

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ELMHURST MEMORIAL HOSPITAL (14-0200) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 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	312,456	162,381		3,237,540	1
2	SUBPROVIDER - IPF					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	312,456	162,381		3,237,540	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
 1 STREET: 200 BERTEAU AVENUE P.O.BOX: 1
 2 CITY: ELMHURST STATE: IL ZIP CODE: 60126 COUNTY: DUPAGE 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	ELMHURST MEMORIAL HOSPITAL	14-0200	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									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	ELMHURST HOME HEALTH AGENCY	14-7408	16974		12/04/1984	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	ELMHURST MEMORIAL HOSPICE	14-1577	16974		12/19/1994				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012				TO: 06/30/2013				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6		1	2			
								N	N			
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.							N	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.							5,973	300	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)									1 N	2 N	39

	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
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60
61	DID YOUR 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
61.01	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)	N		61
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)			61.01
61.03	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
61.04	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
61.05	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)			61.04
61.06	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
61.07	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
62	ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) 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
63	TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS 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
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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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

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
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INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.		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
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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		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.	N	Y	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.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

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)			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. (mmddyyyy) (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.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
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	10/25/2012	N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

	Y/N	DATE	
	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: VCIE 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	139,175,880	3,394,074	142,569,954	5,217,258.00	27.33	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B		9,554		9,554	192.00	49.76	3
4	PHYSICIAN-PART A ADMINISTRATIVE		210,240		210,240	2,086.00	100.79	4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		523,785		523,785	6,049.00	86.59	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,059,841	388,832	7,448,673	248,040.00	30.03	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		865,709		865,709	13,319.00	65.00	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		322,626		322,626	3,120.00	103.41	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)		37,384,263		37,384,263			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,999,349		1,999,349			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		644		644			21
22	PHYSICIAN PART A - ADMINISTRATIVE		35,344		35,344			22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		68,756		68,756			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		2,001,704	21,150	2,022,854	31,846.00	63.52	26
27	ADMINISTRATIVE & GENERAL		26,442,090	3,148,241	29,590,331	1,054,628.00	28.06	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,025,761		1,025,761	3,924.00	261.41	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,669,390	-102,562	2,566,828	73,106.00	35.11	30
31	LAUNDRY & LINEN SERVICE		518,886		518,886	35,457.00	14.63	31
32	HOUSEKEEPING		3,446,859	-62,587	3,384,272	278,662.00	12.14	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		2,516,959	-1,337,739	1,179,220	67,423.00	17.49	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA		98,323	1,337,739	1,436,062	89,139.00	16.11	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,852,672		1,852,672	31,077.00	59.62	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY		3,807,207		3,807,207	96,986.00	39.26	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,008,249		2,008,249	109,384.00	18.36	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		139,668,302	3,394,074	143,062,376	5,214,941.00	27.43	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,059,841	388,832	7,448,673	248,040.00	30.03	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		132,608,461	3,005,242	135,613,703	4,966,901.00	27.30	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		1,188,335		1,188,335	16,439.00	72.29	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		37,419,607		37,419,607		27.59%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		171,216,403	3,005,242	174,221,645	4,983,340.00	34.96	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		46,388,100	3,004,242	49,392,342	1,871,632.00	26.39	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	1,736,441 1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	749,479 3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS) PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	8,173,076 4
5	401K/TSA PLAN ADMINISTRATION FEES	429,978 5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	51,767 7
HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	14,810,655 8
9	PRESCRIPTION DRUG PLAN	9
10	DENTAL, HEARING AND VISION PLAN	1,105,169 10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	208,860 11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	477,016 13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	19,230 14
15	WORKERS' COMPENSATION INSURANCE	1,055,983 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	9,671,153 17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19	UNEMPLOYMENT INSURANCE	481,304 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	518,233 23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	39,488,344 24
PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
12/02/2013 09:00

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.: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,748		382	2,130	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,456.00		408.00	2,066.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		1.00	1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		2.78	2.78	4
5 OTHER ADMINISTRATIVE PERSONNEL		26.16	26.16	5
6 DIRECT NURSING SERVICE		24.15	24.15	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		13.25	13.25	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		0.72	0.72	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		0.75	0.17	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		0.30	0.30	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		0.83	0.83	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PARISH NURSE				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	PEP ONLY	TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4	(COLS. 1-4) 5	
21 SKILLED NURSING VISITS	14,733	104	459	155	15,451	21
22 SKILLED NURSING VISIT CHARGES	2,578,275	18,200	79,795	26,775	2,703,045	22
23 PHYSICAL THERAPY VISITS	10,481	48	106	132	10,767	23
24 PHYSICAL THERAPY VISIT CHARGES	1,625,209	7,056	19,124	20,592	1,671,981	24
25 OCCUPATIONAL THERAPY VISITS	1,150	14	2	13	1,179	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	219,650	2,674	382	2,483	225,189	26
27 SPEECH PATHOLOGY VISITS	286	25	1	2	314	27
28 SPEECH PATHOLOGY VISIT CHARGES	54,626	4,775	191	382	59,974	28
29 MEDICAL SOCIAL SERVICE VISITS	204	3	6	3	216	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	47,736	702	1,404	702	50,544	30
31 HOME HEALTH AIDE VISITS	808	59	2	5	874	31
32 HOME HEALTH AIDE VISIT CHARGES	122,312	8,201	278	695	131,486	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	27,662	253	576	310	28,801	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	4,647,808	41,608	101,174	51,629	4,842,219	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,760		220	26	2,006	36
37 TOTAL NUMBER OF OUTLIER EPISODES		5			5	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	22,299	375	552	259	23,485	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1577

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	14,672		944	15,616
3	INPATIENT RESPITE CARE	30		2	32
4	GENERAL INPATIENT CARE	443		29	472
5	TOTAL HOSPICE DAYS	15,145		975	16,120

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	771		50	821
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	19.64		19.50	19.63
9	UNDUPLICATED CENSUS COUNT	338		22	360

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)				0.231865	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				14,070,790	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				112,751,359	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				26,143,094	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.				12,072,304	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)				12,072,304	19
		UNINSURED	INSURED			
		PATIENTS	PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	31,120,397	2,023,978	33,144,375		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,215,731	469,290	7,685,021		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,705,997	24,870	1,730,867		22
23	COST OF CHARITY CARE	5,509,734	444,420	5,954,154		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)			18,588,697		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			762,922		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			17,825,775		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,133,173		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,087,327		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			22,159,631		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				11,344,750	1
1.01	00101				19,288,603	1.01
2	00200				18,332,468	2
3	00300					3
4	00400				2,561,372	4
5	00500	2,001,704	42,277,715	44,279,419	108,855,941	5
6	00600	26,442,090	82,413,851		-52,348,867	6
7	00700					7
7.01	00701	2,669,390	12,195,034	14,864,424	-1,219,765	7.01
8	00800				605,540	8
9	00900	518,886	1,332,743	1,851,629		9
9.01	00901	3,446,859	748,841	4,195,700	-100,077	9.01
10	01000				20,664	10
11	01100	2,516,959	1,472,048	3,989,007	-2,242,998	11
12	01200	98,323	79,111	177,434	2,242,998	12
13	01300					13
14	01400	1,852,672	46,983	1,899,655		14
15	01500					15
16	01600	3,807,207	22,107,881	25,915,088	-21,657,309	16
17	01700	2,008,249	120,567	2,128,816	-807,242	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				294,547	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000					30
31	03100	23,495,417	2,284,515	25,779,932	-243,218	31
43	04300	5,634,419	643,999	6,278,418	39,900	43
ANCILLARY SERVICE COST CENTERS						
50	05000					50
53	05300	9,188,604	17,688,977	26,877,581	-10,597,920	53
54	05400	172,026	445,686	617,712		54
54.01	03630	4,006,519	1,976,360	5,982,879	-2,114,767	54.01
55	05500	1,325,602	84,430	1,410,032	115,458	55
55.01	05501	1,705,966	684,769	2,390,735	195,761	55.01
56	05600	46,645	4,299,429	4,346,074	355,870	56
57	05700	633,636	629,627	1,263,263	103,440	57
58	05800	1,002,467	656,106	1,658,573	135,809	58
59	05900	658,845	165,610	824,455	67,509	59
60	06000	1,323,887	6,137,130	7,461,017	-5,120,440	60
62.30	06250	6,365,671	7,729,256	14,094,927	24,661	62.30
65	06500					65
65.01	06501	1,592,795	398,181	1,990,976	12,000	65.01
66	06600	411,792	52,707	464,499	31,500	66
67	06700	2,721,564	323,476	3,045,040	-84,097	67
68	06800	312,047	1,359	313,406	48,387	68
69	06900	228,701	2,594	231,295	35,710	69
72	07200	665,185	1,346,612	2,011,797		72
73	07300				16,628,660	73
74	07400				21,657,309	74
76.97	07697		598,919	598,919		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000					90
91	09100	16,894,220	8,589,173	25,483,393	532,133	91
91.01	09101	4,578,346	1,069,528	5,647,874	39,251	91.01
91.02	09102	3,372,788	1,003,687	4,376,475	564,923	91.02
91.03	09103	416,558	10,898	427,456		91.03
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	4,412,055	2,681,650	7,093,705	-1,405,890	101
116	11600					116
118		652,677	570,215	1,222,892	152,987	118
NONREIMBURSABLE COST CENTERS						
190	19000	137,180,771	222,869,667	360,050,438	-1,084,648	190
192	19200					192
192.01	19201	306,854	316,443	623,297		192.01
192.02	19202	934,360	1,977,857	2,912,217	1,084,648	192.02
		753,895		753,895		

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
12/02/2013 09:00

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
194	07950 OTHER NONREIMBURSABLE				194
200	TOTAL (SUM OF LINES 118-199)	139,175,880	225,163,967	364,339,847	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	11,344,750	253,414	11,598,164	1
1.01	00101	DEPR NEW BUILDING	19,288,603	-391	19,288,212	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	18,332,468	-2,478	18,329,990	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	46,840,791	-7,978,514	38,862,277	4
5	00500	ADMINISTRATIVE & GENERAL	56,507,074	-7,724,834	48,782,240	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	13,644,659		13,644,659	7
7.01	00701	PLANT OPER OLD BUILDING	605,540		605,540	7.01
8	00800	LAUNDRY & LINEN SERVICE	1,851,629	-518,016	1,333,613	8
9	00900	HOUSEKEEPING	4,095,623	-48,310	4,047,313	9
9.01	00901	HOUSEKEEPING OLD BUILD	20,664		20,664	9.01
10	01000	DIETARY	1,746,009	-590,652	1,155,357	10
11	01100	CAFETERIA	2,420,432	-1,353,525	1,066,907	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,899,655		1,899,655	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY	4,257,779	-354,511	3,903,268	15
16	01600	MEDICAL RECORDS & LIBRARY	1,321,574	-2,225	1,319,349	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PASTORAL CARE	294,547		294,547	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	25,536,714	-1,039,490	24,497,224	30
31	03100	INTENSIVE CARE UNIT	6,318,318	-39,815	6,278,503	31
43	04300	NURSERY	1,425,732	-550,000	875,732	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	16,279,661	-228,665	16,050,996	50
53	05300	ANESTHESIOLOGY	617,712	-9,554	608,158	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,868,112		3,868,112	54
54.01	03630	ULTRASOUND	1,525,490		1,525,490	54.01
55	05500	RADIOLOGY-THERAPEUTIC	2,586,496	-1,075	2,585,421	55
55.01	05501	CYBERKNIFE	4,701,944		4,701,944	55.01
56	05600	RADIOISOTOPE	1,366,703		1,366,703	56
57	05700	CT SCAN	1,794,382	-72,473	1,721,909	57
58	05800	MRI	891,964		891,964	58
59	05900	CARDIAC CATHETERIZATION	2,340,577		2,340,577	59
60	06000	LABORATORY	14,119,588	-270,180	13,849,408	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	2,002,976	-11,915	1,991,061	65
65.01	06501	SLEEP LAB	495,999	-31,415	464,584	65.01
66	06600	PHYSICAL THERAPY	2,960,943	-350	2,960,593	66
67	06700	OCCUPATIONAL THERAPY	361,793		361,793	67
68	06800	SPEECH PATHOLOGY	267,005		267,005	68
69	06900	ELECTROCARDIOLOGY	2,011,797	-1,305,849	705,948	69
72	07200	IMPL. DEV. CHARGED TO PATIENTS	16,628,660		16,628,660	72
73	07300	DRUGS CHARGED TO PATIENTS	21,657,309		21,657,309	73
74	07400	RENAL DIALYSIS	598,919		598,919	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	26,015,526	-692,330	25,323,196	90
91	09100	EMERGENCY	5,687,125	-81,298	5,605,827	91
91.01	09101	OUTPATIENT CLINICS	4,941,398	-2,683,956	2,257,442	91.01
91.02	09102	CARDIAC REHAB	427,456		427,456	91.02
91.03	09103	CENTRAL ADMISSION				91.03
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	5,687,815	-249,502	5,438,313	101
116	11600	HOSPICE	1,375,879		1,375,879	116
118		SUBTOTALS (SUM OF LINES 1-117)	358,965,790	-25,587,909	333,377,881	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	623,297		623,297	190
192	19200	PHYSICIANS' PRIVATE OFFICES	3,996,865		3,996,865	192
192.01	19201	MEALS ON WHEELS	753,895		753,895	192.01
192.02	19202	GUEST MEALS				192.02

