01
90.02 CARE STATIONS	3,069,282		3,069,282		3,069,282	90.02
90.03 OUTPATIENT CARE CENTER	776,700		776,700		776,700	90.03
91 EMERGENCY	8,506,110		8,506,110	110,876	8,616,986	91
92 OBSERVATION BEDS (NON-DISTI	3,625,509		3,625,509		3,625,509	92
93 OUTPATIENT REHAB	2,151,869		2,151,869	2,222	2,154,091	93
93.10 WOUND CARE CENTER	745,449		745,449	18,221	763,670	93.10
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	3,645,990		3,645,990		3,645,990	101
113 INTEREST EXPENSE						113
116 HOSPICE	2,574,558		2,574,558		2,574,558	116
117 MOBILE MED	285,995		285,995		285,995	117
200 SUBTOTAL (SEE INSTRUCTIONS)	166,282,867		166,282,867	1,167,093	167,449,960	200
201 LESS OBSERVATION BEDS	3,625,509		3,625,509		3,625,509	201
202 TOTAL (SEE INSTRUCTIONS)	162,657,358		162,657,358		163,824,451	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8				
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	80,798,749		80,798,749				30
31 INTENSIVE CARE UNIT	17,878,435		17,878,435				31
34.10 NICU	5,616,595		5,616,595				34.10
40 SUBPROVIDER - IPF	6,977,348		6,977,348				40
43 NURSERY	3,611,096		3,611,096				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	31,423,774	31,049,105	62,472,879	0.261112	0.261112	0.263320	50
52 DELIVERY ROOM & LABOR ROOM	12,965,942	5,803,182	18,769,124	0.251973	0.251973	0.252490	52
53 ANESTHESIOLOGY	10,232,029	8,189,705	18,421,734	0.042904	0.042904	0.043002	53
54 RADIOLOGY-DIAGNOSTIC	16,170,428	19,542,313	35,712,741	0.204364	0.204364	0.204364	54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	977,187	18,005,300	18,982,487	0.268244	0.268244	0.268244	55
56 RADIOISOTOPE	3,697,889	8,683,023	12,380,912	0.146769	0.146769	0.146769	56
56.10 ULTRASOUND	5,336,903	10,589,000	15,925,903	0.121794	0.121794	0.121794	56.10
57 CT SCAN	22,707,694	32,242,310	54,950,004	0.045792	0.045792	0.045792	57
58 MRI	4,608,325	5,821,874	10,430,199	0.122750	0.122750	0.122750	58
59 CARDIAC CATHETERIZATION	13,937,911	9,057,624	22,995,535	0.109606	0.109606	0.110467	59
60 LABORATORY	57,003,763	67,848,427	124,852,190	0.098049	0.098049	0.098049	60
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
65 RESPIRATORY THERAPY	19,766,493	3,427,780	23,194,273	0.151153	0.151153	0.153560	65
65.01 SLEEP LAB	410	1,543,158	1,543,568	0.285764	0.285764	0.285764	65.01
66 PHYSICAL THERAPY	3,584,987	4,797,745	8,382,732	0.344675	0.344675	0.344675	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	1,245,525	817,987	2,063,512	0.187716	0.187716	0.187716	68
69 ELECTROCARDIOLOGY	10,690,729	9,366,251	20,056,980	0.089905	0.089905	0.091895	69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	356,841	846,332	1,203,173	0.161997	0.161997	0.161997	70
71 MEDICAL SUPPLIES CHARGED TO	1,761,854	363,683	2,125,537	0.612563	0.612563	0.612563	71
72 IMPL. DEV. CHARGED TO PATIE	10,996,885	5,726,786	16,723,671	0.290639	0.290639	0.290639	72
73 DRUGS CHARGED TO PATIENTS	53,158,648	28,634,195	81,792,843	0.170541	0.170541	0.170541	73
74 RENAL DIALYSIS	2,388,133	328,566	2,716,699	0.345374	0.345374	0.348068	74
75.10 GI LAB	4,639,335	15,772,904	20,412,239	0.149319	0.149319	0.149319	75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	149,873	10,785	160,658	0.220219	0.220219	0.220219	76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	82,110	1,544,430	1,626,540	0.564732	0.564732	0.564732	90
90.01 PALOS DIAGNOSTIC CENTER	3,820	1,078,324	1,082,144	0.381420	0.381420	0.381420	90.01
90.02 CARE STATIONS	21,386	5,019,670	5,041,056	0.608857	0.608857	0.608857	90.02
90.03 OUTPATIENT CARE CENTER	140,516	8,769,520	8,910,036	0.087171	0.087171	0.087171	90.03
91 EMERGENCY	26,456,204	52,646,927	79,103,131	0.107532	0.107532	0.108934	91
92 OBSERVATION BEDS (NON-DISTI	1,418,085	5,307,027	6,725,112	0.539100	0.539100	0.539100	92
93 OUTPATIENT REHAB	8,334	4,812,285	4,820,619	0.446389	0.446389	0.446849	93
93.10 WOUND CARE CENTER	86,915	3,657,641	3,744,556	0.199075	0.199075	0.203941	93.10
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							101
113 INTEREST EXPENSE							113
116 HOSPICE							116
117 MOBILE MED							117
200 SUBTOTAL (SEE INSTRUCTIONS)	430,901,151	371,303,859	802,205,010				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	430,901,151	371,303,859	802,205,010				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,330,835		46,796	71.18	22,757	1,619,843	30
31 INTENSIVE CARE UNIT	516,174		5,881	87.77	3,198	280,688	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
34.10 NICU	147,703		1,508	97.95			34.10
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	320,134		4,026	79.52	1,782	141,705	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	48,878		2,259	21.64			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,363,724		60,470		27,737	2,042,236	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 (14-0179) [] 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	1,956,831	62,472,879	0.031323	11,357,033	355,736	50
52	DELIVERY ROOM & LABOR ROOM	445,287	18,769,124	0.023724	62,461	1,482	52
53	ANESTHESIOLOGY	79,951	18,421,734	0.004340	3,085,450	13,391	53
54	RADIOLOGY-DIAGNOSTIC	1,265,060	35,712,741	0.035423	9,362,897	331,662	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	1,152,378	18,982,487	0.060707	704,510	42,769	55
56	RADIOISOTOPE	130,682	12,380,912	0.010555	2,060,497	21,749	56
56.10	ULTRASOUND	172,937	15,925,903	0.010859	2,830,827	30,740	56.10
57	CT SCAN	479,056	54,950,004	0.008718	11,382,970	99,237	57
58	MRI	399,505	10,430,199	0.038303	1,986,535	76,090	58
59	CARDIAC CATHETERIZATION	483,716	22,995,535	0.021035	5,481,941	115,313	59
60	LABORATORY	708,841	124,852,190	0.005677	27,858,001	158,150	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	243,091	23,194,273	0.010481	11,876,628	124,479	65
65.01	SLEEP LAB	70,582	1,543,568	0.045727	389	18	65.01
66	PHYSICAL THERAPY	229,296	8,382,732	0.027353	2,330,687	63,751	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	27,945	2,063,512	0.013542	829,336	11,231	68
69	ELECTROCARDIOLOGY	270,084	20,056,980	0.013466	5,733,516	77,208	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	35,690	1,203,173	0.029663	170,637	5,062	70
71	MEDICAL SUPPLIES CHARGED TO P	161,964	2,125,537	0.076199	963,740	73,436	71
72	IMPL. DEV. CHARGED TO PATIENT	72,500	16,723,671	0.004335	5,207,482	22,574	72
73	DRUGS CHARGED TO PATIENTS	512,473	81,792,843	0.006265	28,038,471	175,661	73
74	RENAL DIALYSIS	56,735	2,716,699	0.020884	1,686,731	35,226	74
75.10	GI LAB	337,121	20,412,239	0.016516	2,869,246	47,388	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	2,793	160,658	0.017385	63,130	1,098	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	97,640	1,626,540	0.060029	37,943	2,278	90
90.01	PALOS DIAGNOSTIC CENTER	39,753	1,082,144	0.036735	1,231	45	90.01
90.02	CARE STATIONS	175,676	5,041,056	0.034849	15,429	538	90.02
90.03	OUTPATIENT CARE CENTER	47,965	8,910,036	0.005383	69,214	373	90.03
91	EMERGENCY	552,237	79,103,131	0.006981	13,416,316	93,659	91
92	OBSERVATION BEDS (NON-DISTINC	339,946	6,725,112	0.050549	1,073,960	54,288	92
93	OUTPATIENT REHAB	313,806	4,820,619	0.065097	1,533	100	93
93.10	WOUND CARE CENTER	65,397	3,744,556	0.017465	79,917	1,396	93.10
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	10,926,938	687,322,787		150,638,658	2,036,128	200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/26/2013 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU					34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/26/2013 10:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	46,796		22,757		30
31	INTENSIVE CARE UNIT	5,881		3,198		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
34.10	NICU	1,508				34.10
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,026		1,782		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	2,259				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	60,470		27,737		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
90.02 CARE STATIONS						90.02
90.03 OUTPATIENT CARE CENTER						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0179)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
	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. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)	
COST CENTER DESCRIPTION	7	8	9	10	11	
					12	
					13	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	62,472,879		11,357,033	10,580,833	50
52	DELIVERY ROOM & LABOR ROOM	18,769,124		62,461	55,628	52
53	ANESTHESIOLOGY	18,421,734		3,085,450	2,741,286	53
54	RADIOLOGY-DIAGNOSTIC	35,712,741		9,362,897	5,398,666	54
54.01	BREAST HEALTH CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	18,982,487		704,510	8,327,480	55
56	RADIOISOTOPE	12,380,912		2,060,497	4,307,826	56
56.10	ULTRASOUND	15,925,903		2,830,827	2,758,514	56.10
57	CT SCAN	54,950,004		11,382,970	10,785,665	57
58	MRI	10,430,199		1,986,535	1,821,941	58
59	CARDIAC CATHETERIZATION	22,995,535		5,481,941	5,475,811	59