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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	
194	07950 OTHER NONREIMBURSABLE				194
200	TOTAL (SUM OF LINES 118-199)	364,339,847	-25,587,909	338,751,938	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 RECLASS CAFETERIA	A	CAFETERIA	11		1,337,739	905,259 1
500 TOTAL RECLASSIFICATIONS					1,337,739	905,259 500
CODE LETTER - A						
1 RECLASS DEPRECIATION EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1			31,166,841 1
2		CAP REL COSTS-MVBLE EQUIP	2			18,114,983 2
3		CLINIC	90			1,026,500 3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS						50,308,324 500
CODE LETTER - B						
1 RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	73			21,657,309 1
500 TOTAL RECLASSIFICATIONS						21,657,309 500
CODE LETTER - C						
1 RECLASS PHYSICIAN ADMIN TIMES	D	ADULTS & PEDIATRICS	30			1,166,237 1
2		INTENSIVE CARE UNIT	31			39,900 2
3		NURSERY	43			550,000 3
4		OPERATING ROOM	50			67,950 4
5		LABORATORY	60			32,036 5
6		RESPIRATORY THERAPY	65			12,000 6
7		EMERGENCY	91			39,251 7
8		SLEEP LAB	65.01			31,500 8
9		OUTPATIENT CLINICS	91.01			31,200 9
500 TOTAL RECLASSIFICATIONS						1,970,074 500
CODE LETTER - D						
1 RECLASS HHA OVERHEAD COSTS	E	EMPLOYEE BENEFITS DEPARTMENT	4			1,005,354 1
2		ADMINISTRATIVE & GENERAL	5		30,064	2
3		CAP REL COSTS-MVBLE EQUIP	2			217,485 3
500 TOTAL RECLASSIFICATIONS					30,064	1,222,839 500
CODE LETTER - E						
1 RECLASS RADIOLOGY SUPPORT COSTS	F	ULTRASOUND	54.01		115,458	1
2		RADIOLOGY-THERAPEUTIC	55		195,761	2
3		CYBERKNIFE	55.01		355,870	3
4		RADIOISOTOPE	56		103,440	4
5		CT SCAN	57		135,809	5
6		MRI	58		67,509	6
500 TOTAL RECLASSIFICATIONS					973,847	500
CODE LETTER - F						
1 PSYCH ADMIN COSTS	H	OUTPATIENT CLINICS	91.01		531,627	2,096 1
500 TOTAL RECLASSIFICATIONS					531,627	2,096 500
CODE LETTER - H						
1 RECLASS NURSERY COSTS	I	NURSERY	43		781,727	94,005 1
500 TOTAL RECLASSIFICATIONS					781,727	94,005 500
CODE LETTER - I						
1 WAGE INDEX RECLASS	J	ADMINISTRATIVE & GENERAL	5		1,553,748	1
2		EMPLOYEE BENEFITS DEPARTMENT	4		21,150	2
3		CLINIC	90		1,000	3
500 TOTAL RECLASSIFICATIONS					1,575,898	500
CODE LETTER - J						
1 HHA ADMIN COSTS	K	HOSPICE	116		124,564	28,423 1
500 TOTAL RECLASSIFICATIONS					124,564	28,423 500
CODE LETTER - K						
1 PASTORAL CARE ALLIED HEALTH PROGRA	L	PASTORAL CARE	23		253,747	40,800 1
500 TOTAL RECLASSIFICATIONS					253,747	40,800 500
CODE LETTER - L						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY	67		20,093	28,294 1
2		SPEECH PATHOLOGY	68		14,829	20,881 2
500 TOTAL RECLASSIFICATIONS					34,922	49,175 500
CODE LETTER - M						
1 RECLASS PROPERTY INSURANCE TO BLDG	N	CAP REL COSTS-BLDG & FIXT	1			374,675 1
500 TOTAL RECLASSIFICATIONS						374,675 500
CODE LETTER - N						
1 HOME OFFICE SALARIES	O	ADMINISTRATIVE & GENERAL	5		1,818,176	1
500 TOTAL RECLASSIFICATIONS					1,818,176	500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72			16,628,660 1
2						2
3						3
500 TOTAL RECLASSIFICATIONS						16,628,660 500
CODE LETTER - P						
1 RECLASS LOMBARD POB COSTS	Q	PHYSICIANS' PRIVATE OFFICES	192		93,114	114,140 1
2						2
500 TOTAL RECLASSIFICATIONS					93,114	114,140 500
CODE LETTER - Q						
1 RECLASS POB BUILDING COSTS	R	PHYSICIANS' PRIVATE OFFICES	192		72,035	805,359 1
2		ADMINISTRATIVE & GENERAL	5			299,948 2
500 TOTAL RECLASSIFICATIONS					72,035	1,105,307 500
CODE LETTER - R						
1 DEPRECIATIN NEW BLDG/CLINIC	S	DEPR NEW BUILDING	1.01			19,288,603 1
2		CLINIC	90			113,183 2
500 TOTAL RECLASSIFICATIONS						19,401,786 500
CODE LETTER - S						
1 PLANT OP/HSKG OLD BLG	T	PLANT OPER OLD BUILDING	7.01		154,656	450,884 1
2		HOUSEKEEPING OLD BUILD	9.01			20,664 2
500 TOTAL RECLASSIFICATIONS					154,656	471,548 500
CODE LETTER - T						
1 SALARY TRANSFERS	U	EMPLOYEE BENEFITS DEPARTMENT	4			2,582,518 1
2						2
3						3
500 TOTAL RECLASSIFICATIONS						2,582,518 500
CODE LETTER - U						
GRAND TOTAL (INCREASES)					7,782,116	116,956,938

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST REF.
	1	6	7	8	9	10
1 RECLASS CAFETERIA	A	DIETARY	10	1,337,739	905,259	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				1,337,739	905,259	500
1 RECLASS DEPRECIATION EXPENSE	B	EMPLOYEE BENEFITS DEPARTMENT	4		1,026,500	9
2		ADMINISTRATIVE & GENERAL	5		48,778,514	9
3		OPERATION OF PLANT	7		104,022	3
4		OPERATING ROOM	50		129,528	4
5		CARDIAC CATHETERIZATION	59		169,042	5
6		LABORATORY	60		7,375	6
7		CLINIC	90		93,343	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					50,308,324	500
1 RECLASS DRUGS SOLD	C	PHARMACY	15		21,657,309	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					21,657,309	500
1 RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	5		1,970,074	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,970,074	500
1 RECLASS HHA OVERHEAD COSTS	E	HOME HEALTH AGENCY	101	30,064	1,222,839	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				30,064	1,222,839	9 500
1 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	54	973,847		1
2						2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				973,847		500
1 PSYCH ADMIN COSTS	H	ADULTS & PEDIATRICS	30	531,627	2,096	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				531,627	2,096	500
1 RECLASS NURSERY COSTS	I	ADULTS & PEDIATRICS	30	781,727	94,005	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				781,727	94,005	500
1 WAGE INDEX RECLASS	J	ADMINISTRATIVE & GENERAL	5		1,553,748	1
2		EMPLOYEE BENEFITS DEPARTMENT	4		21,150	2
3		CLINIC	90		1,000	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					1,575,898	500
1 HHA ADMIN COSTS	K	HOME HEALTH AGENCY	101	124,564	28,423	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				124,564	28,423	500
1 PASTORAL CARE ALLIED HEALTH PROGRA	L	ADMINISTRATIVE & GENERAL	5	253,747	40,800	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				253,747	40,800	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST REF.
	1	6	7	8	9	10
1 RECLASS REHAB ADMIN EXPENSES	M	PHYSICAL THERAPY	66	34,922	49,175	1
2						2
500 TOTAL RECLASSIFICATIONS				34,922	49,175	500
CODE LETTER - M						
1 RECLASS PROPERTY INSURANCE TO BLDG	N	ADMINISTRATIVE & GENERAL	5		374,675	9 1
500 TOTAL RECLASSIFICATIONS					374,675	500
CODE LETTER - N						
1 HOME OFFICE SALARIES	O	ADMINISTRATIVE & GENERAL	5		1,818,176	1
500 TOTAL RECLASSIFICATIONS					1,818,176	500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	OPERATING ROOM	50		10,536,342	1
2		RADIOLOGY-DIAGNOSTIC	54		1,140,920	2
3		CARDIAC CATHETERIZATION	59		4,951,398	3
500 TOTAL RECLASSIFICATIONS					16,628,660	500
CODE LETTER - P						
1 RECLASS LOMBARD POB COSTS	Q	OPERATION OF PLANT	7	30,527	97,314	1
2		HOUSEKEEPING	9	62,587	16,826	2
500 TOTAL RECLASSIFICATIONS				93,114	114,140	500
CODE LETTER - Q						
1 RECLASS POB BUILDING COSTS	R	CAP REL COSTS-BLDG & FIXT	1		794,980	9 1
2		OPERATION OF PLANT	7	72,035	310,327	2
500 TOTAL RECLASSIFICATIONS				72,035	1,105,307	500
CODE LETTER - R						
1 DEPRECIATIN NEW BLDG/CLINIC	S	CAP REL COSTS-BLDG & FIXT	1		19,401,786	9 1
2						2
500 TOTAL RECLASSIFICATIONS					19,401,786	500
CODE LETTER - S						
1 PLANT OP/HSKG OLD BLG	T	OPERATION OF PLANT	7	154,656	450,884	1
2		HOUSEKEEPING	9		20,664	2
500 TOTAL RECLASSIFICATIONS				154,656	471,548	500
CODE LETTER - T						
1 SALARY TRANSFERS	U	MEDICAL RECORDS & LIBRARY	16		807,242	1
2		CLINIC	90		514,207	2
3		ADMINISTRATIVE & GENERAL	5		1,261,069	3
500 TOTAL RECLASSIFICATIONS					2,582,518	500
CODE LETTER - U						
GRAND TOTAL (DECREASES)				4,388,042	120,351,012	

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	4,451,314				1,618,991	2,832,323		1
2 LAND IMPROVEMENTS	30,181,018				1,751,385	28,429,633		2
3 BUILDINGS AND FIXTURES	329,091,906				79,799,497	249,292,409		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	237,527,150				56,811,398	180,715,752		5
6 MOVABLE EQUIPMENT	226,435,684		2,257,380	2,257,380		228,693,064		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	827,687,072		2,257,380	2,257,380	139,981,271	689,963,181		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	827,687,072		2,257,380	2,257,380	139,981,271	689,963,181		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT							1
1.01 DEPR NEW BUILDING							1.01
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
1.01 DEPR NEW BUILDING								1.01
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	11,598,164						11,598,164 1
1.01 DEPR NEW BUILDING	19,288,212						19,288,212 1.01
2 CAP REL COSTS-MVBLE EQUIP	18,329,990						18,329,990 2
3 TOTAL	49,216,366						49,216,366 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)				1	
1.01 INV INC-BLDGS AND FIXT	B	-9,197,520	CAP REL COSTS-BLDG & FIXT DEPR NEW BUILDING	1.01	9 1.01
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)	B	-39,018	ADMINISTRATIVE & GENERAL	5	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	-110,634	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	-5,014,103			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	19,640,382			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,244,568	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2,225	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-23,005	DIETARY	10	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 COMMUNITY ED REVENUE	B	-23,564	ADMINISTRATIVE & GENERAL	5	33
33.03 ADVERTISING OFFSET	A	-1,954,042	ADMINISTRATIVE & GENERAL	5	33.03
33.08 FOUNDATION SALARIES CONTRA	B	-582,892	ADMINISTRATIVE & GENERAL	5	33.08
33.15 OFFSET ANSWERING SVC REVENUES	B	-241,244	ADMINISTRATIVE & GENERAL	5	33.15
33.26 OFFSET MGMT FEES FOUNDATION	B	-70,790	ADMINISTRATIVE & GENERAL	5	33.26
34 ADVERTISING BENEFITS	A	-128,335	EMPLOYEE BENEFITS DEPARTMENT	4	34
34.31 MALPRACTICE COSTS	A	481,556	ADMINISTRATIVE & GENERAL	5	34.31
34.32 FOOD SERVICES OTHER REVENUE	B	-108,957	CAFETERIA	11	34.32
35					35
36					36
36.20 PHYSICAL THERAPY OTHER REVENUE	B	-350	PHYSICAL THERAPY	66	36.20
36.21 PATIENT PHONE BENEFITS	A	-12,259	EMPLOYEE BENEFITS DEPARTMENT	4	36.21
36.22 PATIENT PHONE DEPR	A	-2,478	CAP REL COSTS-MVBLE EQUIP	2	9 36.22
37					37
38 DIETARY LEASED EMPLOYEES	B	-45,864	DIETARY	10	38
39					39
40 OFFSET PERINATAL ED REVENUES	B	-35,690	ADULTS & PEDIATRICS	30	40
41 NON-ALLOWABLE INTEREST EXPENSE	A	-6,752,651	DEPR NEW BUILDING	1.01	9 41
42					42
43					43
43.01 LOBBYING PORTION OF DUES	A	-51,824	ADMINISTRATIVE & GENERAL	5	43.01
43.02 HHA RENT	A	-249,502	HOME HEALTH AGENCY	101	43.02
43.05 COMMUNICATIONS REVENUE	B	-13,501	ADMINISTRATIVE & GENERAL	5	43.05
43.06 LEASED EMPLOYEE REVENUE	B	-146,609	ADMINISTRATIVE & GENERAL	5	43.06
43.08 LINEN REVENUE	B	-518,016	LAUNDRY & LINEN SERVICE	8	43.08
43.09 OTHER REVENUE	B	-48,310	HOUSEKEEPING	9	43.09
43.10 PENSION COSTS	A	-7,837,276	EMPLOYEE BENEFITS DEPARTMENT	4	43.10
44 PHARMACY OTHER REVENUE	B	-2,500	PHARMACY	15	44

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45 OFFSET INFUSION THERAPY COST	A	-352,011	PHARMACY	15	45
45.08 DONATIONS	A	-47,360	ADMINISTRATIVE & GENERAL	5	45.08
45.12 REVERSE CREDIT OF UN-REST CONTR	A	124,559	ADMINISTRATIVE & GENERAL	5	45.12
45.14 DIETARY PAT. REVENUE	B	-461,770	DIETARY	10	45.14
45.16 CLINICAL NUTRITION REVENUE	B	-60,013	DIETARY	10	45.16
45.18 BREAST PUMP RENTAL REVENUE	B	-12,974	ADULTS & PEDIATRICS	30	45.18
45.19 EDUCATION REVENUE	B	-2,100	ADULTS & PEDIATRICS	30	45.19
45.21 ER NURSING EDUCATION REVENUE	B	-1,030	EMERGENCY	91	45.21
45.22 ER OTHER OPER REVENUE	B	-80,268	EMERGENCY	91	45.22
45.23 OTHER CLINICS REVENUE	B	-2,478,776	OUTPATIENT CLINICS	91.01	45.23
45.25 CRNA PART B COSTS	A	-9,554	ANESTHESIOLOGY	53	45.25
45.26 CRNA BENEFITS	A	-644	EMPLOYEE BENEFITS DEPARTMENT	4	45.26
45.29 ACCESS HEALTH SUBSIDY	A	-525,000	ADMINISTRATIVE & GENERAL	5	45.29
45.32 CANCER CENTER OTHER REVENUE	B	-1,075	RADIOLOGY-THERAPEUTIC	55	45.32
45.33 MEDICAID TAX	A	-7,344,104	ADMINISTRATIVE & GENERAL	5	45.33
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-25,587,909			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJ- USTMENTS (COL. 4-5) 6	WKST A-7 REF 7
1	5	ADMINISTRATIVE & GENERAL	PARENT EXPENSE	3,577,915		1
2	1.01	DEPR NEW BUILDING	INTEREST EXPENSE	15,949,780		2
3	5	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD	243,273	384,000	3
4	1	CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	253,414		4
5		TOTALS (SUM OF LINES 1-4)		20,024,382	384,000	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.			19,640,382	

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) 1	NAME 2	PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6	
6	B	ELMHURST PARENT CORP		100.00		6
7						7
8						8
9						9
10						10

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2		3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	777,281	161,794	615,487	177,000	1,877	159,726	7,986	1
2	30	ADULTS & PEDIATRICS	1,166,237	955,997	210,240	177,000	2,086	177,511	8,876	2
3	31	INTENSIVE CARE UNIT	39,900		39,900	177,000	1	85	4	3
4	43	NURSERY	550,000	550,000						4
5	57	CT SCAN	72,473	72,473						5
6	50	OPERATING ROOM	228,750		228,750	177,000	1	85	4	6
7	60	LABORATORY	464,180	212,005	252,175	194,000	2,080	194,000	9,700	7
8	65	RESPIRATORY THERAPY	12,000		12,000	177,000	1	85	4	8
9	65.01	SLEEP LAB	31,500		31,500	177,000	1	85	4	9
10	69	ELECTROCARDIOLOGY	1,305,849	1,305,849						10
11	90	CLINIC	692,330	692,330						11
12	91	EMERGENCY	39,251		39,251	177,000	520	44,250	2,213	12
13	91.01	OUTPATIENT CLINICS	236,380	205,180	31,200	177,000	520	44,250	2,213	13
200		TOTAL	5,616,131	4,155,628	1,460,503		7,087	620,077	31,004	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	
10	11	12	13	14	15	16	17	18	
1	5 ADMINISTRATIVE & GENERAL	AGGREGATE				159,726	455,761	617,555	1
2	30 ADULTS & PEDIATRICS	BIRTHING CENTER				177,511	32,729	988,726	2
3	31 INTENSIVE CARE UNIT	AGGREGATE				85	39,815	39,815	3
4	43 NURSERY	AGGREGATE						550,000	4
5	57 CT SCAN	AGGREGATE						72,473	5
6	50 OPERATING ROOM	AGGREGATE				85	228,665	228,665	6
7	60 LABORATORY	AGGREGATE				194,000	58,175	270,180	7
8	65 RESPIRATORY THERAPY	AGGREGATE				85	11,915	11,915	8
9	65.01 SLEEP LAB	AGGREGATE				85	31,415	31,415	9
10	69 ELECTROCARDIOLOGY	AGGREGATE						1,305,849	10
11	90 CLINIC	AGGREGATE						692,330	11
12	91 EMERGENCY	AGGREGATE				44,250			12
13	91.01 OUTPATIENT CLINICS	AGGREGATE				44,250		205,180	13
200	TOTAL					620,077	858,475	5,014,103	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DEPREC NEW BLDG 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	11,598,164	11,598,164				1
1.01 DEPR NEW BUILDING	19,288,212		19,288,212			1.01
2 CAP REL COSTS-MVBLE EQUIP	18,329,990			18,329,990		2
4 EMPLOYEE BENEFITS DEPARTMENT	38,862,277		98,843	14,596	38,975,716	4
5 ADMINISTRATIVE & GENERAL	48,782,240		2,700,664	5,810,346	8,205,852	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,644,659	1,744,245	1,042,882	1,149,788	668,929	7
7.01 PLANT OPER OLD BUILDING	605,540				42,888	7.01
8 LAUNDRY & LINEN SERVICE	1,333,613	296,393	49,649	22,884	143,894	8
9 HOUSEKEEPING	4,047,313		45,877	44,673	938,506	9
9.01 HOUSEKEEPING OLD BUILD	20,664					9.01
10 DIETARY	1,155,357		391,050	106,997	327,014	10
11 CAFETERIA	1,066,907		548,456	171,641	398,240	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,899,655		26,833	364,234	513,772	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,903,268		76,421	199,809	1,055,792	15
16 MEDICAL RECORDS & LIBRARY	1,319,349		55,582	3,922	556,916	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE	294,547		31,457		70,368	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	24,497,224		6,661,581	2,401,563	6,151,397	30
31 INTENSIVE CARE UNIT	6,278,503		953,562	146,681	1,562,503	31
43 NURSERY	875,732				216,784	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,050,996		1,921,544	2,505,804	2,548,129	50
53 ANESTHESIOLOGY	608,158		12,047	284,072	47,705	53
54 RADIOLOGY-DIAGNOSTIC	3,868,112		566,010	1,475,459	841,002	54
54.01 ULTRASOUND	1,525,490		55,004	161,636	399,626	54.01
55 RADIOLOGY-THERAPEUTIC	2,585,421	73,003		24,260	527,376	55
55.01 CYBERKNIFE	4,701,944	26,430			111,623	55.01
56 RADIOISOTOPE	1,366,703		126,192	51,670	204,401	56
57 CT SCAN	1,721,909		81,623	377,898	315,660	57
58 MRI	891,964		84,453	388,018	201,428	58
59 CARDIAC CATHETERIZATION	2,340,577		380,159	1,032,961	367,132	59
60 LABORATORY	13,849,408		894,238	652,759	1,765,290	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,991,061		192,148	115,746	441,704	65
65.01 SLEEP LAB	464,584				114,196	65.01
66 PHYSICAL THERAPY	2,960,593	42,477	49,041	14,409	745,043	66
67 OCCUPATIONAL THERAPY	361,793	33,302	48,980	2,920	92,107	67
68 SPEECH PATHOLOGY	267,005				67,534	68
69 ELECTROCARDIOLOGY	705,948		341,431	172,665	184,465	69
72 IMPL. DEV. CHARGED TO PATIENTS	16,628,660					72
73 DRUGS CHARGED TO PATIENTS	21,657,309					73
74 RENAL DIALYSIS	598,919		26,772	503		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	25,323,196	148,102		145,806	4,685,281	90
91 EMERGENCY	5,605,827		1,004,580	189,379	1,269,639	91
91.01 OUTPATIENT CLINICS	2,257,442			29,391	1,082,749	91.01
91.02 CARDIAC REHAB	427,456		334,465	11,442	115,517	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,438,313	141,759		234,770	1,180,644	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,375,879	47,196			215,540	116
118 SUBTOTALS (SUM OF LINES 1-117)	333,377,881	2,552,907	18,801,544	18,308,702	38,376,646	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	623,297		242,771	21,288	85,095	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	DEPREC NEW BLDG 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
192 PHYSICIANS' PRIVATE OFFICES	3,996,865		243,897		304,909	192
192.01 MEALS ON WHEELS	753,895				209,066	192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		9,045,257				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	338,751,938	11,598,164	19,288,212	18,329,990	38,975,716	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	65,499,102	65,499,102				5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	18,250,503	4,374,664	22,625,167			7
7.01 PLANT OPER OLD BUILDING	648,428	155,429		803,857		7.01
8 LAUNDRY & LINEN SERVICE	1,846,433	442,592	72,727	24,179	2,385,931	8
9 HOUSEKEEPING	5,076,369	1,216,811	67,201		25,451	9
9.01 HOUSEKEEPING OLD BUILD	20,664	4,953				9.01
10 DIETARY	1,980,418	474,708	572,814			10
11 CAFETERIA	2,185,244	523,805	803,383		15,344	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,804,494	672,240	39,305			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,235,290	1,254,904	111,942			15
16 MEDICAL RECORDS & LIBRARY	1,935,769	464,006	81,417			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE	396,372	95,011	46,078			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,711,765	9,519,076	10,247,861		719,447	30
31 INTENSIVE CARE UNIT	8,941,249	2,143,226	1,396,785		174,620	31
43 NURSERY	1,092,516	261,877				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,026,473	5,519,469	2,814,693		606,786	50
53 ANESTHESIOLOGY	951,982	228,191	17,647			53
54 RADIOLOGY-DIAGNOSTIC	6,750,583	1,618,121	829,096		140,185	54
54.01 ULTRASOUND	2,141,756	513,381	80,570		2,563	54.01
55 RADIOLOGY-THERAPEUTIC	3,210,060	769,455		5,955	11,946	55
55.01 CYBERKNIFE	4,839,997	1,160,152		2,156		55.01
56 RADIOISOTOPE	1,748,966	419,229	184,848		32,574	56
57 CT SCAN	2,497,090	598,555	119,563			57
58 MRI	1,565,863	375,339	123,707		50,440	58
59 CARDIAC CATHETERIZATION	4,120,829	987,767	556,860		75,147	59
60 LABORATORY	17,161,695	4,113,675	1,309,887		1,014	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,740,659	656,939	281,460			65
65.01 SLEEP LAB	578,780	138,734			7,778	65.01
66 PHYSICAL THERAPY	3,811,563	913,635	71,836	3,465	3,650	66
67 OCCUPATIONAL THERAPY	539,102	129,223	71,747	2,717		67
68 SPEECH PATHOLOGY	334,539	80,189				68
69 ELECTROCARDIOLOGY	1,404,509	336,662	500,131			69
72 IMPL. DEV. CHARGED TO PATIENTS	16,628,660	3,985,906				72
73 DRUGS CHARGED TO PATIENTS	21,657,309	5,191,279				73
74 RENAL DIALYSIS	626,194	150,099	39,216		5,438	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	30,302,385	7,263,512			12,339	90
91 EMERGENCY	8,069,425	1,934,249	1,471,518		340,090	91
91.01 OUTPATIENT CLINICS	3,369,582	807,692		12,082	51,448	91.01
91.02 CARDIAC REHAB	888,880	213,065			1,861	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,995,486	1,676,825		11,564		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,638,615	392,778		3,850		116
118 SUBTOTALS (SUM OF LINES 1-117)	323,225,598	61,777,423	21,912,292	65,968	2,278,121	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	972,451	233,097	355,613			190
192 PHYSICIANS' PRIVATE OFFICES	4,545,671	1,089,602	357,262		107,810	192
192.01 MEALS ON WHEELS	962,961	230,823				192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE	9,045,257	2,168,157		737,889		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	338,751,938	65,499,102	22,625,167	803,857	2,385,931	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	HOUSEKEEPING OL BUILD	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	9	9.01	10	11	13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	6,385,832					9
9.01 HOUSEKEEPING OLD BUILD		25,617				9.01
10 DIETARY	162,680		3,190,620			10
11 CAFETERIA	228,162			3,755,938		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,163			41,347	3,568,549	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	31,792			129,038		15
16 MEDICAL RECORDS & LIBRARY	23,122			145,533		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE	13,086			18,176		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,910,402		2,679,166	1,013,756	1,673,476	30
31 INTENSIVE CARE UNIT	396,689		511,155	240,945	397,744	31
43 NURSERY				28,380	46,849	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	799,376		299	383,385	632,878	50
53 ANESTHESIOLOGY	5,012			11,723	19,352	53
54 RADIOLOGY-DIAGNOSTIC	235,464			137,542		54
54.01 ULTRASOUND	22,882			48,391		54.01
55 RADIOLOGY-THERAPEUTIC		196		80,200	132,391	55
55.01 CYBERKNIFE		71		16,324	26,946	55.01
56 RADIOISOTOPE	52,497			27,924		56
57 CT SCAN	33,956			42,696		57
58 MRI	35,133			27,575		58
59 CARDIAC CATHETERIZATION	158,149			47,817		59
60 LABORATORY	372,009			324,297		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	79,935			81,274		65
65.01 SLEEP LAB				19,147		65.01
66 PHYSICAL THERAPY	20,401	114		143,870		66
67 OCCUPATIONAL THERAPY	20,376	89		9,575		67
68 SPEECH PATHOLOGY				6,569		68
69 ELECTROCARDIOLOGY	142,038			30,500		69
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	11,137					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	417,913			197,906	326,696	91
91.01 OUTPATIENT CLINICS		397		173,171	285,864	91.01
91.02 CARDIAC REHAB				15,964	26,353	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		380		186,863		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		127		31,216		116
118 SUBTOTALS (SUM OF LINES 1-117)	6,183,374	1,374	3,190,620	3,661,104	3,568,549	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,995			25,252		190
192 PHYSICIANS' PRIVATE OFFICES	101,463			19,805		192
192.01 MEALS ON WHEELS				49,777		192.01

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 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	HOUSEKEEPING OL BUILD 9.01	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		24,243				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,385,832	25,617	3,190,620	3,755,938	3,568,549	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPER OLD BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
9.01 HOUSEKEEPING OLD BUILD					9.01
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	6,762,966				15
16 MEDICAL RECORDS & LIBRARY		2,649,847			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PASTORAL CARE			568,723		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	8,319	344,556	310,520	69,138,344	30
31 INTENSIVE CARE UNIT	1,863	62,959	84,380	14,351,615	31
43 NURSERY		15,547		1,445,169	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	37,373	276,322		34,097,054	50
53 ANESTHESIOLOGY	913	81,134		1,315,954	53
54 RADIOLOGY-DIAGNOSTIC	17,568	106,048		9,834,607	54
54.01 ULTRASOUND	647	41,408		2,851,598	54.01
55 RADIOLOGY-THERAPEUTIC	50	51,539		4,261,792	55
55.01 CYBERKNIFE		35,852		6,081,498	55.01
56 RADIOISOTOPE	166,941	29,224		2,662,203	56
57 CT SCAN	75,988	154,481		3,522,329	57
58 MRI	35,319	80,243		2,293,619	58
59 CARDIAC CATHETERIZATION	25,800	89,763		6,062,132	59
60 LABORATORY		243,445		23,526,022	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	14,598	59,932		3,914,797	65
65.01 SLEEP LAB		8,602		753,041	65.01
66 PHYSICAL THERAPY	351	34,655		5,003,540	66
67 OCCUPATIONAL THERAPY		3,094		775,923	67
68 SPEECH PATHOLOGY		3,053		424,350	68
69 ELECTROCARDIOLOGY	285	37,778		2,451,903	69
72 IMPL. DEV. CHARGED TO PATIENTS		102,790		20,717,356	72
73 DRUGS CHARGED TO PATIENTS	5,985,852	504,138		33,338,578	73
74 RENAL DIALYSIS	25	3,920		836,029	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	376,243	119,836		38,074,315	90
91 EMERGENCY	11,121	113,310	84,380	12,966,608	91
91.01 OUTPATIENT CLINICS	3,705	13,864	55,691	4,773,496	91.01
91.02 CARDIAC REHAB	5	3,869		1,149,997	91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		22,849		8,893,967	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE		5,636	33,752	2,105,974	116
118 SUBTOTALS (SUM OF LINES 1-117)	6,762,966	2,649,847	568,723	317,623,810	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,687,408	190
192 PHYSICIANS' PRIVATE OFFICES				6,221,613	192
192.01 MEALS ON WHEELS				1,243,561	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE				11,975,546		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,762,966	2,649,847	568,723	338,751,938		202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	DEPR NEW BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS DEPARTMENT		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPER OLD BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
9.01	HOUSEKEEPING OLD BUILD		9.01
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PASTORAL CARE		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	69,138,344	30
31	INTENSIVE CARE UNIT	14,351,615	31
43	NURSERY	1,445,169	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	34,097,054	50
53	ANESTHESIOLOGY	1,315,954	53
54	RADIOLOGY-DIAGNOSTIC	9,834,607	54
54.01	ULTRASOUND	2,851,598	54.01
55	RADIOLOGY-THERAPEUTIC	4,261,792	55
55.01	CYBERKNIFE	6,081,498	55.01
56	RADIOISOTOPE	2,662,203	56
57	CT SCAN	3,522,329	57
58	MRI	2,293,619	58
59	CARDIAC CATHETERIZATION	6,062,132	59
60	LABORATORY	23,526,022	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	3,914,797	65
65.01	SLEEP LAB	753,041	65.01
66	PHYSICAL THERAPY	5,003,540	66
67	OCCUPATIONAL THERAPY	775,923	67
68	SPEECH PATHOLOGY	424,350	68
69	ELECTROCARDIOLOGY	2,451,903	69
72	IMPL. DEV. CHARGED TO PATIENTS	20,717,356	72
73	DRUGS CHARGED TO PATIENTS	33,338,578	73
74	RENAL DIALYSIS	836,029	74
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	38,074,315	90
91	EMERGENCY	12,966,608	91
91.01	OUTPATIENT CLINICS	4,773,496	91.01
91.02	CARDIAC REHAB	1,149,997	91.02
91.03	CENTRAL ADMISSION		91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	8,893,967	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	2,105,974	116
118	SUBTOTALS (SUM OF LINES 1-117)	317,623,810	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,687,408	190
192	PHYSICIANS' PRIVATE OFFICES	6,221,613	192
192.01	MEALS ON WHEELS	1,243,561	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
192.02 GUEST MEALS		192.02
194 OTHER NONREIMBURSABLE	11,975,546	194
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	338,751,938	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	DEPREC NEW BLDG 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	238,890		98,843	14,596	352,329	4
5 ADMINISTRATIVE & GENERAL	4,318,000		2,700,664	5,810,346	12,829,010	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,744,245	1,042,882	1,149,788	3,936,915	7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE		296,393	49,649	22,884	368,926	8
9 HOUSEKEEPING			45,877	44,673	90,550	9
9.01 HOUSEKEEPING OLD BUILD						9.01
10 DIETARY	15,758		391,050	106,997	513,805	10
11 CAFETERIA			548,456	171,641	720,097	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			26,833	364,234	391,067	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	207,969		76,421	199,809	484,199	15
16 MEDICAL RECORDS & LIBRARY			55,582	3,922	59,504	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE			31,457		31,457	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	243		6,661,581	2,401,563	9,063,387	30
31 INTENSIVE CARE UNIT			953,562	146,681	1,100,243	31
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	332,409		1,921,544	2,505,804	4,759,757	50
53 ANESTHESIOLOGY			12,047	284,072	296,119	53
54 RADIOLOGY-DIAGNOSTIC			566,010	1,475,459	2,041,469	54
54.01 ULTRASOUND			55,004	161,636	216,640	54.01
55 RADIOLOGY-THERAPEUTIC		73,003		24,260	97,263	55
55.01 CYBERKNIFE		26,430			26,430	55.01
56 RADIOISOTOPE			126,192	51,670	177,862	56
57 CT SCAN			81,623	377,898	459,521	57
58 MRI			84,453	388,018	472,471	58
59 CARDIAC CATHETERIZATION			380,159	1,032,961	1,413,120	59
60 LABORATORY	74,920		894,238	652,759	1,621,917	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	385		192,148	115,746	308,279	65
65.01 SLEEP LAB	809				809	65.01
66 PHYSICAL THERAPY		42,477	49,041	14,409	105,927	66
67 OCCUPATIONAL THERAPY		33,302	48,980	2,920	85,202	67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			341,431	172,665	514,096	69
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS			26,772	503	27,275	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,668,635	148,102		145,806	2,962,543	90
91 EMERGENCY			1,004,580	189,379	1,193,959	91
91.01 OUTPATIENT CLINICS	249,399			29,391	278,790	91.01
91.02 CARDIAC REHAB			334,465	11,442	345,907	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		141,759		234,770	376,529	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		47,196			47,196	116
118 SUBTOTALS (SUM OF LINES 1-117)	8,107,417	2,552,907	18,801,544	18,308,702	47,770,570	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			242,771	21,288	264,059	190
192 PHYSICIANS' PRIVATE OFFICES			243,897		243,897	192
192.01 MEALS ON WHEELS						192.01