60	LABORATORY	124,852,190		27,858,001	2,371,976	60
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	23,194,273		11,876,628	802,114	65
65.01	SLEEP LAB	1,543,568		389	416,941	65.01
66	PHYSICAL THERAPY	8,382,732		2,330,687	12	66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY	2,063,512		829,336	18	68
69	ELECTROCARDIOLOGY	20,056,980		5,733,516	3,871,706	69
69.01	C-PORT					69.01
70	ELECTROENCEPHALOGRAPHY	1,203,173		170,637	263,196	70
71	MEDICAL SUPPLIES CHARGED TO	2,125,537		963,740	159,117	71
72	IMPL. DEV. CHARGED TO PATIENT	16,723,671		5,207,482	2,729,283	72
73	DRUGS CHARGED TO PATIENTS	81,792,843		28,038,471	11,108,144	73
74	RENAL DIALYSIS	2,716,699		1,686,731	167,002	74
75.10	GI LAB	20,412,239		2,869,246	5,670,730	75.10
76	ENTEROSTOMAL THERAPY					76
76.10	NEUROLOGY					76.10
76.20	EMG					76.20
76.30	OS SVCS	160,658		63,130	2,793	76.30
76.40	AUDIOLOGY					76.40
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,626,540		37,943	622,403	90
90.01	PALOS DIAGNOSTIC CENTER	1,082,144		1,231	646,294	90.01
90.02	CARE STATIONS	5,041,056		15,429	577,057	90.02
90.03	OUTPATIENT CARE CENTER	8,910,036		69,214	2,320,867	90.03
91	EMERGENCY	79,103,131		13,416,316	10,140,677	91
92	OBSERVATION BEDS (NON-DISTIN	6,725,112		1,073,960	2,122,947	92
93	OUTPATIENT REHAB	4,820,619		1,533	1,704	93
93.10	WOUND CARE CENTER	3,744,556		79,917	1,433,264	93.10
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	687,322,787		150,638,658	97,681,895	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS		PPS SERVICES	COST DED & COINS	COST SVCES NOT DED & COINS	
		PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS				
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.261112	10,580,833				2,762,782			50
52 DELIVERY ROOM & LABOR ROOM	0.251973	55,628				14,017			52
53 ANESTHESIOLOGY	0.042904	2,741,286				117,612			53
54 RADIOLOGY-DIAGNOSTIC	0.204364	5,398,666				1,103,293			54
54.01 BREAST HEALTH CENTER									54.01
55 RADIOLOGY-THERAPEUTIC	0.268244	8,327,480				2,233,797			55
56 RADIOISOTOPE	0.146769	4,307,826				632,255			56
56.10 ULTRASOUND	0.121794	2,758,514				335,970			56.10
57 CT SCAN	0.045792	10,785,665				493,897			57
58 MRI	0.122750	1,821,941				223,643			58
59 CARDIAC CATHETERIZATION	0.109606	5,475,811				600,182			59
60 LABORATORY	0.098049	2,371,976	3,564			232,570	349		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.151153	802,114				121,242			65
65.01 SLEEP LAB	0.285764	416,941				119,147			65.01
66 PHYSICAL THERAPY	0.344675	12				4			66
67 OCCUPATIONAL THERAPY									67
68 SPEECH PATHOLOGY	0.187716	18				3			68
69 ELECTROCARDIOLOGY	0.089905	3,871,706				348,086			69
69.01 C-PORT									69.01
70 ELECTROENCEPHALOGRAPHY	0.161997	263,196				42,637			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.612563	159,117				97,469			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.290639	2,729,283	13,300			793,236	3,865		72
73 DRUGS CHARGED TO PATIENTS	0.170541	11,108,144			53,882	1,894,394		9,189	73
74 RENAL DIALYSIS	0.345374	167,002				57,678			74
75.10 GI LAB	0.149319	5,670,730				846,748			75.10
76 ENTEROSTOMAL THERAPY									76
76.10 NEUROLOGY									76.10
76.20 EMG									76.20
76.30 OS SVCS	0.220219	2,793				615			76.30
76.40 AUDIOLOGY									76.40
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.564732	622,403				351,491			90
90.01 PALOS DIAGNOSTIC CENTER	0.381420	646,294				246,509			90.01
90.02 CARE STATIONS	0.608857	577,057				351,345			90.02
90.03 OUTPATIENT CARE CENTER	0.087171	2,320,867				202,312			90.03
91 EMERGENCY	0.107532	10,140,677				1,090,447			91
92 OBSERVATION BEDS (NON-DISTINCT	0.539100	2,122,947				1,144,481			92
93 OUTPATIENT REHAB	0.446389	1,704				761			93
93.10 WOUND CARE CENTER	0.199075	1,433,264				285,327			93.10
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)		97,681,895	16,864	53,882	16,743,950	4,214	9,189		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		97,681,895	16,864	53,882	16,743,950	4,214	9,189		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S179) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 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	
COST CENTER DESCRIPTION							
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,956,831	62,472,879	0.031323	6,535	205	50
52	DELIVERY ROOM & LABOR ROOM	445,287	18,769,124	0.023724			52
53	ANESTHESIOLOGY	79,951	18,421,734	0.004340	1,374	6	53
54	RADIOLOGY-DIAGNOSTIC	1,265,060	35,712,741	0.035423	28,098	995	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	1,152,378	18,982,487	0.060707			55
56	RADIOISOTOPE	130,682	12,380,912	0.010555			56
56.10	ULTRASOUND	172,937	15,925,903	0.010859	2,916	32	56.10
57	CT SCAN	479,056	54,950,004	0.008718	59,091	515	57
58	MRI	399,505	10,430,199	0.038303	15,840	607	58
59	CARDIAC CATHETERIZATION	483,716	22,995,535	0.021035			59
60	LABORATORY	708,841	124,852,190	0.005677	727,168	4,128	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	243,091	23,194,273	0.010481	53,978	566	65
65.01	SLEEP LAB	70,582	1,543,568	0.045727			65.01
66	PHYSICAL THERAPY	229,296	8,382,732	0.027353	31,926	873	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	27,945	2,063,512	0.013542	4,125	56	68
69	ELECTROCARDIOLOGY	270,084	20,056,980	0.013466	63,251	852	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	35,690	1,203,173	0.029663	772	23	70
71	MEDICAL SUPPLIES CHARGED TO P	161,964	2,125,537	0.076199	11,833	902	71
72	IMPL. DEV. CHARGED TO PATIENT	72,500	16,723,671	0.004335			72
73	DRUGS CHARGED TO PATIENTS	512,473	81,792,843	0.006265	379,034	2,375	73
74	RENAL DIALYSIS	56,735	2,716,699	0.020884			74
75.10	GI LAB	337,121	20,412,239	0.016516			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	2,793	160,658	0.017385			76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	97,640	1,626,540	0.060029	1,010	61	90
90.01	PALOS DIAGNOSTIC CENTER	39,753	1,082,144	0.036735			90.01
90.02	CARE STATIONS	175,676	5,041,056	0.034849			90.02
90.03	OUTPATIENT CARE CENTER	47,965	8,910,036	0.005383			90.03
91	EMERGENCY	552,237	79,103,131	0.006981	360,551	2,517	91
92	OBSERVATION BEDS (NON-DISTINC		6,725,112	6,725,112			92
93	OUTPATIENT REHAB	313,806	4,820,619	0.065097	913	59	93
93.10	WOUND CARE CENTER	65,397	3,744,556	0.017465			93.10
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	10,586,992	687,322,787		1,748,415	14,772	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
90.02 CARE STATIONS						90.02
90.03 OUTPATIENT CARE CENTER						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 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	62,472,879			6,535			50
52 DELIVERY ROOM & LABOR ROOM	18,769,124						52
53 ANESTHESIOLOGY	18,421,734			1,374			53
54 RADIOLOGY-DIAGNOSTIC	35,712,741			28,098			54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	18,982,487						55
56 RADIOISOTOPE	12,380,912						56
56.10 ULTRASOUND	15,925,903			2,916			56.10
57 CT SCAN	54,950,004			59,091			57
58 MRI	10,430,199			15,840			58
59 CARDIAC CATHETERIZATION	22,995,535						59
60 LABORATORY	124,852,190			727,168			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	23,194,273			53,978			65
65.01 SLEEP LAB	1,543,568						65.01
66 PHYSICAL THERAPY	8,382,732			31,926			66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	2,063,512			4,125			68
69 ELECTROCARDIOLOGY	20,056,980			63,251			69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	1,203,173			772			70
71 MEDICAL SUPPLIES CHARGED TO	2,125,537			11,833			71
72 IMPL. DEV. CHARGED TO PATIEN	16,723,671						72
73 DRUGS CHARGED TO PATIENTS	81,792,843			379,034			73
74 RENAL DIALYSIS	2,716,699						74
75.10 GI LAB	20,412,239						75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	160,658						76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,626,540			1,010			90
90.01 PALOS DIAGNOSTIC CENTER	1,082,144						90.01
90.02 CARE STATIONS	5,041,056						90.02
90.03 OUTPATIENT CARE CENTER	8,910,036						90.03
91 EMERGENCY	79,103,131			360,551			91
92 OBSERVATION BEDS (NON-DISTIN	6,725,112						92
93 OUTPATIENT REHAB	4,820,619			913			93
93.10 WOUND CARE CENTER	3,744,556						93.10
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	687,322,787			1,748,415			200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	(COL.5 x COL.6)	(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,330,835		3,330,835	46,796	71.18	5,441	387,290
31 INTENSIVE CARE UNIT	516,174		516,174	5,881	87.77	738	64,774
32 CORONARY CARE UNIT							
33 BURN INTENSIVE CARE UNIT							
34 SURGICAL INTENSIVE CARE UNIT							
34.10 NICU	147,703		147,703	1,508	97.95	647	63,374
35 OTHER SPECIAL CARE (SPECIFY)							
40 SUBPROVIDER - IPF	320,134		320,134	4,026	79.52		
41 SUBPROVIDER - IRF							
42 SUBPROVIDER I							
43 NURSERY	48,878		48,878	2,259	21.64	1,215	26,293
44 SKILLED NURSING FACILITY							
45 NURSING FACILITY							
200 TOTAL (LINES 30-199)	4,363,724		4,363,724	60,470		8,041	541,731