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192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		9,045,257			9,045,257	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,107,417	11,598,164	19,288,212	18,329,990	57,323,783	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS-TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	352,329					4
5 ADMINISTRATIVE & GENERAL	74,161	12,903,171				5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,047	861,807	4,804,769			7
7.01 PLANT OPER OLD BUILDING	388	30,619		31,007		7.01
8 LAUNDRY & LINEN SERVICE	1,301	87,190	15,445	933	473,795	8
9 HOUSEKEEPING	8,484	239,711	14,271		5,054	9
9.01 HOUSEKEEPING OLD BUILD		976				9.01
10 DIETARY	2,956	93,517	121,645			10
11 CAFETERIA	3,600	103,189	170,610		3,047	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,645	132,431	8,347			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	9,545	247,216	23,773			15
16 MEDICAL RECORDS & LIBRARY	5,035	91,409	17,290			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE	636	18,717	9,785			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,610	1,875,128	2,176,275		142,868	30
31 INTENSIVE CARE UNIT	14,125	422,215	296,627		34,676	31
43 NURSERY	1,960	51,590				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,036	1,087,333	597,739		120,495	50
53 ANESTHESIOLOGY	431	44,954	3,748			53
54 RADIOLOGY-DIAGNOSTIC	7,603	318,769	176,070		27,838	54
54.01 ULTRASOUND	3,613	101,136	17,110		509	54.01
55 RADIOLOGY-THERAPEUTIC	4,768	151,582		230	2,372	55
55.01 CYBERKNIFE	1,009	228,549		83		55.01
56 RADIOISOTOPE	1,848	82,588	39,255		6,468	56
57 CT SCAN	2,854	117,915	25,391			57
58 MRI	1,821	73,942	26,271		10,016	58
59 CARDIAC CATHETERIZATION	3,319	194,590	118,257		14,922	59
60 LABORATORY	15,959	810,392	278,173		201	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,993	129,417	59,772			65
65.01 SLEEP LAB	1,032	27,331			1,544	65.01
66 PHYSICAL THERAPY	6,735	179,986	15,255	134	725	66
67 OCCUPATIONAL THERAPY	833	25,457	15,236	105		67
68 SPEECH PATHOLOGY	611	15,797				68
69 ELECTROCARDIOLOGY	1,668	66,322	106,210			69
72 IMPL. DEV. CHARGED TO PATIENTS		785,222				72
73 DRUGS CHARGED TO PATIENTS		1,022,680				73
74 RENAL DIALYSIS		29,570	8,328		1,080	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	42,356	1,430,909			2,450	90
91 EMERGENCY	11,478	381,046	312,497		67,535	91
91.01 OUTPATIENT CLINICS	9,788	159,115		466	10,216	91.01
91.02 CARDIAC REHAB	1,044	41,974			370	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	10,673	330,334		446		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,949	77,377		149		116
118 SUBTOTALS (SUM OF LINES 1-117)	346,914	12,170,002	4,653,380	2,546	452,386	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	769	45,920	75,519			190
192 PHYSICIANS' PRIVATE OFFICES	2,756	214,651	75,870		21,409	192
192.01 MEALS ON WHEELS	1,890	45,472				192.01

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COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	PLANT OPER OLD BUILD 7.01	LAUNDRY & LINEN SERVICE 8	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		427,126		28,461		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	352,329	12,903,171	4,804,769	31,007	473,795	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	HOUSEKEEPING OL BUILD	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	9	9.01	10	11	13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	358,070					9
9.01 HOUSEKEEPING OLD BUILD		976				9.01
10 DIETARY	9,122		741,045			10
11 CAFETERIA	12,794			1,013,337		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626			11,155	548,271	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	1,783			34,814		15
16 MEDICAL RECORDS & LIBRARY	1,297			39,264		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE	734			4,904		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	163,193		622,257	273,507	257,112	30
31 INTENSIVE CARE UNIT	22,243		118,719	65,006	61,109	31
43 NURSERY				7,657	7,198	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,823		69	103,436	97,235	50
53 ANESTHESIOLOGY	281			3,163	2,973	53
54 RADIOLOGY-DIAGNOSTIC	13,203			37,108		54
54.01 ULTRASOUND	1,283			13,056		54.01
55 RADIOLOGY-THERAPEUTIC		7		21,638	20,341	55
55.01 CYBERKNIFE		3		4,404	4,140	55.01
56 RADIOISOTOPE	2,944			7,534		56
57 CT SCAN	1,904			11,519		57
58 MRI	1,970			7,440		58
59 CARDIAC CATHETERIZATION	8,868			12,901		59
60 LABORATORY	20,860			87,494		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,482			21,927		65
65.01 SLEEP LAB				5,166		65.01
66 PHYSICAL THERAPY	1,144	4		38,815		66
67 OCCUPATIONAL THERAPY	1,143	3		2,583		67
68 SPEECH PATHOLOGY				1,772		68
69 ELECTROCARDIOLOGY	7,964			8,229		69
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	624					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	23,433			53,394	50,194	91
91.01 OUTPATIENT CLINICS		15		46,721	43,920	91.01
91.02 CARDIAC REHAB				4,307	4,049	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		14		50,415		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		5		8,422		116
118 SUBTOTALS (SUM OF LINES 1-117)	346,718	51	741,045	987,751	548,271	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,663			6,813		190
192 PHYSICIANS' PRIVATE OFFICES	5,689			5,343		192
192.01 MEALS ON WHEELS				13,430		192.01

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 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	HOUSEKEEPING OL BUILD	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
	9	9.01	10	11	13	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE		925				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	358,070	976	741,045	1,013,337	548,271	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPER OLD BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
9.01 HOUSEKEEPING OLD BUILD					9.01
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY	801,330				15
16 MEDICAL RECORDS & LIBRARY		213,799			16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PASTORAL CARE			66,233		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	986	27,793		14,658,116	30
31 INTENSIVE CARE UNIT	221	5,078		2,140,262	31
43 NURSERY		1,254		69,659	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,428	22,289		6,860,640	50
53 ANESTHESIOLOGY	108	6,544		358,321	53
54 RADIOLOGY-DIAGNOSTIC	2,082	8,554		2,632,696	54
54.01 ULTRASOUND	77	3,340		356,764	54.01
55 RADIOLOGY-THERAPEUTIC	6	4,157		302,364	55
55.01 CYBERKNIFE		2,892		267,510	55.01
56 RADIOISOTOPE	19,781	2,357		340,637	56
57 CT SCAN	9,004	12,461		640,569	57
58 MRI	4,185	6,473		604,589	58
59 CARDIAC CATHETERIZATION	3,057	7,240		1,776,274	59
60 LABORATORY		19,637		2,854,633	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	1,730	4,834		534,434	65
65.01 SLEEP LAB		694		36,576	65.01
66 PHYSICAL THERAPY	42	2,795		351,562	66
67 OCCUPATIONAL THERAPY		250		130,812	67
68 SPEECH PATHOLOGY		246		18,426	68
69 ELECTROCARDIOLOGY	34	3,047		707,570	69
72 IMPL. DEV. CHARGED TO PATIENTS		8,291		793,513	72
73 DRUGS CHARGED TO PATIENTS	709,247	40,723		1,772,650	73
74 RENAL DIALYSIS	3	316		67,196	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	44,581	9,666		4,492,505	90
91 EMERGENCY	1,318	9,140		2,103,994	91
91.01 OUTPATIENT CLINICS	439	1,118		550,588	91.01
91.02 CARDIAC REHAB	1	312		397,964	91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		1,843		770,254	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE		455		135,553	116
118 SUBTOTALS (SUM OF LINES 1-117)	801,330	213,799		46,726,631	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				398,743	190
192 PHYSICIANS' PRIVATE OFFICES				569,615	192
192.01 MEALS ON WHEELS				60,792	192.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PASTORAL CARE 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE				9,501,769		194
200 CROSS FOOT ADJUSTMENTS			66,233	66,233		200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	801,330	213,799	66,233	57,323,783		202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	DEPR NEW BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS DEPARTMENT		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPER OLD BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
9.01	HOUSEKEEPING OLD BUILD		9.01
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PASTORAL CARE		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	14,658,116	30
31	INTENSIVE CARE UNIT	2,140,262	31
43	NURSERY	69,659	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	6,860,640	50
53	ANESTHESIOLOGY	358,321	53
54	RADIOLOGY-DIAGNOSTIC	2,632,696	54
54.01	ULTRASOUND	356,764	54.01
55	RADIOLOGY-THERAPEUTIC	302,364	55
55.01	CYBERKNIFE	267,510	55.01
56	RADIOISOTOPE	340,637	56
57	CT SCAN	640,569	57
58	MRI	604,589	58
59	CARDIAC CATHETERIZATION	1,776,274	59
60	LABORATORY	2,854,633	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	534,434	65
65.01	SLEEP LAB	36,576	65.01
66	PHYSICAL THERAPY	351,562	66
67	OCCUPATIONAL THERAPY	130,812	67
68	SPEECH PATHOLOGY	18,426	68
69	ELECTROCARDIOLOGY	707,570	69
72	IMPL. DEV. CHARGED TO PATIENTS	793,513	72
73	DRUGS CHARGED TO PATIENTS	1,772,650	73
74	RENAL DIALYSIS	67,196	74
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	4,492,505	90
91	EMERGENCY	2,103,994	91
91.01	OUTPATIENT CLINICS	550,588	91.01
91.02	CARDIAC REHAB	397,964	91.02
91.03	CENTRAL ADMISSION		91.03
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	770,254	101
SPECIAL PURPOSE COST CENTERS			
116	HOSPICE	135,553	116
118	SUBTOTALS (SUM OF LINES 1-117)	46,726,631	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	398,743	190
192	PHYSICIANS' PRIVATE OFFICES	569,615	192
192.01	MEALS ON WHEELS	60,792	192.01

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WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
192.02 GUEST MEALS		192.02
194 OTHER NONREIMBURSABLE	9,501,769	194
200 CROSS FOOT ADJUSTMENTS	66,233	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	57,323,783	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION
		1	1.01	2	4	5A
GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	614,357				1
1.01	DEPR NEW BUILDING		634,012			1.01
2	CAP REL COSTS-MVBLE EQUIP			16,980,444		2
4	EMPLOYEE BENEFITS DEPARTMENT		3,249	13,521	140,547,100	4
5	ADMINISTRATIVE & GENERAL		88,772	5,382,555	29,590,331	-65,499,102
6	MAINTENANCE & REPAIRS					5
7	OPERATION OF PLANT	92,393	34,280	1,065,135	2,412,172	6
7.01	PLANT OPER OLD BUILDING				154,656	7
8	LAUNDRY & LINEN SERVICE	15,700	1,632	21,199	518,886	7.01
9	HOUSEKEEPING		1,508	41,384	3,384,272	8
9.01	HOUSEKEEPING OLD BUILD					9
10	DIETARY		12,854	99,119	1,179,220	9.01
11	CAFETERIA		18,028	159,004	1,436,062	10
12	MAINTENANCE OF PERSONNEL					11
13	NURSING ADMINISTRATION		882	337,417	1,852,672	12
14	CENTRAL SERVICES & SUPPLY					13
15	PHARMACY		2,512	185,098	3,807,207	14
16	MEDICAL RECORDS & LIBRARY		1,827	3,633	2,008,249	15
17	SOCIAL SERVICE					16
19	NONPHYSICIAN ANESTHETISTS					17
20	NURSING SCHOOL					19
21	I&R SERVICES-SALARY & FRINGES APPRVD					20
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					21
23	PASTORAL CARE		1,034		253,747	22
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		218,969	2,224,749	22,182,063	23
31	INTENSIVE CARE UNIT		31,344	135,882	5,634,419	30
43	NURSERY				781,727	31
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		63,162	2,321,315	9,188,604	43
53	ANESTHESIOLOGY		396	263,157	172,026	50
54	RADIOLOGY-DIAGNOSTIC		18,605	1,366,829	3,032,672	53
54.01	ULTRASOUND		1,808	149,736	1,441,060	54
55	RADIOLOGY-THERAPEUTIC	3,867		22,474	1,901,727	54.01
55.01	CYBERKNIFE	1,400			402,515	55
56	RADIOISOTOPE		4,148	47,866	737,076	55.01
57	CT SCAN		2,683	350,075	1,138,276	56
58	MRI		2,776	359,450	726,354	57
59	CARDIAC CATHETERIZATION		12,496	956,910	1,323,887	58
60	LABORATORY		29,394	604,700	6,365,671	59
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					60
65	RESPIRATORY THERAPY		6,316	107,224	1,592,795	62.30
65.01	SLEEP LAB				411,792	65
66	PHYSICAL THERAPY	2,250	1,612	13,348	2,686,642	65.01
67	OCCUPATIONAL THERAPY	1,764	1,610	2,705	332,140	66
68	SPEECH PATHOLOGY				243,530	67
69	ELECTROCARDIOLOGY		11,223	159,953	665,185	68
72	IMPL. DEV. CHARGED TO PATIENTS					69
73	DRUGS CHARGED TO PATIENTS					72
74	RENAL DIALYSIS		880	466		73
76.97	CARDIAC REHABILITATION					74
76.98	HYPERBARIC OXYGEN THERAPY					76.97
76.99	LITHOTRIPSY					76.98
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	7,845		135,071	16,895,220	76.99
91	EMERGENCY		33,021	175,436	4,578,346	90
91.01	OUTPATIENT CLINICS			27,227	3,904,415	91
91.02	CARDIAC REHAB		10,994	10,600	416,558	91.01
91.03	CENTRAL ADMISSION					91.02
92	OBSERVATION BEDS (NON-DISTINCT PART)					91.03
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					92
99.10	CORF					94
99.20	OUTPATIENT PHYSICAL THERAPY					99.10
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.20
99.40	OUTPATIENT SPEECH PATHOLOGY					99.30
101	HOME HEALTH AGENCY	7,509		217,485	4,257,427	99.40
SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	2,500			777,241	101
118	SUBTOTALS (SUM OF LINES 1-117)	135,228	618,015	16,960,723	138,386,842	-65,499,102
NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,980	19,721	306,854	116
192	PHYSICIANS' PRIVATE OFFICES		8,017		1,099,509	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	DEPREC NEW BLDG SQ FT 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	753,895	RECON- CILIATION 5A	192.01 192.02 194 200 201 202 203 204 205
192.01 MEALS ON WHEELS							192.01
192.02 GUEST MEALS							192.02
194 OTHER NONREIMBURSABLE	479,129						194
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	11,598,164	19,288,212	18,329,990	38,975,716			202
203 UNIT COST MULT-WS B PT I	18.878541	30.422471	1.079476	0.277314			203
204 COST TO BE ALLOC PER B PT II				352,329			204
205 UNIT COST MULT-WS B PT II				0.002507			205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	
	5	7	7.01	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	273,252,836					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	18,250,503	507,711				7
7.01 PLANT OPER OLD BUILDING	648,428		521,964			7.01
8 LAUNDRY & LINEN SERVICE	1,846,433	1,632	15,700	2,837,276		8
9 HOUSEKEEPING	5,076,369	1,508		30,265	504,571	9
9.01 HOUSEKEEPING OLD BUILD	20,664					9.01
10 DIETARY	1,980,418	12,854			12,854	10
11 CAFETERIA	2,185,244	18,028		18,247	18,028	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,804,494	882			882	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	5,235,290	2,512			2,512	15
16 MEDICAL RECORDS & LIBRARY	1,935,769	1,827			1,827	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE	396,372	1,034			1,034	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,711,765	229,963		855,544	229,963	30
31 INTENSIVE CARE UNIT	8,941,249	31,344		207,653	31,344	31
43 NURSERY	1,092,516					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,026,473	63,162		721,572	63,162	50
53 ANESTHESIOLOGY	951,982	396			396	53
54 RADIOLOGY-DIAGNOSTIC	6,750,583	18,605		166,704	18,605	54
54.01 ULTRASOUND	2,141,756	1,808		3,048	1,808	54.01
55 RADIOLOGY-THERAPEUTIC	3,210,060		3,867	14,206		55
55.01 CYBERKNIFE	4,839,997		1,400			55.01
56 RADIOISOTOPE	1,748,966	4,148		38,736	4,148	56
57 CT SCAN	2,497,090	2,683			2,683	57
58 MRI	1,565,863	2,776		59,982	2,776	58
59 CARDIAC CATHETERIZATION	4,120,829	12,496		89,362	12,496	59
60 LABORATORY	17,161,695	29,394		1,206	29,394	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,740,659	6,316			6,316	65
65.01 SLEEP LAB	578,780			9,249		65.01
66 PHYSICAL THERAPY	3,811,563	1,612	2,250	4,340	1,612	66
67 OCCUPATIONAL THERAPY	539,102	1,610	1,764		1,610	67
68 SPEECH PATHOLOGY	334,539					68
69 ELECTROCARDIOLOGY	1,404,509	11,223			11,223	69
72 IMPL. DEV. CHARGED TO PATIENTS	16,628,660					72
73 DRUGS CHARGED TO PATIENTS	21,657,309					73
74 RENAL DIALYSIS	626,194	880		6,467	880	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	30,302,385			14,673		90
91 EMERGENCY	8,069,425	33,021		404,425	33,021	91
91.01 OUTPATIENT CLINICS	3,369,582		7,845	61,180		91.01
91.02 CARDIAC REHAB	888,880			2,213		91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,995,486		7,509			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,638,615		2,500			116
118 SUBTOTALS (SUM OF LINES 1-117)	257,726,496	491,714	42,835	2,709,072	488,574	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	972,451	7,980			7,980	190
192 PHYSICIANS' PRIVATE OFFICES	4,545,671	8,017		128,204	8,017	192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	PLANT OPER OLD BUILD SQUARE FT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	
	5	7	7.01	8	9	
192.01 MEALS ON WHEELS	962,961					192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE	9,045,257		479,129			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	65,499,102	22,625,167	803,857	2,385,931	6,385,832	202
203 UNIT COST MULT-WS B PT I	0.239701	44.563082	1.540062	0.840923	12.655963	203
204 COST TO BE ALLOC PER B PT II	12,903,171	4,804,769	31,007	473,795	358,070	204
205 UNIT COST MULT-WS B PT II	0.047221	9.463591	0.059404	0.166989	0.709652	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPI	DIETARY	CAFETERIA	NURSING	PHARMACY	
	OL BUILD			ADMINIS-		
	SQ FT	MEALS	FTES	TRATION	COSTED	
	9.01	SERVED		DIRECT	REQUIS.	
		10	11	NRSING HRS	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 DEPR NEW BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPER OLD BUILDING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
9.01 HOUSEKEEPING OLD BUILD	506,264					9.01
10 DIETARY		170,993				10
11 CAFETERIA			2,823,002			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			31,077	1,624,797		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY			96,986		24,468,977	15
16 MEDICAL RECORDS & LIBRARY			109,384			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PASTORAL CARE			13,661			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		143,583	761,950	761,950	30,098	30
31 INTENSIVE CARE UNIT		27,394	181,097	181,097	6,740	31
43 NURSERY			21,331	21,331		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		16	288,156	288,156	135,220	50
53 ANESTHESIOLOGY			8,811	8,811	3,303	53
54 RADIOLOGY-DIAGNOSTIC			103,378		63,561	54
54.01 ULTRASOUND			36,371		2,341	54.01
55 RADIOLOGY-THERAPEUTIC	3,867		60,279	60,279	180	55
55.01 CYBERKNIFE	1,400		12,269	12,269		55.01
56 RADIOISOTOPE			20,988		604,009	56
57 CT SCAN			32,091		274,932	57
58 MRI			20,726		127,788	58
59 CARDIAC CATHETERIZATION			35,940		93,348	59
60 LABORATORY			243,745			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			61,086		52,818	65
65.01 SLEEP LAB			14,391			65.01
66 PHYSICAL THERAPY	2,250		108,134		1,271	66
67 OCCUPATIONAL THERAPY	1,764		7,197			67
68 SPEECH PATHOLOGY			4,937			68
69 ELECTROCARDIOLOGY			22,924		1,031	69
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					21,657,309	73
74 RENAL DIALYSIS					89	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					1,361,281	90
91 EMERGENCY			148,748	148,748	40,236	91
91.01 OUTPATIENT CLINICS	7,845		130,157	130,157	13,405	91.01
91.02 CARDIAC REHAB			11,999	11,999	17	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	7,509		140,448			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	2,500		23,462			116
118 SUBTOTALS (SUM OF LINES 1-117)	27,135	170,993	2,751,723	1,624,797	24,468,977	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			18,980			190
192 PHYSICIANS' PRIVATE OFFICES			14,886			192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPI	DIETARY	CAFETERIA	NURSING	PHARMACY	
	OL BUILD			ADMINIS-		
	SQ FT	MEALS	FTES	TRATION	COSTED	
		SERVED		DIRECT	REQUIS.	
	9.01	10	11	NRSING HRS	15	
				13		
192.01 MEALS ON WHEELS			37,413			192.01
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE	479,129					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	25,617	3,190,620	3,755,938	3,568,549	6,762,966	202
203 UNIT COST MULT-WS B PT I	0.050600	18.659360	1.330477	2.196305	0.276389	203
204 COST TO BE ALLOC PER B PT II	976	741,045	1,013,337	548,271	801,330	204
205 UNIT COST MULT-WS B PT II	0.001928	4.333774	0.358957	0.337440	0.032749	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	PASTORAL CARE ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 DEPR NEW BUILDING			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 PLANT OPER OLD BUILDING			7.01
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
9.01 HOUSEKEEPING OLD BUILD			9.01
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY	1,369,864,636		16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PASTORAL CARE		337	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	178,157,242	184	30
31 INTENSIVE CARE UNIT	32,553,718	50	31
43 NURSERY	8,038,712		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	142,875,906		50
53 ANESTHESIOLOGY	41,951,264		53
54 RADIOLOGY-DIAGNOSTIC	54,833,423		54
54.01 ULTRASOUND	21,410,482		54.01
55 RADIOLOGY-THERAPEUTIC	26,649,141		55
55.01 CYBERKNIFE	18,537,890		55.01
56 RADIOISOTOPE	15,110,868		56
57 CT SCAN	79,876,471		57
58 MRI	41,490,591		58
59 CARDIAC CATHETERIZATION	46,413,115		59
60 LABORATORY	125,876,386		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	30,988,650		65
65.01 SLEEP LAB	4,447,641		65.01
66 PHYSICAL THERAPY	17,918,670		66
67 OCCUPATIONAL THERAPY	1,599,888		67
68 SPEECH PATHOLOGY	1,578,794		68
69 ELECTROCARDIOLOGY	19,533,396		69
72 IMPL. DEV. CHARGED TO PATIENTS	53,148,762		72
73 DRUGS CHARGED TO PATIENTS	260,398,701		73
74 RENAL DIALYSIS	2,026,925		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	61,962,872		90
91 EMERGENCY	58,588,177	50	91
91.01 OUTPATIENT CLINICS	7,168,337	33	91.01
91.02 CARDIAC REHAB	2,000,387		91.02
91.03 CENTRAL ADMISSION			91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101 HOME HEALTH AGENCY	11,814,129		101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE	2,914,098	20	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,369,864,636	337	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	PASTORAL CARE ASSIGNED TIME 23	
192.01 MEALS ON WHEELS			192.01
192.02 GUEST MEALS			192.02
194 OTHER NONREIMBURSABLE			194
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	2,649,847	568,723	202
203 UNIT COST MULT-WS B PT I	0.001934	1,687.605341	203
204 COST TO BE ALLOC PER B PT II	213,799	66,233	204
205 UNIT COST MULT-WS B PT II	0.000156	196.537092	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	69,138,344		69,138,344	32,729	69,171,073	30
31 INTENSIVE CARE UNIT	14,351,615		14,351,615	39,815	14,391,430	31
43 NURSERY	1,445,169		1,445,169		1,445,169	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,097,054		34,097,054	228,665	34,325,719	50
53 ANESTHESIOLOGY	1,315,954		1,315,954		1,315,954	53
54 RADIOLOGY-DIAGNOSTIC	9,834,607		9,834,607		9,834,607	54
54.01 ULTRASOUND	2,851,598		2,851,598		2,851,598	54.01
55 RADIOLOGY-THERAPEUTIC	4,261,792		4,261,792		4,261,792	55
55.01 CYBERKNIFE	6,081,498		6,081,498		6,081,498	55.01
56 RADIOISOTOPE	2,662,203		2,662,203		2,662,203	56
57 CT SCAN	3,522,329		3,522,329		3,522,329	57
58 MRI	2,293,619		2,293,619		2,293,619	58
59 CARDIAC CATHETERIZATION	6,062,132		6,062,132		6,062,132	59
60 LABORATORY	23,526,022		23,526,022	58,175	23,584,197	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,914,797		3,914,797	11,915	3,926,712	65
65.01 SLEEP LAB	753,041		753,041	31,415	784,456	65.01
66 PHYSICAL THERAPY	5,003,540		5,003,540		5,003,540	66
67 OCCUPATIONAL THERAPY	775,923		775,923		775,923	67
68 SPEECH PATHOLOGY	424,350		424,350		424,350	68
69 ELECTROCARDIOLOGY	2,451,903		2,451,903		2,451,903	69
72 IMPL. DEV. CHARGED TO PATIE	20,717,356		20,717,356		20,717,356	72
73 DRUGS CHARGED TO PATIENTS	33,338,578		33,338,578		33,338,578	73
74 RENAL DIALYSIS	836,029		836,029		836,029	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	38,074,315		38,074,315		38,074,315	90
91 EMERGENCY	12,966,608		12,966,608		12,966,608	91
91.01 OUTPATIENT CLINICS	4,773,496		4,773,496		4,773,496	91.01
91.02 CARDIAC REHAB	1,149,997		1,149,997		1,149,997	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTI	9,747,089		9,747,089		9,747,089	92
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	8,893,967		8,893,967		8,893,967	101
116 HOSPICE	2,105,974		2,105,974		2,105,974	116
200 SUBTOTAL (SEE INSTRUCTIONS)	327,370,899		327,370,899	402,714	327,773,613	200
201 LESS OBSERVATION BEDS	9,747,089		9,747,089		9,747,089	201
202 TOTAL (SEE INSTRUCTIONS)	317,623,810		317,623,810		318,026,524	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	162,837,755		162,837,755			30
31 INTENSIVE CARE UNIT	32,553,718		32,553,718			31
43 NURSERY	8,038,712		8,038,712			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	70,860,486	72,015,420	142,875,906	0.238648	0.238648	0.240248 50
53 ANESTHESIOLOGY	21,908,728	20,042,536	41,951,264	0.031369	0.031369	0.031369 53
54 RADIOLOGY-DIAGNOSTIC	16,251,106	38,582,317	54,833,423	0.179354	0.179354	0.179354 54
54.01 ULTRASOUND	3,569,777	17,840,705	21,410,482	0.133187	0.133187	0.133187 54.01
55 RADIOLOGY-THERAPEUTIC	500,563	26,148,578	26,649,141	0.159922	0.159922	0.159922 55
55.01 CYBERKNIFE	5,050	18,532,840	18,537,890	0.328058	0.328058	0.328058 55.01
56 RADIOISOTOPE	3,553,527	11,557,341	15,110,868	0.176178	0.176178	0.176178 56
57 CT SCAN	17,183,424	62,693,047	79,876,471	0.044097	0.044097	0.044097 57
58 MRI	6,064,902	35,425,689	41,490,591	0.055280	0.055280	0.055280 58
59 CARDIAC CATHETERIZATION	25,348,146	21,064,969	46,413,115	0.130612	0.130612	0.130612 59
60 LABORATORY	43,415,154	82,461,232	125,876,386	0.186898	0.186898	0.187360 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	27,017,407	3,971,243	30,988,650	0.126330	0.126330	0.126715 65
65.01 SLEEP LAB	7,821	4,439,820	4,447,641	0.169312	0.169312	0.176376 65.01
66 PHYSICAL THERAPY	5,676,640	12,242,030	17,918,670	0.279236	0.279236	0.279236 66
67 OCCUPATIONAL THERAPY	1,268,554	331,334	1,599,888	0.484986	0.484986	0.484986 67
68 SPEECH PATHOLOGY	1,416,568	162,226	1,578,794	0.268781	0.268781	0.268781 68
69 ELECTROCARDIOLOGY	8,306,752	11,226,644	19,533,396	0.125524	0.125524	0.125524 69
72 IMPL. DEV. CHARGED TO PATIE	38,038,982	15,109,780	53,148,762	0.389799	0.389799	0.389799 72
73 DRUGS CHARGED TO PATIENTS	144,353,372	116,045,329	260,398,701	0.128029	0.128029	0.128029 73
74 RENAL DIALYSIS	1,893,128	133,797	2,026,925	0.412462	0.412462	0.412462 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	71,998	61,890,874	61,962,872	0.614470	0.614470	0.614470 90
91 EMERGENCY	17,444,367	41,143,810	58,588,177	0.221318	0.221318	0.221318 91
91.01 OUTPATIENT CLINICS	406,506	6,761,831	7,168,337	0.665914	0.665914	0.665914 91.01
91.02 CARDIAC REHAB	333,170	1,667,217	2,000,387	0.574887	0.574887	0.574887 91.02
91.03 CENTRAL ADMISSON						91.03
92 OBSERVATION BEDS (NON-DISTI	3,187,762	12,131,725	15,319,487	0.636254	0.636254	0.636254 92
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		11,814,129	11,814,129			101
116 HOSPICE		2,914,098	2,914,098			116
200 SUBTOTAL (SEE INSTRUCTIONS)	661,514,075	708,350,561	1,369,864,636			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	661,514,075	708,350,561	1,369,864,636			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 (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	4	5	6	7	
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	14,658,116		14,658,116	53,416	274.41	27,807	7,630,519	30
32 INTENSIVE CARE UNIT	2,140,262		2,140,262	8,755	244.46	2,770	677,154	31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT								34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY	69,659		69,659	4,010	17.37			43
45 SKILLED NURSING FACILITY								44
200 NURSING FACILITY								45
TOTAL (LINES 30-199)	16,868,037		16,868,037	66,181		30,577	8,307,673	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL	
	(FROM WKST B, PT. II, COL. 26) 1	(FROM WKST C, PT. I, COL. 8) 2	(COL.1 ÷ COL.2) 3	4	(COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,860,640	142,875,906	0.048018	32,063,470	1,539,624	50
53 ANESTHESIOLOGY	358,321	41,951,264	0.008541	9,865,028	84,257	53
54 RADIOLOGY-DIAGNOSTIC	2,632,696	54,833,423	0.048013	10,824,125	519,699	54
54.01 ULTRASOUND	356,764	21,410,482	0.016663	2,217,282	36,947	54.01
55 RADIOLOGY-THERAPEUTIC	302,364	26,649,141	0.011346	445,737	5,057	55
55.01 CYBERKNIFE	267,510	18,537,890	0.014430	4,939	71	55.01
56 RADIOISOTOPE	340,637	15,110,868	0.022543	2,339,980	52,750	56
57 CT SCAN	640,569	79,876,471	0.008019	11,318,610	90,764	57
58 MRI	604,589	41,490,591	0.014572	3,514,471	51,213	58
59 CARDIAC CATHETERIZATION	1,776,274	46,413,115	0.038271	14,960,612	572,558	59
60 LABORATORY	2,854,633	125,876,386	0.022678	27,037,528	613,157	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	534,434	30,988,650	0.017246	18,228,224	314,364	65
65.01 SLEEP LAB	36,576	4,447,641	0.008224	2,252	19	65.01
66 PHYSICAL THERAPY	351,562	17,918,670	0.019620	3,867,094	75,872	66
67 OCCUPATIONAL THERAPY	130,812	1,599,888	0.081763	896,272	73,282	67
68 SPEECH PATHOLOGY	18,426	1,578,794	0.011671	1,124,499	13,124	68
69 ELECTROCARDIOLOGY	707,570	19,533,396	0.036224	4,810,341	174,250	69
72 IMPL. DEV. CHARGED TO PATIENT	793,513	53,148,762	0.014930	19,580,178	292,332	72
73 DRUGS CHARGED TO PATIENTS	1,772,650	260,398,701	0.006807	81,394,305	554,051	73
74 RENAL DIALYSIS	67,196	2,026,925	0.033152	1,364,399	45,233	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,492,505	61,962,872	0.072503	53,137	3,853	90
91 EMERGENCY	2,103,994	58,588,177	0.035912	9,684,013	347,772	91
91.01 OUTPATIENT CLINICS	550,588	7,168,337	0.076808	283,480	21,774	91.01
91.02 CARDIAC REHAB	397,964	2,000,387	0.198944	186,224	37,048	91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	2,065,515	15,319,487	0.134829	1,748,107	235,696	92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	31,018,302	1,151,706,224		257,814,307	5,754,767	200