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0179) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,956,831	62,472,879	0.031323	50
52	DELIVERY ROOM & LABOR ROOM	445,287	18,769,124	0.023724	52
53	ANESTHESIOLOGY	79,951	18,421,734	0.004340	53
54	RADIOLOGY-DIAGNOSTIC	1,265,060	35,712,741	0.035423	54
54.01	BREAST HEALTH CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	1,152,378	18,982,487	0.060707	55
56	RADIOISOTOPE	130,682	12,380,912	0.010555	56
56.10	ULTRASOUND	172,937	15,925,903	0.010859	56.10
57	CT SCAN	479,056	54,950,004	0.008718	57
58	MRI	399,505	10,430,199	0.038303	58
59	CARDIAC CATHETERIZATION	483,716	22,995,535	0.021035	59
60	LABORATORY	708,841	124,852,190	0.005677	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	243,091	23,194,273	0.010481	65
65.01	SLEEP LAB	70,582	1,543,568	0.045727	65.01
66	PHYSICAL THERAPY	229,296	8,382,732	0.027353	66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	27,945	2,063,512	0.013542	68
69	ELECTROCARDIOLOGY	270,084	20,056,980	0.013466	69
69.01	C-PORT				69.01
70	ELECTROENCEPHALOGRAPHY	35,690	1,203,173	0.029663	70
71	MEDICAL SUPPLIES CHARGED TO P	161,964	2,125,537	0.076199	71
72	IMPL. DEV. CHARGED TO PATIENT	72,500	16,723,671	0.004335	72
73	DRUGS CHARGED TO PATIENTS	512,473	81,792,843	0.006265	73
74	RENAL DIALYSIS	56,735	2,716,699	0.020884	74
75.10	GI LAB	337,121	20,412,239	0.016516	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	2,793	160,658	0.017385	76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	97,640	1,626,540	0.060029	90
90.01	PALOS DIAGNOSTIC CENTER	39,753	1,082,144	0.036735	90.01
90.02	CARE STATIONS	175,676	5,041,056	0.034849	90.02
90.03	OUTPATIENT CARE CENTER	47,965	8,910,036	0.005383	90.03
91	EMERGENCY	552,237	79,103,131	0.006981	91
92	OBSERVATION BEDS (NON-DISTINC	339,946	6,725,112	0.050549	92
93	OUTPATIENT REHAB	313,806	4,820,619	0.065097	93
93.10	WOUND CARE CENTER	65,397	3,744,556	0.017465	93.10
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	10,926,938	687,322,787		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					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU					34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/26/2013 10:30

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	46,796		5,441		30
31 INTENSIVE CARE UNIT	5,881		738		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
34.10 NICU	1,508		647		34.10
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,026				40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	2,259		1,215		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	60,470		8,041		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST HEALTH CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
56.10 ULTRASOUND						56.10
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 C-PORT						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.10 GI LAB						75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS						76.30
76.40 AUDIOLOGY						76.40
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PALOS DIAGNOSTIC CENTER						90.01
90.02 CARE STATIONS						90.02
90.03 OUTPATIENT CARE CENTER						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
93 OUTPATIENT REHAB						93
93.10 WOUND CARE CENTER						93.10
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL. 5 ÷ COL. 7)	OF COST TO CHARGES (COL. 6 ÷ COL. 7)		PASS-THRU COSTS (COL. 8 x COL. 10)		CHARGES (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	62,472,879						50
52 DELIVERY ROOM & LABOR ROOM	18,769,124						52
53 ANESTHESIOLOGY	18,421,734						53
54 RADIOLOGY-DIAGNOSTIC	35,712,741						54
54.01 BREAST HEALTH CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	18,982,487						55
56 RADIOISOTOPE	12,380,912						56
56.10 ULTRASOUND	15,925,903						56.10
57 CT SCAN	54,950,004						57
58 MRI	10,430,199						58
59 CARDIAC CATHETERIZATION	22,995,535						59
60 LABORATORY	124,852,190						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	23,194,273						65
65.01 SLEEP LAB	1,543,568						65.01
66 PHYSICAL THERAPY	8,382,732						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	2,063,512						68
69 ELECTROCARDIOLOGY	20,056,980						69
69.01 C-PORT							69.01
70 ELECTROENCEPHALOGRAPHY	1,203,173						70
71 MEDICAL SUPPLIES CHARGED TO	2,125,537						71
72 IMPL. DEV. CHARGED TO PATIEN	16,723,671						72
73 DRUGS CHARGED TO PATIENTS	81,792,843						73
74 RENAL DIALYSIS	2,716,699						74
75.10 GI LAB	20,412,239						75.10
76 ENTEROSTOMAL THERAPY							76
76.10 NEUROLOGY							76.10
76.20 EMG							76.20
76.30 OS SVCS	160,658						76.30
76.40 AUDIOLOGY							76.40
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,626,540						90
90.01 PALOS DIAGNOSTIC CENTER	1,082,144						90.01
90.02 CARE STATIONS	5,041,056						90.02
90.03 OUTPATIENT CARE CENTER	8,910,036						90.03
91 EMERGENCY	79,103,131						91
92 OBSERVATION BEDS (NON-DISTIN	6,725,112						92
93 OUTPATIENT REHAB	4,820,619						93
93.10 WOUND CARE CENTER	3,744,556						93.10
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	687,322,787						200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	46,796	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	46,796	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,020	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)	22,757	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	35,523,384	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35,523,384	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)	35,523,384	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 759.11 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 17,275,066 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) 17,275,066 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	8,084,800	5,881	1,374.73	3,198	4,396,387	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.10 NICU	2,794,808	1,508	1,853.32			46.10
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					23,337,902	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					45,009,355	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,900,531 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,036,128 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,936,659 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 41,072,696 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,776 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 759.11 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,625,509 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	3,330,835	35,523,384	0.093765	3,625,509	339,946 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S179)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	753.45	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,342,648	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)	1,342,648	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	221,972	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,564,620	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	141,705	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	14,772	51
52 TOTAL PROGRAM EXCLUDABLE COST	156,477	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,408,143	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	[XX]	HOSPITAL (14-0179)	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[XX]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	46,796	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	46,796	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,020	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)	5,441	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,259	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,215	16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	35,514,196	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35,514,196	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)	35,514,196	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 758.92 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,129,284 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 4,129,284 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,004,288	2,259	444.57	1,215	540,153 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,084,800	5,881	1,374.73	738	1,014,551 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
46.10 NICU	2,047,181	1,508	1,357.55	647	878,335 46.10
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,562,323 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 541,731 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 541,731 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,776 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		43,733,266		30
31 INTENSIVE CARE UNIT		9,900,764		31
34.10 NICU				34.10
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.263320	11,357,033	2,990,534	50
52 DELIVERY ROOM & LABOR ROOM	0.252490	62,461	15,771	52
53 ANESTHESIOLOGY	0.043002	3,085,450	132,681	53
54 RADIOLOGY-DIAGNOSTIC	0.204364	9,362,897	1,913,439	54
54.01 BREAST HEALTH CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.268244	704,510	188,981	55
56 RADIOISOTOPE	0.146769	2,060,497	302,417	56
56.10 ULTRASOUND	0.121794	2,830,827	344,778	56.10
57 CT SCAN	0.045792	11,382,970	521,249	57
58 MRI	0.122750	1,986,535	243,847	58
59 CARDIAC CATHETERIZATION	0.110467	5,481,941	605,574	59
60 LABORATORY	0.098049	27,858,001	2,731,449	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.153560	11,876,628	1,823,775	65
65.01 SLEEP LAB	0.285764	389	111	65.01
66 PHYSICAL THERAPY	0.344675	2,330,687	803,330	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.187716	829,336	155,680	68
69 ELECTROCARDIOLOGY	0.091895	5,733,516	526,881	69
69.01 C-PORT				69.01
70 ELECTROENCEPHALOGRAPHY	0.161997	170,637	27,643	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.612563	963,740	590,351	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.290639	5,207,482	1,513,497	72
73 DRUGS CHARGED TO PATIENTS	0.170541	28,038,471	4,781,709	73
74 RENAL DIALYSIS	0.348068	1,686,731	587,097	74
75.10 GI LAB	0.149319	2,869,246	428,433	75.10
76 ENTEROSTOMAL THERAPY				76
76.10 NEUROLOGY				76.10
76.20 EMG				76.20
76.30 OS SVCS	0.220219	63,130	13,902	76.30
76.40 AUDIOLOGY				76.40
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.564732	37,943	21,428	90
90.01 PALOS DIAGNOSTIC CENTER	0.381420	1,231	470	90.01
90.02 CARE STATIONS	0.608857	15,429	9,394	90.02
90.03 OUTPATIENT CARE CENTER	0.087171	69,214	6,033	90.03
91 EMERGENCY	0.108934	13,416,316	1,461,493	91
92 OBSERVATION BEDS (NON-DISTINCT)	0.539100	1,073,960	578,972	92
93 OUTPATIENT REHAB	0.446849	1,533	685	93
93.10 WOUND CARE CENTER	0.203941	79,917	16,298	93.10
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		150,638,658	23,337,902	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		150,638,658		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S179)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
34.10 NICU				34.10
40 SUBPROVIDER - IPF		3,091,421		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.263320	6,535	1,721	50
52 DELIVERY ROOM & LABOR ROOM	0.252490			52
53 ANESTHESIOLOGY	0.043002	1,374	59	53
54 RADIOLOGY-DIAGNOSTIC	0.204364	28,098	5,742	54
54.01 BREAST HEALTH CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.268244			55
56 RADIOISOTOPE	0.146769			56
56.10 ULTRASOUND	0.121794	2,916	355	56.10
57 CT SCAN	0.045792	59,091	2,706	57
58 MRI	0.122750	15,840	1,944	58
59 CARDIAC CATHETERIZATION	0.110467			59
60 LABORATORY	0.098049	727,168	71,298	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.153560	53,978	8,289	65
65.01 SLEEP LAB	0.285764			65.01
66 PHYSICAL THERAPY	0.344675	31,926	11,004	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.187716	4,125	774	68
69 ELECTROCARDIOLOGY	0.091895	63,251	5,812	69
69.01 C-PORT				69.01
70 ELECTROENCEPHALOGRAPHY	0.161997	772	125	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.612563	11,833	7,248	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.290639			72
73 DRUGS CHARGED TO PATIENTS	0.170541	379,034	64,641	73
74 RENAL DIALYSIS	0.348068			74
75.10 GI LAB	0.149319			75.10
76 ENTEROSTOMAL THERAPY				76
76.10 NEUROLOGY				76.10
76.20 EMG				76.20
76.30 OS SVCS	0.220219			76.30
76.40 AUDIOLOGY				76.40
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.564732	1,010	570	90
90.01 PALOS DIAGNOSTIC CENTER	0.381420			90.01
90.02 CARE STATIONS	0.608857			90.02
90.03 OUTPATIENT CARE CENTER	0.087171			90.03
91 EMERGENCY	0.108934	360,551	39,276	91
92 OBSERVATION BEDS (NON-DISTINCT	0.539100			92
93 OUTPATIENT REHAB	0.446849	913	408	93
93.10 WOUND CARE CENTER	0.203941			93.10
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,748,415	221,972	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,748,415		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
34.10 NICU				34.10
40 SUBPROVIDER - IPF				40
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.261112			50
52 DELIVERY ROOM & LABOR ROOM	0.251973			52
53 ANESTHESIOLOGY	0.042904			53
54 RADIOLOGY-DIAGNOSTIC	0.204364			54
54.01 BREAST HEALTH CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.268244			55
56 RADIOISOTOPE	0.146769			56
56.10 ULTRASOUND	0.121794			56.10
57 CT SCAN	0.045792			57
58 MRI	0.122750			58
59 CARDIAC CATHETERIZATION	0.109606			59
60 LABORATORY	0.098049			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.151153			65
65.01 SLEEP LAB	0.285764			65.01
66 PHYSICAL THERAPY	0.344675			66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY	0.187716			68
69 ELECTROCARDIOLOGY	0.089905			69
69.01 C-PORT				69.01
70 ELECTROENCEPHALOGRAPHY	0.161997			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.612563			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.290639			72
73 DRUGS CHARGED TO PATIENTS	0.170541			73
74 RENAL DIALYSIS	0.345374			74
75.10 GI LAB	0.149319			75.10
76 ENTEROSTOMAL THERAPY				76
76.10 NEUROLOGY				76.10
76.20 EMG				76.20
76.30 OS SVCS	0.220219			76.30
76.40 AUDIOLOGY				76.40
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.564732			90
90.01 PALOS DIAGNOSTIC CENTER	0.381420			90.01
90.02 CARE STATIONS	0.608857			90.02
90.03 OUTPATIENT CARE CENTER	0.087171			90.03
91 EMERGENCY	0.107532			91
92 OBSERVATION BEDS (NON-DISTINCT	0.539100			92
93 OUTPATIENT REHAB	0.446389			93
93.10 WOUND CARE CENTER	0.199075			93.10
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 (14-0179)
 APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	42,268,440	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	253,086	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	6,019,104	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	261.67	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	3.09	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.	0.25	7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	1.00	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	3.84	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	3.69	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	3.69	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	4.89	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	5.05	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	4.54	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	4.54	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.017350	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.019356	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.017350	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	455,738	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-0.15	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)	455,738	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0529	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1791	31
32	SUM OF LINES 30 AND 31	0.2320	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0835	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,529,415	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)	46,506,679	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)	46,506,679	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,587,227	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 (14-0179)
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)	245,720	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	50,339,626	59
60	PRIMARY PAYER PAYMENTS	15,375	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	50,324,251	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,925,240	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	220,649	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	890,223	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	623,156	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	520,122	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	46,801,518	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (IME REIMBURSEMENT)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	49,035	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-299,351	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	46,551,202	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	232,756	71.01
72	INTERIM PAYMENTS	45,912,647	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	405,799	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	386,688	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 (14-0179) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	13,403	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	16,743,950	2
3	PPS PAYMENTS	16,274,171	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	16,693	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)	13,403	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	70,746	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)	70,746	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)	70,746	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	57,343	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)	13,403	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)	16,290,864	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,897	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	3,746,229	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	12,555,141	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	88,436	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	12,643,577	30
31	PRIMARY PAYER PAYMENTS	674	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	12,642,903	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)	599,169	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	419,418	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	430,120	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	13,062,321	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	13,062,321	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	65,312	40.01
41	INTERIM PAYMENTS	13,010,812	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-13,803	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-S179) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0179) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		45,606,397		13,010,812	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.					
				NONE	3.01
	02/28/2013	306,250			3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
				NONE	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		306,250			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		45,912,647		13,010,812	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.					
					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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,325,486		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE	NONE	3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,325,486		4