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 12/02/2013 09:00

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		310,520			310,520	30
31 INTENSIVE CARE UNIT		84,380			84,380	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		394,900			394,900	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	53,416	5.81	27,807	161,559	30
31	INTENSIVE CARE UNIT	8,755	9.64	2,770	26,703	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	4,010				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	66,181		30,577	188,262	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	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
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
57 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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY			84,380		84,380	84,380
91.01 OUTPATIENT CLINICS			55,691		55,691	55,691
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS			43,755		43,755	43,755
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			183,826		183,826	183,826

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO	O/P RATIO OF COST TO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	(FROM WKST C, PT. I, COL. 8) 7	CHARGES (COL. 5 ÷ COL. 7) 8	CHARGES (COL. 6 ÷ COL. 7) 9	CHARGES PGM (COL. 8 x COL. 10) 10	PASS-THRU COSTS (COL. 8 x COL. 10) 11	CHARGES (COL. 9 x COL. 12) 12	PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	142,875,906			32,063,470		14,734,706	50
53 ANESTHESIOLOGY	41,951,264			9,865,028		3,707,587	53
54 RADIOLOGY-DIAGNOSTIC	54,833,423			10,824,125		11,294,252	54
54.01 ULTRASOUND	21,410,482			2,217,282		3,740,145	54.01
55 RADIOLOGY-THERAPEUTIC	26,649,141			445,737		12,991,290	55
55.01 CYBERKNIFE	18,537,890			4,939		11,754,131	55.01
56 RADIOISOTOPE	15,110,868			2,339,980		4,077,826	56
57 CT SCAN	79,876,471			11,318,610		18,186,232	57
58 MRI	41,490,591			3,514,471		9,057,340	58
59 CARDIAC CATHETERIZATION	46,413,115			14,960,612		9,762,821	59
60 LABORATORY	125,876,386			27,037,528		4,369,748	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	30,988,650			18,228,224		951,939	65
65.01 SLEEP LAB	4,447,641			2,252		1,085,897	65.01
66 PHYSICAL THERAPY	17,918,670			3,867,094		243,926	66
67 OCCUPATIONAL THERAPY	1,599,888			896,272		80	67
68 SPEECH PATHOLOGY	1,578,794			1,124,499			68
69 ELECTROCARDIOLOGY	19,533,396			4,810,341		3,218,372	69
72 IMPL. DEV. CHARGED TO PATIEN	53,148,762			19,580,178		7,422,411	72
73 DRUGS CHARGED TO PATIENTS	260,398,701			81,394,305		41,897,729	73
74 RENAL DIALYSIS	2,026,925			1,364,399		108,652	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	61,962,872			53,137		9,253,672	90
91 EMERGENCY	58,588,177	0.001440	0.001440	9,684,013	13,945	731,048	1,053 91
91.01 OUTPATIENT CLINICS	7,168,337	0.007769	0.007769	283,480	2,202	328,665	2,553 91.01
91.02 CARDIAC REHAB	2,000,387			186,224		714,070	91.02
91.03 CENTRAL ADMISSION							91.03
92 OBSERVATION BEDS (NON-DISTIN	15,319,487	0.002856	0.002856	1,748,107	4,993	3,253,197	9,291 92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,151,706,224			257,814,307	21,140	172,885,736	12,897 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [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 FROM WKST PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.238648	14,734,706		467	3,516,408	111		50
53 ANESTHESIOLOGY	0.031369	3,707,587			116,303			53
54 RADIOLOGY-DIAGNOSTIC	0.179354	11,294,252			2,025,669			54
54.01 ULTRASOUND	0.133187	3,740,145			498,139			54.01
55 RADIOLOGY-THERAPEUTIC	0.159922	12,991,290			2,077,593			55
55.01 CYBERKNIFE	0.328058	11,754,131			3,856,037			55.01
56 RADIOISOTOPE	0.176178	4,077,826			718,423			56
57 CT SCAN	0.044097	18,186,232			801,958			57
58 MRI	0.055280	9,057,340			500,690			58
59 CARDIAC CATHETERIZATION	0.130612	9,762,821			1,275,142			59
60 LABORATORY	0.186898	4,369,748		612	816,697	114		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.126330	951,939			120,258			65
65.01 SLEEP LAB	0.169312	1,085,897			183,855			65.01
66 PHYSICAL THERAPY	0.279236	243,926			68,113			66
67 OCCUPATIONAL THERAPY	0.484986	80			39			67
68 SPEECH PATHOLOGY	0.268781							68
69 ELECTROCARDIOLOGY	0.125524	3,218,372			403,983			69
72 IMPL. DEV. CHARGED TO PATIENTS	0.389799	7,422,411			2,893,248			72
73 DRUGS CHARGED TO PATIENTS	0.128029	41,897,729		812	5,364,124	104		73
74 RENAL DIALYSIS	0.412462	108,652			44,815			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.614470	9,253,672		116	228,533	5,686,104	71	140,427
91 EMERGENCY	0.221318	731,048				161,794		91
91.01 OUTPATIENT CLINICS	0.665914	328,665				218,863		91.01
91.02 CARDIAC REHAB	0.574887	714,070				410,510		91.02
91.03 CENTRAL ADMISSION								91.03
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.636254	3,253,197				2,069,860		92
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		172,885,736		2,007	228,533	33,828,625	400	140,427
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		172,885,736		2,007	228,533	33,828,625	400	140,427

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	14,658,116		14,658,116	53,416	274.41	4,125	1,131,941	30
31 INTENSIVE CARE UNIT	2,140,262		2,140,262	8,755	244.46	590	144,231	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	69,659		69,659	4,010	17.37	1,258	21,851	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	16,868,037		16,868,037	66,181		5,973	1,298,023	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0200) [] 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	6,860,640	142,875,906	0.048018	50
53	ANESTHESIOLOGY	358,321	41,951,264	0.008541	53
54	RADIOLOGY-DIAGNOSTIC	2,632,696	54,833,423	0.048013	54
54.01	ULTRASOUND	356,764	21,410,482	0.016663	54.01
55	RADIOLOGY-THERAPEUTIC	302,364	26,649,141	0.011346	55
55.01	CYBERKNIFE	267,510	18,537,890	0.014430	55.01
56	RADIOISOTOPE	340,637	15,110,868	0.022543	56
57	CT SCAN	640,569	79,876,471	0.008019	57
58	MRI	604,589	41,490,591	0.014572	58
59	CARDIAC CATHETERIZATION	1,776,274	46,413,115	0.038271	59
60	LABORATORY	2,854,633	125,876,386	0.022678	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	534,434	30,988,650	0.017246	65
65.01	SLEEP LAB	36,576	4,447,641	0.008224	65.01
66	PHYSICAL THERAPY	351,562	17,918,670	0.019620	66
67	OCCUPATIONAL THERAPY	130,812	1,599,888	0.081763	67
68	SPEECH PATHOLOGY	18,426	1,578,794	0.011671	68
69	ELECTROCARDIOLOGY	707,570	19,533,396	0.036224	69
72	IMPL. DEV. CHARGED TO PATIENT	793,513	53,148,762	0.014930	72
73	DRUGS CHARGED TO PATIENTS	1,772,650	260,398,701	0.006807	73
74	RENAL DIALYSIS	67,196	2,026,925	0.033152	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	4,492,505	61,962,872	0.072503	90
91	EMERGENCY	2,103,994	58,588,177	0.035912	91
91.01	OUTPATIENT CLINICS	550,588	7,168,337	0.076808	91.01
91.02	CARDIAC REHAB	397,964	2,000,387	0.198944	91.02
91.03	CENTRAL ADMISSION				91.03
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	2,065,515	15,319,487	0.134829	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	31,018,302	1,151,706,224		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		310,520			310,520	30
31 INTENSIVE CARE UNIT		84,380			84,380	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		394,900			394,900	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	53,416	5.81	4,125	23,966	30
31 INTENSIVE CARE UNIT	8,755	9.64	590	5,688	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	4,010		1,258		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	66,181		5,973	29,654	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
55.01 CYBERKNIFE						55.01
56 RADIOISOTOPE						56
57 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
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY			84,380		84,380	84,380
91.01 OUTPATIENT CLINICS			55,691		55,691	55,691
91.02 CARDIAC REHAB						91.02
91.03 CENTRAL ADMISSION						91.03
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			140,071		140,071	140,071

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	142,875,906						50
53 ANESTHESIOLOGY	41,951,264						53
54 RADIOLOGY-DIAGNOSTIC	54,833,423						54
54.01 ULTRASOUND	21,410,482						54.01
55 RADIOLOGY-THERAPEUTIC	26,649,141						55
55.01 CYBERKNIFE	18,537,890						55.01
56 RADIOISOTOPE	15,110,868						56
57 CT SCAN	79,876,471						57
58 MRI	41,490,591						58
59 CARDIAC CATHETERIZATION	46,413,115						59
60 LABORATORY	125,876,386						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	30,988,650						65
65.01 SLEEP LAB	4,447,641						65.01
66 PHYSICAL THERAPY	17,918,670						66
67 OCCUPATIONAL THERAPY	1,599,888						67
68 SPEECH PATHOLOGY	1,578,794						68
69 ELECTROCARDIOLOGY	19,533,396						69
72 IMPL. DEV. CHARGED TO PATIEN	53,148,762						72
73 DRUGS CHARGED TO PATIENTS	260,398,701						73
74 RENAL DIALYSIS	2,026,925						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	61,962,872						90
91 EMERGENCY	58,588,177	0.001440	0.001440				91
91.01 OUTPATIENT CLINICS	7,168,337	0.007769	0.007769				91.01
91.02 CARDIAC REHAB	2,000,387						91.02
91.03 CENTRAL ADMISSION							91.03
92 OBSERVATION BEDS (NON-DISTIN	15,319,487						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,151,706,224						200