TO BE COMPLETED BY CONTRACTOR

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0179) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	11,716 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,955 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,719 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	49,409 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	802,205,010 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	30,491,405 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK HOSPITAL
 APPLICABLE BOX: IPF (14-S179)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,506,382	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT	4,989	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)	11.030137	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)	1,511,371	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,511,371	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,511,371	18
19	DEDUCTIBLES	156,640	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,354,731	20
21	COINSURANCE	21,829	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,332,902	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	53,760	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	37,632	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	31,215	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,370,534	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,370,534	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	6,853	31.01
32	INTERIM PAYMENTS	1,325,486	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	38,195	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	6,562,323		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,562,323		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,562,323		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	6,562,323		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				3.09 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			0.25	3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 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))			1.00	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)			3.84	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			5.70	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			3.84	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	1.81	1.88	3.69	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	1.22	1.27	2.49	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	1.22	1.27		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	1.71	3.18		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	2.21	2.84		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	1.71	2.43		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	1.71	2.43		17
18	PER RESIDENT AMOUNT	140,000.00	139,000.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	239,400	337,770	577,170	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)			1.86	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			577,170	25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	27,737	3,726		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	53,435	53,435		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.519079	0.069730		28
29	PROGRAM DIRECT GME AMOUNT	299,597	40,246		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		5,687		30
31	NET PROGRAM DIRECT GME AMOUNT			334,156	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			2,716,699	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)			46,573,975	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)			15,375	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			46,558,600	41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)			16,757,353	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			674	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			16,756,679	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			63,315,279	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.735345	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.264655	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			334,156	48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			245,720	49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			88,436	50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 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)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	6,826	1,022	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	53,435	53,435	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.127744	0.019126	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	7,658,133			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	23,916,883			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY				7
8 PREPAID EXPENSES	8,279,788			8
9 OTHER CURRENT ASSETS	1,077,522			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	40,932,326			11
FIXED ASSETS				
12 LAND	8,954,323			12
13 LAND IMPROVEMENTS	9,426,376			13
14 ACCUMULATED DEPRECIATION	-5,460,946			14
15 BUILDINGS	271,969,364			15
16 ACCUMULATED DEPRECIATION	-116,146,542			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	91,566,666			23
24 ACCUMULATED DEPRECIATION	-65,720,690			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)	194,588,551			30
OTHER ASSETS				
31 INVESTMENTS	485,758,744	2,516,853		31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	118,029,412			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	603,788,156	2,516,853		35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	839,309,033	2,516,853		36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	7,838,150			37
38 SALARIES, WAGES & FEES PAYABLE	29,326,960			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	4,055,000			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	24,137,519			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	65,357,629			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE	184,279,923			46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	89,583,630			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	273,863,553			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	339,221,182			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	500,087,851			52
53 SPECIFIC PURPOSE FUND BALANCE		2,516,853		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)	500,087,851	2,516,853		59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	839,309,033	2,516,853		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	430,057,513			672,329					1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	55,003,010								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	485,060,523			672,329					3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 NET ASSETS RELEASED FROM RESTR	850,000								6
7 RESTR CONT AND GAIN ON INVEST			3,672,233						7
8 PENSION-RELATED CHANGES	18,083,710								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	18,933,710			3,672,233					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	503,994,233			4,344,562					11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 RESTR ASSETS REL FOR OPER			1,827,709						14
15 NET ASSET TRANSFER	3,906,380								15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	3,906,380			1,827,709					18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	500,087,853			2,516,853					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	84,269,334		84,269,334	1
2 SUBPROVIDER IPF	6,942,959		6,942,959	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	91,212,293		91,212,293	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	17,631,364		17,631,364	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
14.10 NICU	4,394,051		4,394,051	14.10
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	22,025,415		22,025,415	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	113,237,708		113,237,708	17
18 ANCILLARY SERVICES	321,637,269	380,079,284	701,716,553	18
19 OUTPATIENT SERVICES		4,614,585	4,614,585	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,535,967	5,535,967	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)	434,874,977	390,229,836	825,104,813	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		187,222,363	29
30 ADD (SPECIFY)			30
31			31
32 RECONCILE EXPENSES TO INCOME STATEM	230,250		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		230,250	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		187,452,613	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	825,104,813	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	647,460,143	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	177,644,670	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	187,452,613	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-9,807,943	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	745,349	6
7	INCOME FROM INVESTMENTS	17,105,020	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	247,926	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	719,869	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	45,290	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	40,464	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	8,068	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	6,645	20
21	RENTAL OF VENDING MACHINES	14,635	21
22	RENTAL OF HOSPITAL SPACE	83,562	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (ENGINEERING MISC REV)	33,747	24
24.01	OTHER (HOSPICE CONTRIBUTIONS)	97,240	24.01
24.02	OTHER (MOBILE MEDICAL CARE CONTRIBUTIONS)	100,000	24.02
24.03	OTHER (AFFILIATE SERVICES)	592,579	24.03
24.04	OTHER (HEALTH PROMOTION)	108,975	24.04
24.05	OTHER (LAB OTHER REVENUE)	11,842	24.05
24.07	OTHER (MISCELLANEOUS REVENUE)	84,445	24.07
24.08	OTHER (SELF INSURANCE INVESTMENT INCOME)	2,548,251	24.08
24.09	OTHER (MATERNAL EDUCATION)	8,785	24.09
24.10	OTHER (SCRAP SILVER REVENUE)	1,888	24.10
24.11	OTHER (MEDICAL STAFFAPPLICATIONS)	36,050	24.11
24.12	OTHER (VOTIVE LIGHT REVENUE)	9,319	24.12
24.13	OTHER (RENTAL INCOME OTHER BUILDINGS)	195,161	24.13
24.14	OTHER (HHA CONTRIBUTIONS)	200	24.14
24.15	OTHER (CASH SHORT/OVER)		24.15
24.16	OTHER (REALIZED LOSS ON INVESTMENTS)		24.16
24.17	OTHER (VOLUNTEER IMPUTED SALARIES)		24.17
24.18	OTHER (EKG REVENUE)		24.18
24.20	OTHER (UNREALIZED GAIN ON INVESTMENTS)	33,495,787	24.20
24.21	OTHER (REALIZED GAIN ON INVESTMENTS)	4,662,032	24.21
24.22	OTHER (OTHER NON-OPERATING REVENUE)	4,269,588	24.22
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	65,272,717	25
26	TOTAL (LINE 5 PLUS LINE 25)	55,464,774	26
27			27
27.01	OTHER EXPENSES (DEMOLITION EXPENSES)	461,764	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	461,764	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	55,003,010	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						5
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	579,479	118,408			149,907	847,794
7 SKILLED NURSING CARE	974,558	199,137	54,813			1,228,508
8 PHYSICAL THERAPY	235,141	48,048	14,204	178,123		475,516
9 OCCUPATIONAL THERAPY	15,888	3,246	1,109	15,221		35,464
10 SPEECH PATHOLOGY	226	46		5,183		5,455
11 MEDICAL SOCIAL SERVICES	24,988	5,106	729			30,823
12 HOME HEALTH AIDE	20,472	4,183	2,324			26,979
13 SUPPLIES (SEE INSTRUCTIONS)					173,953	173,953
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS						24
26 TOTAL (SUM OF LINES 1-23)	1,850,752	378,174	73,179	198,527	323,860	2,824,492

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-90,265	757,529		757,529	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	-90,265	2,734,227		2,734,227	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1	GENERAL SERVICE COST CENTER						
2	CAPITAL RELATED-BLDGS & FIXT						1
3	CAPITAL RELATED-MOVABLE EQUIP						2
4	PLANT OPERATION & MAINTENANCE						3
5	TRANSPORTATION (SEE INSTR.)						4
6	ADMINISTRATIVE AND GENERAL				-757,529	1,976,698	5
7	HHA REIMBURSABLE SERVICES						
8	SKILLED NURSING CARE					1,228,508	6
9	PHYSICAL THERAPY					475,516	7
10	OCCUPATIONAL THERAPY					35,464	8
11	SPEECH PATHOLOGY					5,455	9
12	MEDICAL SOCIAL SERVICES					30,823	10
13	HOME HEALTH AIDE					26,979	11
14	SUPPLIES (SEE INSTRUCTIONS)					173,953	12
15	DRUGS						13
16	DME						14
17	HHA NONREIMBURSABLE SERVICES						
18	HOME DIALYSIS AIDE SERVICES						15
19	RESPIRATORY THERAPY						16
20	PRIVATE DUTY NURSING						17
21	CLINIC						18
22	HEALTH PROMOTION ACTIVITIES						19
23	DAY CARE PROGRAM						20
24	HOME DELIVERED MEALS PROGRAM						21
25	HOMEMAKER SERVICE						22
26	ALL OTHERS						23
27	TELEMEDICINE						23.50
28	TOTAL (SUM OF LINES 1-23)				-757,529	1,976,698	24
29	COST TO BE ALLOC (PER W/S H)					757,529	25
30	UNIT COST MULTIPLIER					0.383230	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	388,084		388,084			1
2 SKILLED NURSING CARE	2,024,772		2,024,772	241,192	2,265,964	2
3 PHYSICAL THERAPY	783,725		783,725	93,358	877,083	3
4 OCCUPATIONAL THERAPY	58,450		58,450	6,963	65,413	4
5 SPEECH PATHOLOGY	8,991		8,991	1,071	10,062	5
6 MEDICAL SOCIAL SERVICES	50,801		50,801	6,051	56,852	6
7 HOME HEALTH AIDE	44,465		44,465	5,297	49,762	7
8 SUPPLIES	286,702		286,702	34,152	320,854	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	3,645,990		3,645,990	388,084	3,645,990	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.				0.119121		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	4,075	20,488		57,332		125,039		4,075	1
2 SKILLED NURSING CARE						1,699,308			2
3 PHYSICAL THERAPY						657,748			3
4 OCCUPATIONAL THERAPY						49,055			4
5 SPEECH PATHOLOGY						7,546			5
6 MEDICAL SOCIAL SERVICES						42,635			6
7 HOME HEALTH AIDE						37,318			7
8 SUPPLIES						240,617			8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	4,075	20,488		57,332		2,859,266		4,075	20
21 TOTAL COST TO BE ALLOCATED	60,515	20,435		44,089		547,627		93,205	21
22 UNIT COST MULTIPLIER	14.850307								22
22 UNIT COST MULTIPLIER		0.997413		0.769012		0.191527		22.872393	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15		
1 ADMINISTRATIVE AND GENERAL	26	4,075				61,492		980	1	
2 SKILLED NURSING CARE									2	
3 PHYSICAL THERAPY									3	
4 OCCUPATIONAL THERAPY									4	
5 SPEECH PATHOLOGY									5	
6 MEDICAL SOCIAL SERVICES									6	
7 HOME HEALTH AIDE									7	
8 SUPPLIES									8	
9 DRUGS									9	
10 DME									10	
11 HOME DIALYSIS AIDE SERVICES									11	
12 RESPIRATORY THERAPY									12	
13 PRIVATE DUTY NURSING									13	
14 CLINIC									14	
15 HEALTH PROMOTION ACTIVITIES									15	
16 DAY CARE PROGRAM									16	
17 HOME DELIVERED MEALS PROGRAM									17	
18 HOMEMAKER SERVICE									18	
19 ALL OTHERS									19	
19.50 TELEMEDICINE									19.50	
20 TOTAL (SUM OF LINES 1-19)	26	4,075				61,492		980	20	
21 TOTAL COST TO BE ALLOCATED	29	28,533				116,899		431	21	
22 UNIT COST MULTIPLIER	1.115385								22	
22 UNIT COST MULTIPLIER		7.001963				1.901044		0.439796	22	

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

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	2,265,964		2,265,964	12,854	176.28	1
2	PHYSICAL THERAPY	3	877,083		877,083	5,496	159.59	2
3	OCCUPATIONAL THERAPY	4	65,413		65,413	445	147.00	3
4	SPEECH PATHOLOGY	5	10,062		10,062	63	159.71	4
5	MEDICAL SOCIAL SERVICES	6	56,852		56,852	171	332.47	5
6	HOME HEALTH AIDE	7	49,762		49,762	545	91.31	6
7	TOTAL (SUM OF LINES 1-6)		3,325,136		3,325,136	19,574		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	320,854		320,854	540,925	0.593158	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	4,326	4,652		762,587	820,055		1,582,642
2 PHYSICAL THERAPY	2,477	1,889		395,304	301,466		696,770
3 OCCUPATIONAL THERAPY	280	128		41,160	18,816		59,976
4 SPEECH PATHOLOGY	32	22		5,111	3,514		8,625
5 MEDICAL SOCIAL SERVICES	63	67		20,946	22,275		43,221
6 HOME HEALTH AIDE	309	231		28,215	21,093		49,308
7 TOTAL (SUM OF LINES 1-6)	7,487	6,989		1,253,323	1,187,219		2,440,542

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	PART B	
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	16974	4,326	4,652	8
9 PHYSICAL THERAPY	16974	2,477	1,889	9
10 OCCUPATIONAL THERAPY	16974	280	128	10
11 SPEECH PATHOLOGY	16974	32	22	11
12 MEDICAL SOCIAL SERVICES	16974	63	67	12
13 HOME HEALTH AIDE	16974	309	231	13
14 TOTAL (SUM OF LINES 8-13)		7,487	6,989	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	2	3	4	
1 PHYSICAL THERAPY	66	0.344675			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.187716			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	71	0.612563			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.170541			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7404

WORKSHEET H-4
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PART A & PART B SERVICES				
1 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2 TOTAL CHARGES	2,028,323			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,028,323			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	2,028,323			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,212,410	1,195,481	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	27,700	29,673	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	20,006	35,695	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	12,981	13,279	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,273,097	1,274,128	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,273,097	1,274,128	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,273,097	1,274,128	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,273,097	1,274,128	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,273,097	1,274,128	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,273,097	1,274,128	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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES		HOURS OF SERVICE		1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		2
3 NURSES AIDES		HOURS OF SERVICE		3
4 TECHNICIANS		HOURS OF SERVICE		4
5 SOCIAL WORKERS		HOURS OF SERVICE		5
6 DIETICIANS		HOURS OF SERVICE		6
7 PHYSICIANS		ACCUMULATED COST		7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		8
9 SUBTOTAL (SUM OF LINES 1-8)				9
10 EMPLOYEE BENEFITS		SALARY		10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME		13
14 SUPPLIES		REQUISITIONS		14
15 DRUGS		REQUISITIONS		15
16 OTHER		ACCUMULATED COST		16
17 SUBTOTAL (SUM OF LINES 9-16)				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY		20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST		21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET		22
23 MEDICAL EDUCATION PROGRAM COSTS				23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		24
25 PHARMACY		REQUISITIONS		25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST		26
27 SUBTOTAL (SUM OF LINES 17-26)				27
28 LABORATORY		CHARGES		28
29 RESPIRATORY THERAPY		CHARGES		29
29.01 SLEEP LAB		CHARGES		29.01
30 ENTEROSTOMAL THERAPY		CHARGES		30
30.10 NEUROLOGY		CHARGES		30.10
30.20 EMG		CHARGES		30.20
30.30 OS SVCS		CHARGES		30.30
30.40 AUDIOLOGY		CHARGES		30.40
30.97 CARDIAC REHABILITATION		CHARGES		30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES		30.98
30.99 LITHOTRIPSY		CHARGES		30.99
31 TOTAL COSTS (SUM OF LINES 27-30)				31

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/26/2013 10:30

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS
	1	2	3	4	DEPARTMENT	6
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					12
13	METHOD II HOME PATIENT					13
14	EPO (INCL IN RENAL DEPT)					14
15	ARANESP (INCL IN RENAL DEPT)					15
16	OTHER					16
17	TOTAL (SUM OF LINES 2-16)					17
18	MEDICAL EDUC PGM COSTS					18
19	TOTAL RENAL COSTS (LINES 17+18)					19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
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

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2				
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPT DIAL TRMNTS					
13	METHOD II HOME PATIENT					13
14	EPO					14
15	ARANESP					15
16	OTHER					16
17	TOTAL STATISTICAL BASIS					17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)					18

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2012 TO 06/30/2013

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3
(CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						
13						13
14						14
15						15
16						16
17						17
18						18

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2012 TO 06/30/2013

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEEINSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)
	1	2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	286,370	53,217			61,866	401,453
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
9 VISITING SERVICES						
10 PHYSICIAN SERVICES	2,008	373			19,484	21,865
11 NURSING CARE	636,960	118,368	24,539			779,867
12 NURSING CARE-CONTINUOUS HOME CARE						11
13 PHYSICAL THERAPY	2,147	399	189			2,735
14 OCCUPATIONAL THERAPY						13
15 SPEECH/LANGUAGE PATHOLOGY						14
16 MEDICAL SOCIAL SERVICES	33,104	6,152	1,571			40,827
17 SPIRITUAL COUNSELING	100,951	18,760	6,395			126,106
18 DIETARY COUNSELING						17
19 COUNSELING - OTHER						18
20 HOME HEALTH AIDE AND HOME MAKER	138,902	25,813	16,705			181,420
21 HH AIDE & HOME MAKER-CONT. HOME CARE						20
22 OTHER						21
23 OTHER HOSPICE SERVICE COSTS						
24 DRUGS, BIOLOGICAL & INFUSION THERAPY					111,825	111,825
25 ANALGESICS						22
26 SEDATIVES/HYPNOTICS						23
27 OTHER - SPECIFY						24
28 DURABLE MEDICAL EQUIPMENT/OXYGEN					238,535	238,535
29 PATIENT TRANSPORTATION						25
30 IMAGING SERVICES						26
31 LABS AND DIAGNOSTICS						27
32 MEDICAL SUPPLIES					57,050	57,050
33 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						28
34 RADIATION THERAPY						29
35 CHEMOTHERAPY						30
36 OTHER						31
37 HOSPICE NONREIMBURSABLE SERVICE						32
38 BEREAVEMENT PROGRAM COSTS	25,045	4,654				29,699
39 VOLUNTEER PROGRAM COSTS						35
40 FUNDRAISING						36
41 OTHER PROGRAM COSTS						37
42 TOTAL (SUM OF LINES 1-38)	1,225,487	227,736	49,399		488,760	1,991,382

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	-14,424	387,029		387,029	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-28,848	1,976,958		1,976,958	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1511

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								
9		36,614		65,970				183,786	286,370
10	INPATIENT - GENERAL CARE								
11	INPATIENT - RESPITE CARE								
12	VISITING SERVICES								
13	PHYSICIAN SERVICES								
14	NURSING CARE								
15	NURSING CARE-CONT.HOME CARE								
16	PHYSICAL THERAPY								
17	OCCUPATIONAL THERAPY								
18	SPEECH/LANGUAGE PATHOLOGY								
19	MEDICAL SOCIAL SERVICES								
20	SPIRITUAL COUNSELING								
21	DIETARY COUNSELING								
22	COUNSELING - OTHER								
23	HH AIDE AND HOMEMAKER								
24	HH AIDE & HMKR-CONT.HME CARE								
25	OTHER								
26	OTHER HOSPICE SERVICE COSTS								
27	DRUGS, BIOL. & INFUS. THER.								
28	ANALGESICS								
29	SEDATIVES / HYPNOTICS								
30	OTHER - SPECIFY								
31	DURABLE MED. EQUIP./OXYGEN								
32	PATIENT TRANSPORTATION								
33	IMAGING SERVICES								
34	LABS AND DIAGNOSTICS								
35	MEDICAL SUPPLIES								
36	OUTPAT.SERV.(INCL.E/R DEPT.)								
37	RADIATION THERAPY								
38	CHEMOTHERAPY								
39	OTHER								
40	HOSPICE NONREIMBURSABLE SERVICE								
41	BEREAVEMENT PROGRAM COSTS								
42	VOLUNTEER PROGRAM COSTS								
43	FUNDRAISING								
44	OTHER PROGRAM COSTS								
45	TOTAL (SUM OF LINES 1-38)								
46		36,614		65,970	636,960	2,147	138,902	344,894	1,225,487

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1511

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		6,804		12,259				34,154	53,217
7									7
8									8
9									9
10					118,368			373	118,368
11									11
12						399			399
13									13
14									14
15								6,152	6,152
16								18,760	18,760
17									17
18									18
19							25,813		25,813
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35								4,654	4,654
36									36
37									37
38									38
39		6,804		12,259	118,368	399	25,813	64,093	227,736