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,294.95 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 36,008,675 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) 36,008,675 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	14,391,430	8,755	1,643.80	2,770	4,553,326	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					45,378,293	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					85,940,294	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 8,495,935 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,775,907 51
 52 TOTAL PROGRAM EXCLUDABLE COST 14,271,842 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 71,668,452 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) 7,527 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,294.95 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 9,747,089 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	14,658,116	69,171,073	0.211911	9,747,089	2,065,515	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	310,520	69,171,073	0.004489	9,747,089	43,755	92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	53,416	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	53,416	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,889	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,125	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)	4,010	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,258	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)	69,138,344	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	69,138,344	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)	69,138,344	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,294.34 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,339,153 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,339,153 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)	1,445,169	4,010	360.39	1,258	453,371 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	14,351,615	8,755	1,639.25	590	967,158 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					6,759,682 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,327,677 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,327,677 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) 7,527 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
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 (14-0200) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		73,753,650		30
31 INTENSIVE CARE UNIT		19,257,415		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.240248	32,063,470	7,703,185	50
53 ANESTHESIOLOGY	0.031369	9,865,028	309,456	53
54 RADIOLOGY-DIAGNOSTIC	0.179354	10,824,125	1,941,350	54
54.01 ULTRASOUND	0.133187	2,217,282	295,313	54.01
55 RADIOLOGY-THERAPEUTIC	0.159922	445,737	71,283	55
55.01 CYBERKNIFE	0.328058	4,939	1,620	55.01
56 RADIOISOTOPE	0.176178	2,339,980	412,253	56
57 CT SCAN	0.044097	11,318,610	499,117	57
58 MRI	0.055280	3,514,471	194,280	58
59 CARDIAC CATHETERIZATION	0.130612	14,960,612	1,954,035	59
60 LABORATORY	0.187360	27,037,528	5,065,751	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.126715	18,228,224	2,309,789	65
65.01 SLEEP LAB	0.176376	2,252	397	65.01
66 PHYSICAL THERAPY	0.279236	3,867,094	1,079,832	66
67 OCCUPATIONAL THERAPY	0.484986	896,272	434,679	67
68 SPEECH PATHOLOGY	0.268781	1,124,499	302,244	68
69 ELECTROCARDIOLOGY	0.125524	4,810,341	603,813	69
72 IMPL. DEV. CHARGED TO PATIENTS	0.389799	19,580,178	7,632,334	72
73 DRUGS CHARGED TO PATIENTS	0.128029	81,394,305	10,420,831	73
74 RENAL DIALYSIS	0.412462	1,364,399	562,763	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.614470	53,137	32,651	90
91 EMERGENCY	0.221318	9,684,013	2,143,246	91
91.01 OUTPATIENT CLINICS	0.665914	283,480	188,773	91.01
91.02 CARDIAC REHAB	0.574887	186,224	107,058	91.02
91.03 CENTRAL ADMISSION				91.03
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.636254	1,748,107	1,112,240	92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		257,814,307	45,378,293	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		257,814,307		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.238648			50
53 ANESTHESIOLOGY	0.031369			53
54 RADIOLOGY-DIAGNOSTIC	0.179354			54
54.01 ULTRASOUND	0.133187			54.01
55 RADIOLOGY-THERAPEUTIC	0.159922			55
55.01 CYBERKNIFE	0.328058			55.01
56 RADIOISOTOPE	0.176178			56
57 CT SCAN	0.044097			57
58 MRI	0.055280			58
59 CARDIAC CATHETERIZATION	0.130612			59
60 LABORATORY	0.186898			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.126330			65
65.01 SLEEP LAB	0.169312			65.01
66 PHYSICAL THERAPY	0.279236			66
67 OCCUPATIONAL THERAPY	0.484986			67
68 SPEECH PATHOLOGY	0.268781			68
69 ELECTROCARDIOLOGY	0.125524			69
72 IMPL. DEV. CHARGED TO PATIENTS	0.389799			72
73 DRUGS CHARGED TO PATIENTS	0.128029			73
74 RENAL DIALYSIS	0.412462			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.614470			90
91 EMERGENCY	0.221318			91
91.01 OUTPATIENT CLINICS	0.665914			91.01
91.02 CARDIAC REHAB	0.574887			91.02
91.03 CENTRAL ADMISSION				91.03
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.636254			92
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 (14-0200)
 APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	52,968,276	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,124,096	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	261.38	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0153	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	56,092,372	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)	56,092,372	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,156,940	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 (14-0200)
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)		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	188,262	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	21,140	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	61,458,714	59
60	PRIMARY PAYER PAYMENTS	24,180	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	61,434,534	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,068,348	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	208,424	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	552,176	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	386,523	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	484,683	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	56,544,285	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SEQUESTRATION PER PSR)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,359	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-12,263	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	56,538,381	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	282,692	71.01
72	INTERIM PAYMENTS	55,943,233	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	312,456	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	140,827	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	33,815,728	2
3	PPS PAYMENTS	33,357,601	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	118,932	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	12,897	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	140,827	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	230,540	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)	230,540	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)	230,540	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	89,713	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)	140,827	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)	33,489,430	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	93	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	7,330,926	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	26,299,238	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)	26,299,238	30
31	PRIMARY PAYER PAYMENTS	7,258	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	26,291,980	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)	537,713	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	376,399	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	517,137	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	26,668,379	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (FDO LOSS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	26,668,379	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	133,342	40.01
41	INTERIM PAYMENTS	26,372,656	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	162,381	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 (14-0200) [] 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		55,985,295		26,316,877	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01		NONE	01/18/2013	55,779	3.01
TO .02					3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50				NONE	3.50
.51	01/18/2013	42,062			3.51
PROVIDER .52					3.52
TO .53					3.53
PROGRAM .54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
.99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-42,062		55,779	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		55,943,233		26,372,656	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01		NONE		NONE	5.01
TO .02					5.02
PROVIDER .03					5.03
.04					5.04
.05					5.05
.06					5.06
.07					5.07
.08					5.08
.09					5.09
PROVIDER .50		NONE		NONE	5.50
TO .51					5.51
PROGRAM .52					5.52
.53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
PROGRAM .01		595,148		295,723	6.01
TO .02					6.02
PROVIDER .03					6.03
PROVIDER .04					6.04
TO .05					6.05
PROGRAM .06					6.06
PROGRAM .07					6.07
PROGRAM .08					6.08
PROGRAM .09					6.09
PROGRAM .10					6.10
PROGRAM .11					6.11
PROGRAM .12					6.12
PROGRAM .13					6.13
PROGRAM .14					6.14
PROGRAM .15					6.15
PROGRAM .16					6.16
PROGRAM .17					6.17
PROGRAM .18					6.18
PROGRAM .19					6.19
PROGRAM .20					6.20
PROGRAM .21					6.21
PROGRAM .22					6.22
PROGRAM .23					6.23
PROGRAM .24					6.24
PROGRAM .25					6.25
PROGRAM .26					6.26
PROGRAM .27					6.27
PROGRAM .28					6.28
PROGRAM .29					6.29
PROGRAM .30					6.30
PROGRAM .31					6.31
PROGRAM .32					6.32
PROGRAM .33					6.33
PROGRAM .34					6.34
PROGRAM .35					6.35
PROGRAM .36					6.36
PROGRAM .37					6.37
PROGRAM .38					6.38
PROGRAM .39					6.39
PROGRAM .40					6.40
PROGRAM .41					6.41
PROGRAM .42					6.42
PROGRAM .43					6.43
PROGRAM .44					6.44
PROGRAM .45					6.45
PROGRAM .46					6.46
PROGRAM .47					6.47
PROGRAM .48					6.48
PROGRAM .49					6.49
PROGRAM .50					6.50
PROGRAM .51					6.51
PROGRAM .52					6.52
PROGRAM .53					6.53
PROGRAM .54					6.54
PROGRAM .55					6.55
PROGRAM .56					6.56
PROGRAM .57					6.57
PROGRAM .58					6.58
PROGRAM .59					6.59
PROGRAM .60					6.60
PROGRAM .61					6.61
PROGRAM .62					6.62
PROGRAM .63					6.63
PROGRAM .64					6.64
PROGRAM .65					6.65
PROGRAM .66					6.66
PROGRAM .67					6.67
PROGRAM .68					6.68
PROGRAM .69					6.69
PROGRAM .70					6.70
PROGRAM .71					6.71
PROGRAM .72					6.72
PROGRAM .73					6.73
PROGRAM .74					6.74
PROGRAM .75					6.75
PROGRAM .76					6.76
PROGRAM .77					6.77
PROGRAM .78					6.78
PROGRAM .79					6.79
PROGRAM .80					6.80
PROGRAM .81					6.81
PROGRAM .82					6.82
PROGRAM .83					6.83
PROGRAM .84					6.84
PROGRAM .85					6.85
PROGRAM .86					6.86
PROGRAM .87					6.87
PROGRAM .88					6.88
PROGRAM .89					6.89
PROGRAM .90					6.90
PROGRAM .91					6.91
PROGRAM .92					6.92
PROGRAM .93					6.93
PROGRAM .94					6.94
PROGRAM .95					6.95
PROGRAM .96					6.96
PROGRAM .97					6.97
PROGRAM .98					6.98
PROGRAM .99					6.99
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		56,538,381		26,668,379	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0200) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	14,395 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	30,577 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	241 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	54,644 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,369,864,636 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	33,144,375 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 VII

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	6,759,682	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	6,759,682	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	6,759,682	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	7,992,251	8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	7,992,251	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	7,992,251	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	1,232,569	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	6,759,682	21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21	6,759,682	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	6,759,682	31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	6,759,682	36
37 OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	6,759,682	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	6,759,682	40
41 INTERIM PAYMENTS	3,522,142	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	3,237,540	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	58,939,046			4
5 OTHER RECEIVABLES	3,212,291			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	6,666,389			7
8 PREPAID EXPENSES	11,047,093			8
9 OTHER CURRENT ASSETS	19,493,973			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	99,358,792			11
FIXED ASSETS				
12 LAND	2,832,322			12
13 LAND IMPROVEMENTS	28,429,633			13
14 ACCUMULATED DEPRECIATION	-6,910,869			14
15 BUILDINGS	249,292,409			15
16 ACCUMULATED DEPRECIATION	-41,923,693			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	185,477,295			19
20 ACCUMULATED DEPRECIATION	-38,188,447			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	228,693,067			23
24 ACCUMULATED DEPRECIATION	-165,800,957			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)	441,900,760			30
OTHER ASSETS				
31 INVESTMENTS	12,359,329			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	17,881,299			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	30,240,628			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	571,500,180			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	20,535,531			37
38 SALARIES, WAGES & FEES PAYABLE	18,846,627			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	1,137,137			43
44 OTHER CURRENT LIABILITIES	41,584,581			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	82,103,876			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	45,228,522			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	45,228,522			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	127,332,398			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	444,167,782			52
53 SPECIFIC PURPOSE FUND BALANCE				53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57 PLANT FUND BALANCE - INVESTED IN PLANT				57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	444,167,782			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	571,500,180			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		427,760,739							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-25,607,700							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		402,153,039							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7 CHANGE IN PENSION PLAN		41,436,316							7
8 RELEASE OF RESTR CONTRIBUTIONS		578,426							8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		42,014,742							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		444,167,781							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		444,167,781							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	147,541,398		147,541,398	1
2 SUBPROVIDER IPF				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)	147,541,398		147,541,398	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	32,566,040		32,566,040	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	32,566,040		32,566,040	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	180,107,438		180,107,438	17
18 ANCILLARY SERVICES	474,012,043	660,027,833	1,134,039,876	18
19 OUTPATIENT SERVICES		45,858,799	45,858,799	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		14,728,227	14,728,227	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)	654,119,481	720,614,859	1,374,734,340	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		364,339,847	29
30 ADD (SPECIFY)			30
31			31
32 BAD DEBTS	20,829,489		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		20,829,489	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)		385,169,336	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,374,734,340	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,027,107,887	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	347,626,453	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	385,169,336	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-37,542,883	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1,382,795	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,310,754	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2,500	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	410,543	20
21	RENTAL OF VENDING MACHINES	24,843	21
22	RENTAL OF HOSPITAL SPACE	330,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (COMMUNITY EDUCATION CLASSES)	59,254	24
24.01	OTHER (ANSWERING SERVICE)	241,244	24.01
24.02	OTHER (LINEN REVENUE)	518,016	24.02
24.03	OTHER (DIETARY PATIENT SERVICES REVENUE)	461,770	24.03
24.04	OTHER (POB RENTAL INCOME)	2,116,908	24.04
24.05	OTHER (OTHER RELATED PARTY RENTAL REVENUE)	448,819	24.05
24.06	OTHER (OTHER MISCELLANEOUS REVENUE)	191,572	24.06
24.07	OTHER (CLINIC OTHER REVENUE)	2,478,776	24.07
24.08	OTHER (GRANT REVENUE)	164,377	24.08
24.09	OTHER (SCHOOL NURSES)	959,972	24.09
24.10	OTHER (FOUNDATION MGMT REVENUE)	70,790	24.10
24.11	OTHER (FOUNDATION SALARY REIMBURSEMENT)	582,892	24.11
24.12	OTHER (BIRTHING CENTER OTHER REVENUE)	48,664	24.12
24.13	OTHER (EMERGENCY OTHER REVENUE)	81,298	24.13
24.14	OTHER (MEANINGFUL USE REVENUE)	1,959,743	24.14
24.15	OTHER (NUTRITION SERVICESW REVENUE)	60,013	24.15
24.16	OTHER (ADVANCED PRACTICE NURSE OTHER REVE)	86,092	24.16
24.17	OTHER (CODING REVENUE)	63,136	24.17
24.18	OTHER (MD BILLING)	208,992	24.18
24.19	OTHER (LEASED EMPLOYEE BENEFITS)	146,609	24.19
24.20	OTHER (ENVIRONMENTAL SERVICES)	48,310	24.20
24.21	OTHER (COMMUNICATIONS)	13,501	24.21
24.22	OTHER (CATERING REVENUE)	40,933	24.22
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	14,513,116	25
26	TOTAL (LINE 5 PLUS LINE 25)	-23,029,767	26
27			27
27.02	OTHER EXPENSES (UN RELIZED GAINS ON INVESTMENTS')	-109,523	27.02
27.03	OTHER EXPENSES (GAIN ON INVESMTENT IN SUBSIDIARIES)	-332,792	27.03
27.04	OTHER EXPENSES (HHA INCOME)	3,020,248	27.04
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	2,577,933	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-25,607,700	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,368,384		5,576		1,743,732	3,117,692 5
6 SKILLED NURSING CARE	1,612,600		65,532			1,678,132 6
7 PHYSICAL THERAPY	816,362		30,292			846,654 7
8 OCCUPATIONAL THERAPY	31,312		2,967			34,279 8
9 SPEECH PATHOLOGY	25,705		769			26,474 9
10 MEDICAL SOCIAL SERVICES	49,024					49,024 10
11 HOME HEALTH AIDE	2,708		3,466	19,180		25,354 11
12 SUPPLIES (SEE INSTRUCTIONS)					100,917	100,917 12
13 DRUGS						13
14 DME	505,960		2,476		706,743	1,215,179 14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	4,412,055		111,078	19,180	2,551,392	7,093,705 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-1,405,890	1,711,802	-249,502	1,462,300	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-1,405,890	5,687,815	-249,502	5,438,313	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7408

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	1,462,300				1,462,300	1,462,300		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	1,678,132				1,678,132	617,185	2,295,317	8
9	PHYSICAL THERAPY	846,654				846,654	311,382	1,158,036	9
10	OCCUPATIONAL THERAPY	34,279				34,279	12,607	46,886	10
11	SPEECH PATHOLOGY	26,474				26,474	9,737	36,211	11
12	MEDICAL SOCIAL SERVICES	49,024				49,024	18,030	67,054	12
13	HOME HEALTH AIDE	25,354				25,354	9,325	34,679	13
14	SUPPLIES (SEE INSTRUCTIONS)	100,917				100,917	37,115	138,032	14
15	DRUGS								15
16	DME	1,215,179				1,215,179	446,919	1,662,098	16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	5,438,313				5,438,313		5,438,313	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER						
1							1
2							2
3							3
4							4
5					-1,462,300	3,976,013	5
6							6
7						1,678,132	7
8						846,654	8
9						34,279	9
10						26,474	10
11						49,024	11
12						25,354	12
13						100,917	13
14							14
15						1,215,179	15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24					-1,462,300	3,976,013	24
25						1,462,300	25
26						0.367780	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7408

WORKSHEET H-2
 PART I

HHA COST CENTER	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PASTORAL CARE 23	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL				1,105,713		1,105,713			1
2 SKILLED NURSING CARE				3,399,896		3,399,896	482,688	3,882,584	2
3 PHYSICAL THERAPY				1,716,273		1,716,273	243,663	1,959,936	3
4 OCCUPATIONAL THERAPY				68,889		68,889	9,780	78,669	4
5 SPEECH PATHOLOGY				53,727		53,727	7,628	61,355	5
6 MEDICAL SOCIAL SERVICES				99,981		99,981	14,195	114,176	6
7 HOME HEALTH AIDE				43,923		43,923	6,236	50,159	7
8 SUPPLIES				171,118		171,118	24,294	195,412	8
9 DRUGS									9
10 DME				2,234,447		2,234,447	317,229	2,551,676	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)				8,893,967		8,893,967	1,105,713	8,893,967	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.							0.141972		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET 7	PLANT OPER OLD BUILD SQUARE FT 7.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	HOUSEKEEPI OL BUILD SQ FT 9.01	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12
1 ADMINISTRATIVE AND GENERAL		7,509			7,509		140,448	1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		7,509			7,509		140,448	20
21 TOTAL COST TO BE ALLOCATED		11,564			380		186,863	21
22 UNIT COST MULTIPLIER					0.050606		1.330478	22
22 UNIT COST MULTIPLIER		1.540019						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
 PART II

HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21
1 ADMINISTRATIVE AND GENERAL				11,814,129				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)				11,814,129				20
21 TOTAL COST TO BE ALLOCATED				22,849				21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER				0.001934				22