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1511

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDGCOSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL	387,029					387,029	387,029	6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES	21,865					21,865	5,322	27,187
13	NURSING CARE	779,867					779,867	189,842	969,709
14	NURSING CARE-CONTINUOUS HOME								11
15	PHYSICAL THERAPY	2,735					2,735	666	3,401
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES	40,827					40,827	9,938	50,765
19	SPIRITUAL COUNSELING	126,106					126,106	30,697	156,803
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOME MAKER	181,420					181,420	44,162	225,582
23	HH AIDE & HMKR-CONT. HOME CA								18
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
26	DRUGS, BIOL. & INFUS. THER.	111,825					111,825	27,221	139,046
27	ANALGESICS								21
28	SEDATIVES / HYPNOTICS								22
29	OTHER - SPECIFY								23
30	DURABLE MED. EQUIP./OXYGEN	238,535					238,535	58,065	296,600
31	PATIENT TRANSPORTATION								24
32	IMAGING SERVICES								25
33	LABS AND DIAGNOSTICS								26
34	MEDICAL SUPPLIES	57,050					57,050	13,887	70,937
35	OUTPAT.SERV.(INCL.E/R DEPT.)								27
36	RADIATION THERAPY								28
37	CHEMOTHERAPY								29
38	OTHER								30
39	HOSPICE NONREIMBURSABLE SERV.								31
40	BEREAVEMENT PROGRAM COSTS	29,699					29,699	7,229	36,928
41	VOLUNTEER PROGRAM COSTS								32
42	FUNDRAISING								33
43	OTHER PROGRAM COSTS								34
44	TOTAL (SUM OF LINES 1-38)	1,976,958					1,976,958		1,976,958

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCU M COST) 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF								4
5 VOLUNTEER SERVICE COORD.					100			5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE					100	-387,029	1,589,929	6
7 INPATIENT - GENERAL CARE								7
8 INPATIENT - RESPITE CARE								8
VISITING SERVICES								
9 PHYSICIAN SERVICES							21,865	9
10 NURSING CARE							779,867	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY							2,735	12
13 OCCUPATIONAL THERAPY								13
14 SPEECH/LANGUAGE PATHOLOGY								14
15 MEDICAL SOCIAL SERVICES							40,827	15
16 SPIRITUAL COUNSELING							126,106	16
17 DIETARY COUNSELING								17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOME MAKER							181,420	19
20 HH AIDE & HMKR-CONT. HOME CA								20
21 OTHER								21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.							111,825	22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN							238,535	26
27 PATIENT TRANSPORTATION								27
28 IMAGING SERVICES								28
29 LABS AND DIAGNOSTICS								29
30 MEDICAL SUPPLIES							57,050	30
31 OUTPAT.SERV.(INCL.E/R DEPT.)								31
32 RADIATION THERAPY								32
33 CHEMOTHERAPY								33
34 OTHER								34
HOSPICE NONREIMBURSABLE SERVICE								
35 BEREAVEMENT PROGRAM COSTS							29,699	35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING								37
38 OTHER PROGRAM COSTS								38
39 COST TO BE ALLOCATED							387,029	39
40 UNIT COST MULTIPLIER							0.243425	40

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

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	179,572		179,572			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	32,397		32,397	2,430	34,827	4
5 NURSING CARE	1,155,548		1,155,548	86,687	1,242,235	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY	4,053		4,053	304	4,357	7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	60,494		60,494	4,538	65,032	10
11 SPIRITUAL COUNSELING	186,854		186,854	14,017	200,871	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS	268,814		268,814	20,166	288,980	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO	201,581		201,581	15,122	216,703	17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN	353,442		353,442	26,515	379,957	21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES	84,532		84,532	6,341	90,873	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS	46,014		46,014	3,452	49,466	30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	2,573,301		2,573,301		2,573,301	34
35 UNIT COST MULTIPLIER				0.075018		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON- CILIATION 4A	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4		5	6	7	
1 ADMINISTRATIVE AND GENERAL	1,107	1,357		44,952		52,913		1,107	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES						27,187			4
5 NURSING CARE						969,709			5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY						3,401			7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE						50,765			10
11 SPIRITUAL COUNSELING						156,803			11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOME MAKERS						225,582			14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO						139,046			17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN						296,600			21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES						70,937			25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS						36,928			30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	1,107	1,357		44,952		2,029,871		1,107	34
35 TOTAL COST TO BE ALLOCATED	16,439	2,026		34,448		389,016		25,320	35
36 UNIT COST MULTIPLIER	14.850045	1.492999		0.766329		0.191646		22.872629	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSNG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15
1 ADMINISTRATIVE AND GENERAL		1,107				44,952		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOME MAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								79,948
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS						1,082		30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		1,107				46,034		79,948
35 TOTAL COST TO BE ALLOCATED		7,751				85,456		35,887
36 UNIT COST MULTIPLIER		7.001807				1.856367		0.448879

PROVIDER CCN: 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/26/2013 10:30

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.344675		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.187716		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.170541		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.098049		6
7	MEDICAL SUPPLIES	71	0.612563		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93	0.446389		8
8.10	WOUND CARE CENTER	93.10	0.199075		8.10
9	RADIATION THERAPY	55	0.268244		9
10	ENTEROSTOMAL THERAPY	76			10
10.10	NEUROLOGY	76.10			10.10
10.20	EMG	76.20			10.20
10.30	OS SVCS	76.30	0.220219		10.30
10.40	AUDIOLOGY	76.40			10.40
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (SEE INSTRUCTIONS)				2,573,301	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				39,068	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				65.87	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	37,268				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,454,843				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			1,800		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			118,566		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-017)) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	3,375,848	1
2	CAPITAL DRG OUTLIER PAYMENTS	17,268	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	136.23	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4.54	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0094	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	31,733	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0529	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1791	8
9	SUM OF LINES 7 AND 8	0.2320	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0481	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	162,378	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,587,227	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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
34.10 NICU					34.10
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 BREAST HEALTH CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
56.10 ULTRASOUND					56.10
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
65.01 SLEEP LAB					65.01
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 C-PORT					69.01
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75.10 GI LAB					75.10
76 ENTEROSTOMAL THERAPY					76
76.10 NEUROLOGY					76.10
76.20 EMG					76.20
76.30 OS SVCS					76.30
76.40 AUDIOLOGY					76.40
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PALOS DIAGNOSTIC CENTER					90.01
90.02 CARE STATIONS					90.02
90.03 OUTPATIENT CARE CENTER					90.03
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
93 OUTPATIENT REHAB					93
93.10 WOUND CARE CENTER					93.10
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10

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	
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						
113 INTEREST EXPENSE						113
116 HOSPICE						116
117 MOBILE MED						117
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191.10 ADULT DAY CARE						191.10
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 VACANT SPACE						192.01
194 FUND DEVELOPMENT						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	48.63		11.63				60.26 30
31 INTENSIVE CARE UNIT	54.38		12.55				66.93 31
34.10 NICU			42.90				42.90 34.10
43 NURSERY			53.78				53.78 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	18.18	16.94					35.12 50
52 DELIVERY ROOM & LABOR ROOM	0.33	0.30					0.63 52
53 ANESTHESIOLOGY	16.75	14.88					31.63 53
54 RADIOLOGY-DIAGNOSTIC	26.22	15.12					41.34 54
55 RADIOLOGY-THERAPEUTIC	3.71	43.87					47.58 55
56 RADIOISOTOPE	16.64	34.79					51.43 56
56.10 ULTRASOUND	17.77	17.32					35.09 56.10
57 CT SCAN	20.72	19.63					40.35 57
58 MRI	19.05	17.47					36.52 58
59 CARDIAC CATHETERIZATION	23.84	23.81					47.65 59
60 LABORATORY	22.31	1.90					24.21 60
65 RESPIRATORY THERAPY	51.21	3.46					54.67 65
65.01 SLEEP LAB	0.03	27.01					27.04 65.01
66 PHYSICAL THERAPY	27.80						27.80 66
68 SPEECH PATHOLOGY	40.19						40.19 68
69 ELECTROCARDIOLOGY	28.59	19.30					47.89 69
70 ELECTROENCEPHALOGRAPHY	14.18	21.88					36.06 70
71 MEDICAL SUPPLIES CHARGED TO PAT	45.34	7.49					52.83 71
72 IMPL. DEV. CHARGED TO PATIENTS	31.14	16.40					47.54 72
73 DRUGS CHARGED TO PATIENTS	34.28	13.65					47.93 73
74 RENAL DIALYSIS	62.09	6.15					68.24 74
75.10 GI LAB	14.06	27.78					41.84 75.10
76.30 OS SVCS	39.29	1.74					41.03 76.30
90 CLINIC	2.33	38.27					40.60 90
90.01 PALOS DIAGNOSTIC CENTER	0.11	59.72					59.83 90.01
90.02 CARE STATIONS	0.31	11.45					11.76 90.02
90.03 OUTPATIENT CARE CENTER	0.78	26.05					26.83 90.03
91 EMERGENCY	16.96	12.82					29.78 91
92 OBSERVATION BEDS (NON-DISTINCT)	15.97	31.57					47.54 92
93 OUTPATIENT REHAB	0.03	0.04					0.07 93
93.10 WOUND CARE CENTER	2.13	38.28					40.41 93.10
200 TOTAL CHARGES	21.92	14.22					36.14 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	44.26						44.26 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.08						0.08 54
56.10 ULTRASOUND	0.02						0.02 56.10
57 CT SCAN	0.11						0.11 57
58 MRI	0.15						0.15 58
60 LABORATORY	0.58						0.58 60
65 RESPIRATORY THERAPY	0.23						0.23 65
66 PHYSICAL THERAPY	0.38						0.38 66
68 SPEECH PATHOLOGY	0.20						0.20 68
69 ELECTROCARDIOLOGY	0.32						0.32 69
70 ELECTROENCEPHALOGRAPHY	0.06						0.06 70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.56						0.56 71
73 DRUGS CHARGED TO PATIENTS	0.46						0.46 73
90 CLINIC	0.06						0.06 90
91 EMERGENCY	0.46						0.46 91
93 OUTPATIENT REHAB	0.02						0.02 93
200 TOTAL CHARGES	0.25						0.25 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	8,457,929	5.15	-8,457,929	-13.69		1
2	CAP REL COSTS-MVBLE EQUIP	6,489,262	3.95	-6,489,262	-10.50		2
3	OTHER CAP REL COSTS						3
4	EMPLOYEE BENEFITS DEPARTMENT	2,129,477	1.30	-2,129,477	-3.45		4
5	ADMINISTRATIVE & GENERAL	23,929,618	14.56	-23,929,618	-38.74		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	7,266,766	4.42	-7,266,766	-11.76		7
8	LAUNDRY & LINEN SERVICE	620,531	0.38	-620,531	-1.00		8
9	HOUSEKEEPING	2,277,386	1.39	-2,277,386	-3.69		9
10	DIETARY	1,427,732	0.87	-1,427,732	-2.31		10
11	CAFETERIA	780,017	0.47	-780,017	-1.26		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,275,772	1.38	-2,275,772	-3.68		13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY	2,702,256	1.64	-2,702,256	-4.37		15
16	MEDICAL RECORDS & LIBRARY	2,064,405	1.26	-2,064,405	-3.34		16
17	SOCIAL SERVICE	1,019,548	0.62	-1,019,548	-1.65		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES A	333,243	0.20	-333,243	-0.54		21
22	I&R SERVICES-OTHER PRGM COSTS A						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,040,095	12.20	15,846,274	25.65	35,886,369	21.84
31	INTENSIVE CARE UNIT	5,269,058	3.21	2,815,742	4.56	8,084,800	4.92
34.10	NICU	1,367,804	0.83	679,377	1.10	2,047,181	1.25
40	SUBPROVIDER - IPF	1,672,100	1.02	1,354,633	2.19	3,026,733	1.84
43	NURSERY	739,114	0.45	265,174	0.43	1,004,288	0.61
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,038,015	6.11	6,401,625	10.36	16,439,640	10.00
52	DELIVERY ROOM & LABOR ROOM	2,962,349	1.80	1,766,961	2.86	4,729,310	2.88
53	ANESTHESIOLOGY	495,391	0.30	294,981	0.48	790,372	0.48
54	RADIOLOGY-DIAGNOSTIC	3,906,051	2.38	3,392,360	5.49	7,298,411	4.44
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	2,271,367	1.38	2,820,576	4.57	5,091,943	3.10
56	RADIOISOTOPE	1,300,467	0.79	516,666	0.84	1,817,133	1.11
56.10	ULTRASOUND	1,343,140	0.82	596,537	0.97	1,939,677	1.18
57	CT SCAN	1,441,892	0.88	1,074,395	1.74	2,516,287	1.53
58	MRI	643,080	0.39	637,227	1.03	1,280,307	0.78
59	CARDIAC CATHETERIZATION	1,396,334	0.85	1,124,109	1.82	2,520,443	1.53
60	LABORATORY	8,903,721	5.42	3,337,912	5.40	12,241,633	7.45
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	2,411,387	1.47	1,094,488	1.77	3,505,875	2.13
65.01	SLEEP LAB	234,178	0.14	206,918	0.33	441,096	0.27
66	PHYSICAL THERAPY	1,948,184	1.19	941,138	1.52	2,889,322	1.76
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	300,560	0.18	86,795	0.14	387,355	0.24
69	ELECTROCARDIOLOGY	1,137,277	0.69	665,937	1.08	1,803,214	1.10
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	84,741	0.05	110,170	0.18	194,911	0.12
71	MEDICAL SUPPLIES CHARGED TO PAT	867,930	0.53	434,096	0.70	1,302,026	0.79
72	IMPL. DEV. CHARGED TO PATIENTS	4,029,344	2.45	831,214	1.35	4,860,558	2.96
73	DRUGS CHARGED TO PATIENTS	8,374,387	5.10	5,574,610	9.02	13,948,997	8.49
74	RENAL DIALYSIS	680,841	0.41	257,435	0.42	938,276	0.57
75.10	GI LAB	1,931,809	1.18	1,116,136	1.81	3,047,945	1.85
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	29,214	0.02	6,166	0.01	35,380	0.02
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	570,490	0.35	348,070	0.56	918,560	0.56
90.01	PALOS DIAGNOSTIC CENTER	323,984	0.20	88,767	0.14	412,751	0.25
90.02	CARE STATIONS	2,503,471	1.52	565,811	0.92	3,069,282	1.87
90.03	OUTPATIENT CARE CENTER	625,254	0.38	151,446	0.25	776,700	0.47
91	EMERGENCY	5,607,452	3.41	2,898,658	4.69	8,506,110	5.18
92	OBSERVATION BEDS (NON-DISTINCT						92
93	OUTPATIENT REHAB	1,078,514	0.66	1,073,355	1.74	2,151,869	1.31
93.10	WOUND CARE CENTER	499,369	0.30	246,080	0.40	745,449	0.45
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
101 HOME HEALTH AGENCY	2,734,227	1.66	911,763	1.48	3,645,990	2.22	101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	1,978,215	1.20	596,343	0.97	2,574,558	1.57	116
117 MOBILE MED	225,321	0.14	60,674	0.10	285,995	0.17	117
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN			85,767	0.14	85,767	0.05	190
191.10 ADULT DAY CARE			5,072	0.01	5,072		191.10
192 PHYSICIANS' PRIVATE OFFICES	586,252	0.36	270,006	0.44	856,258	0.52	192
192.01 VACANT SPACE			215,486	0.35	215,486	0.13	192.01
194 FUND DEVELOPMENT			6,992	0.01	6,992		194
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	164,326,321	100.00			164,326,321	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,956,831	62,472,879	0.031323	11,357,033	355,736	50
52	DELIVERY ROOM & LABOR ROOM	445,287	18,769,124	0.023724	62,461	1,482	52
53	ANESTHESIOLOGY	79,951	18,421,734	0.004340	3,085,450	13,391	53
54	RADIOLOGY-DIAGNOSTIC	1,265,060	35,712,741	0.035423	9,362,897	331,662	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	1,152,378	18,982,487	0.060707	704,510	42,769	55
56	RADIOISOTOPE	130,682	12,380,912	0.010555	2,060,497	21,749	56
56.10	ULTRASOUND	172,937	15,925,903	0.010859	2,830,827	30,740	56.10
57	CT SCAN	479,056	54,950,004	0.008718	11,382,970	99,237	57
58	MRI	399,505	10,430,199	0.038303	1,986,535	76,090	58
59	CARDIAC CATHETERIZATION	483,716	22,995,535	0.021035	5,481,941	115,313	59
60	LABORATORY	708,841	124,852,190	0.005677	27,858,001	158,150	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	243,091	23,194,273	0.010481	11,876,628	124,479	65
65.01	SLEEP LAB	70,582	1,543,568	0.045727	389	18	65.01
66	PHYSICAL THERAPY	229,296	8,382,732	0.027353	2,330,687	63,751	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	27,945	2,063,512	0.013542	829,336	11,231	68
69	ELECTROCARDIOLOGY	270,084	20,056,980	0.013466	5,733,516	77,208	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	35,690	1,203,173	0.029663	170,637	5,062	70
71	MEDICAL SUPPLIES CHARGED TO PAT	161,964	2,125,537	0.076199	963,740	73,436	71
72	IMPL. DEV. CHARGED TO PATIENTS	72,500	16,723,671	0.004335	5,207,482	22,574	72
73	DRUGS CHARGED TO PATIENTS	512,473	81,792,843	0.006265	28,038,471	175,661	73
74	RENAL DIALYSIS	56,735	2,716,699	0.020884	1,686,731	35,226	74
75.10	GI LAB	337,121	20,412,239	0.016516	2,869,246	47,388	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	2,793	160,658	0.017385	63,130	1,098	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	97,640	1,626,540	0.060029	37,943	2,278	90
90.01	PALOS DIAGNOSTIC CENTER	39,753	1,082,144	0.036735	1,231	45	90.01
90.02	CARE STATIONS	175,676	5,041,056	0.034849	15,429	538	90.02
90.03	OUTPATIENT CARE CENTER	47,965	8,910,036	0.005383	69,214	373	90.03
91	EMERGENCY	552,237	79,103,131	0.006981	13,416,316	93,659	91
92	OBSERVATION BEDS (NON-DISTINCT	339,946	6,725,112	0.050549	1,073,960	54,288	92
93	OUTPATIENT REHAB	313,806	4,820,619	0.065097	1,533	100	93
93.10	WOUND CARE CENTER	65,397	3,744,556	0.017465	79,917	1,396	93.10
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL	10,926,938	687,322,787		150,638,658	2,036,128	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	3,330,835		3,330,835	46,796	71.18	22,757	1,619,843	30
31	INTENSIVE CARE UNIT	516,174		516,174	5,881	87.77	3,198	280,688	31
34.10	NICU	147,703		147,703	1,508	97.95			34.10
200	TOTAL	3,994,712		3,994,712	54,185		25,955	1,900,531	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								1,900,531	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								2,036,128	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								3,936,659	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								5,286	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								25,955	
PER DISCHARGE CAPITAL COSTS								744.73	
PER DIEM CAPITAL COSTS								151.67	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	41,072,696
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	204,272,688
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.201

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 40 + WKST D PART IV COL 11 LINE 200))	1,564,620
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	4,839,836
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.323

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	3,936,659
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.019

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	16,686,265
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	97,514,863
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.171

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