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
12/02/2013 09:00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-2
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	
1	SKILLED NURSING CARE	2	3,882,584	2	3,882,584	20,139	192.79	1
2	PHYSICAL THERAPY	3	1,959,936		1,959,936	13,721	142.84	2
3	OCCUPATIONAL THERAPY	4	78,669		78,669	1,344	58.53	3
4	SPEECH PATHOLOGY	5	61,355		61,355	348	176.31	4
5	MEDICAL SOCIAL SERVICES	6	114,176		114,176	248	460.39	5
6	HOME HEALTH AIDE	7	50,159		50,159	1,065	47.10	6
7	TOTAL (SUM OF LINES 1-6)		6,146,879		6,146,879	36,865		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)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	5	
15	COST OF MEDICAL SUPPLIES	8	195,412	2	195,412	175,087	1.116085	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A		PART B		PART A		PART B	
PATIENT SERVICES	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	10,543	4,908		2,032,585	946,213		2,978,798	
2 PHYSICAL THERAPY	7,094	3,673		1,013,307	524,651		1,537,958	
3 OCCUPATIONAL THERAPY	803	376		47,000	22,007		69,007	
4 SPEECH PATHOLOGY	268	46		47,251	8,110		55,361	
5 MEDICAL SOCIAL SERVICES	125	91		57,549	41,895		99,444	
6 HOME HEALTH AIDE	372	502		17,521	23,644		41,165	
7 TOTAL (SUM OF LINES 1-6)	19,205	9,596		3,215,213	1,566,520		4,781,733	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			
		PART A	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR	DEDUCTIBLES & COINSUR
		1	2	3	4
8 SKILLED NURSING CARE	16974	10,543	4,908		8
9 PHYSICAL THERAPY	16974	7,094	3,673		9
10 OCCUPATIONAL THERAPY	16974	803	376		10
11 SPEECH PATHOLOGY	16974	268	46		11
12 MEDICAL SOCIAL SERVICES	16974	125	91		12
13 HOME HEALTH AIDE	16974	372	502		13
14 TOTAL (SUM OF LINES 8-13)		19,205	9,596		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES		
	PART A		PART B		PART A		PART B
OTHER PATIENT SERVICES	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	0.279236			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67	0.484986			COL 2, LINE 3
3 SPEECH PATHOLOGY	68	0.268781			COL 2, LINE 4
4 MEDICAL SUPPLIES CHARGED TO PA	71				COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.128029			COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7408

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2 TOTAL CHARGES	3,262,469			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)	3,262,469			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,262,469			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		PART B		
	SERVICES 1		SERVICES 2		
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)					10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,592,693		1,814,220		11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12,429		9,067		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	46,446		36,943		13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	19,081		9,985		14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					16
17 TOTAL OTHER PAYMENTS					17
18 DME PAYMENTS					18
19 OXYGEN PAYMENTS					19
20 PROSTHETIC AND ORTHOTIC PAYMENTS					20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)					21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	3,670,649		1,870,215		22
23 EXCESS REASONABLE COST (FROM LINE 8)					23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	3,670,649		1,870,215		24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
26 NET COST (LINE 24 MINUS LINE 25)	3,670,649		1,870,215		26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)					27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	3,670,649		1,870,215		29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,670,649		1,870,215		31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	17,885		9,361		31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,652,764		1,860,854		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 PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7408

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,652,764		1,860,854	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		3,652,764		1,860,854	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	17,885		9,361	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,670,649		1,870,215	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3)	OTHER 5	TOTAL (COLS. 1-5) 6	
	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	149,255			40,924	34,744	224,923	6
7 INPATIENT - GENERAL CARE					156,353	156,353	7
8 INPATIENT - RESPITE CARE					142,885	142,885	8
9 VISITING SERVICES PHYSICIAN SERVICES							9
10 NURSING CARE	255,111		9,536			264,647	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY	114			19,180		19,294	12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	108,244		9,536			117,780	15
16 SPIRITUAL COUNSELING	29,204					29,204	16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER	110,749		9,536			120,285	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER							21
22 OTHER HOSPICE SERVICE COSTS							
23 DRUGS, BIOLOGICAL & INFUSION THERAPY					91,578	91,578	22
24 ANALGESICS							23
25 SEDATIVES/HYPNOTICS							24
26 OTHER - SPECIFY							25
27 DURABLE MEDICAL EQUIPMENT/OXYGEN					28,932	28,932	26
28 PATIENT TRANSPORTATION					5,767	5,767	27
29 IMAGING SERVICES							28
30 LABS AND DIAGNOSTICS							29
31 MEDICAL SUPPLIES					21,244	21,244	30
32 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							31
33 RADIATION THERAPY							32
34 CHEMOTHERAPY							33
35 OTHER							34
36 HOSPICE NONREIMBURSABLE SERVICE							
37 BEREAVEMENT PROGRAM COSTS							35
38 VOLUNTEER PROGRAM COSTS							36
39 FUNDRAISING							37
40 OTHER PROGRAM COSTS							38
41 TOTAL (SUM OF LINES 1-38)	652,677		28,608	60,104	481,503	1,222,892	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	152,987	377,910		377,910	6
7		156,353		156,353	7
8		142,885		142,885	8
9					9
10		264,647		264,647	10
11					11
12		19,294		19,294	12
13					13
14					14
15		117,780		117,780	15
16		29,204		29,204	16
17					17
18					18
19		120,285		120,285	19
20					20
21					21
22		91,578		91,578	22
23					23
24					24
25					25
26		28,932		28,932	26
27		5,767		5,767	27
28					28
29					29
30		21,244		21,244	30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	305,974	1,375,879		1,375,879	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1577

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
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	771		77,021				71,463	149,255
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE				255,111				255,111
14	NURSING CARE-CONT.HOME CARE								10
15	PHYSICAL THERAPY					114			114
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES							108,244	108,244
19	SPIRITUAL COUNSELING							29,204	29,204
20	DIETARY COUNSELING								13
21	COUNSELING - OTHER								14
22	HH AIDE AND HOME MAKER						110,749		110,749
23	HH AIDE & HMKR-CONT.HME CARE								15
24	OTHER								16
25	OTHER HOSPICE SERVICE COSTS								17
26	DRUGS, BIOL. & INFUS. THER.								18
27	ANALGESICS								19
28	SEDATIVES / HYPNOTICS								20
29	OTHER - SPECIFY								21
30	DURABLE MED. EQUIP./OXYGEN								22
31	PATIENT TRANSPORTATION								23
32	IMAGING SERVICES								24
33	LABS AND DIAGNOSTICS								25
34	MEDICAL SUPPLIES								26
35	OUTPAT.SERV.(INCL.E/R DEPT.)								27
36	RADIATION THERAPY								28
37	CHEMOTHERAPY								29
38	OTHER								30
39	HOSPICE NONREIMBURSABLE SERVICE								31
40	BEREAVEMENT PROGRAM COSTS								32
41	VOLUNTEER PROGRAM COSTS								33
42	FUNDRAISING								34
43	OTHER PROGRAM COSTS								35
44	TOTAL (SUM OF LINES 1-38)	771		77,021	255,111	114	110,749	208,911	652,677

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE NO.: 14-1577

WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL							40,924	6
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE								8
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES								10
12	PHYSICIAN SERVICES								11
13	NURSING CARE								12
14	NURSING CARE-CONT.HOME CARE								13
15	PHYSICAL THERAPY					19,180			14
16	OCCUPATIONAL THERAPY								15
17	SPEECH/LANGUAGE PATHOLOGY								16
18	MEDICAL SOCIAL SERVICES								17
19	SPIRITUAL COUNSELING								18
20	DIETARY COUNSELING								19
21	COUNSELING - OTHER								20
22	HH AIDE AND HOMEMAKER								21
23	HH AIDE & HMKR-CONT.HME CARE								22
24	OTHER								23
25	OTHER HOSPICE SERVICE COSTS								24
26	DRUGS, BIOL. & INFUS. THER.								25
27	ANALGESICS								26
28	SEDATIVES / HYPNOTICS								27
29	OTHER - SPECIFY								28
30	DURABLE MED. EQUIP./OXYGEN								29
31	PATIENT TRANSPORTATION								30
32	IMAGING SERVICES								31
33	LABS AND DIAGNOSTICS								32
34	MEDICAL SUPPLIES								33
35	OUTPAT.SERV.(INCL.E/R DEPT.)								34
36	RADIATION THERAPY								35
37	CHEMOTHERAPY								36
38	OTHER								37
39	HOSPICE NONREIMBURSABLE SERVICE								38
40	BEREAVEMENT PROGRAM COSTS								39
41	VOLUNTEER PROGRAM COSTS								40
42	FUNDRAISING								41
43	OTHER PROGRAM COSTS								42
44	TOTAL (SUM OF LINES 1-38)					19,180		40,924	60,104

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1577

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	377,910					377,910	377,910	6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE	156,353					156,353	59,208	215,561
10	INPATIENT - RESPITE CARE	142,885					142,885	54,108	196,993
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE	264,647					264,647	100,215	364,862
14	NURSING CARE-CONTINUOUS HOME								11
15	PHYSICAL THERAPY	19,294					19,294	7,306	26,600
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES	117,780					117,780	44,601	162,381
19	SPIRITUAL COUNSELING	29,204					29,204	11,059	40,263
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOME MAKER	120,285					120,285	45,549	165,834
23	HH AIDE & HMKR-CONT. HOME CA								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.	91,578					91,578	34,679	126,257
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN	28,932					28,932	10,956	39,888
31	PATIENT TRANSPORTATION	5,767					5,767	2,184	7,951
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES	21,244					21,244	8,045	29,289
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERV.								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)	1,375,879					1,375,879		1,375,879

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1577

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)	
	1	2	3	4	5		6	
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	-377,910	997,969	6
7 INPATIENT - GENERAL CARE							156,353	7
8 INPATIENT - RESPITE CARE VISITING SERVICES							142,885	8
9 PHYSICIAN SERVICES								9
10 NURSING CARE							264,647	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY							19,294	12
13 OCCUPATIONAL THERAPY								13
14 SPEECH/LANGUAGE PATHOLOGY								14
15 MEDICAL SOCIAL SERVICES							117,780	15
16 SPIRITUAL COUNSELING							29,204	16
17 DIETARY COUNSELING								17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOME MAKER							120,285	19
20 HH AIDE & HMKR-CONT. HOME CA								20
21 OTHER								21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.							91,578	22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN							28,932	26
27 PATIENT TRANSPORTATION							5,767	27
28 IMAGING SERVICES								28
29 LABS AND DIAGNOSTICS								29
30 MEDICAL SUPPLIES							21,244	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								35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING								37
38 OTHER PROGRAM COSTS								38
39 COST TO BE ALLOCATED							377,910	39
40 UNIT COST MULTIPLIER							0.378679	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PASTORAL CARE 23	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			33,752	227,224		227,224			1
2 INPATIENT - GENERAL CARE				267,231		267,231	32,320	299,551	2
3 INPATIENT - RESPITE CARE				244,212		244,212	29,536	273,748	3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				540,025		540,025	65,314	605,339	5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY				33,016		33,016	3,993	37,009	7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE				238,517		238,517	28,847	267,364	10
11 SPIRITUAL COUNSELING				59,954		59,954	7,251	67,205	11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS				243,658		243,658	29,469	273,127	14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO				156,521		156,521	18,930	175,451	17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN				49,449		49,449	5,981	55,430	21
22 PATIENT TRANSPORTATION				9,857		9,857	1,192	11,049	22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES				36,310		36,310	4,391	40,701	25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)			33,752	2,105,974		2,105,974		2,105,974	34
35 UNIT COST MULTIPLIER							0.120944		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	DEPREC NEW BLDG SQ FT	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET
	1	1.01	2	3	4	4A	5	6
1 ADMINISTRATIVE AND GENERAL	2,500				273,819		123,129	1
2 INPATIENT - GENERAL CARE							215,561	2
3 INPATIENT - RESPITE CARE							196,993	3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					255,111		435,608	5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY					114		26,632	7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE					108,244		192,399	10
11 SPIRITUAL COUNSELING					29,204		48,362	11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS					110,749		196,546	14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO							126,257	17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN							39,888	21
22 PATIENT TRANSPORTATION							7,951	22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES							29,289	25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	2,500				777,241		1,638,615	34
35 TOTAL COST TO BE ALLOCATED	47,196				215,540		392,778	35
36 UNIT COST MULTIPLIER	18.878400				0.277314		0.239701	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET 7	PLANT OPER OLD BUILD SQUARE FT 7.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	HOUSEKEEPI OL BUILD SQ FT 9.01	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12
1	ADMINISTRATIVE AND GENERAL		2,500		2,500		23,462	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							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIP./OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPAT. SERV.(INCL.E/R DEPT							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (SUM OF LINES 1-33)		2,500		2,500		23,462	34
35	TOTAL COST TO BE ALLOCATED		3,850		127		31,216	35
36	UNIT COST MULTIPLIER		1.540000		0.050800		1.330492	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21
1 ADMINISTRATIVE AND GENERAL				2,914,098				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)				2,914,098				34
35 TOTAL COST TO BE ALLOCATED				5,636				35
36 UNIT COST MULTIPLIER				0.001934				36

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

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	I&R	PASTORAL	
	PROGRAM	CARE	
	COSTS		
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	22	23	
1 ADMINISTRATIVE AND GENERAL		20	1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE			5
6 NURSING CARE-CONTINUOUS HOM			6
7 PHYSICAL THERAPY			7
8 OCCUPATIONAL THERAPY			8
9 SPEECH/LANGUAGE PATHOLOGY			9
10 MEDICAL SOCIAL SERV. - DIRE			10
11 SPIRITUAL COUNSELING			11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS			14
15 HH AIDE & HMKR-CONT. HOME C			15
16 OTHER			16
17 DRUGS,BIOLOGICALS & INFUSIO			17
18 ANALGESICS			18
19 SEDATIVES / HYPNOTICS			19
20 OTHER - SPECIFY			20
21 DURABLE MED. EQUIP./OXYGEN			21
22 PATIENT TRANSPORTATION			22
23 IMAGING SERVICES			23
24 LABS AND DIAGNOSTICS			24
25 MEDICAL SUPPLIES			25
26 OUTPAT. SERV.(INCL.E/R DEPT			26
27 RADIATION THERAPY			27
28 CHEMOTHERAPY			28
29 OTHER			29
30 BEREAVEMENT PROGRAM COSTS			30
31 VOLUNTEER PROGRAM COSTS			31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		20	34
35 TOTAL COST TO BE ALLOCATED		33,752	35
36 UNIT COST MULTIPLIER		1,687.60000	36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.279236		1
2	OCCUPATIONAL THERAPY	67	0.484986		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.268781		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.128029		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.186898		6
7	MEDICAL SUPPLIES	71			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.159922		9
9.01	CYBERKNIFE	55.01	0.328058		9.01
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (SEE INSTRUCTIONS)				2,105,974	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				16,120	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				130.64	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	15,145				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,978,543				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)			975		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			127,374		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-020) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1 CAPITAL DRG OTHER THAN OUTLIER	4,228,512	1
2 CAPITAL DRG OUTLIER PAYMENTS	822,715	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	149.71	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0153	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1069	8
9 SUM OF LINES 7 AND 8	0.1222	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0250	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	105,713	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,156,940	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 DEPR NEW BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPER OLD BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
9.01 HOUSEKEEPING OLD BUILD					9.01
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PASTORAL CARE					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
55 RADIOLOGY-THERAPEUTIC					55
55.01 CYBERKNIFE					55.01
56 RADIOISOTOPE					56
57 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
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 OUTPATIENT CLINICS					91.01
91.02 CARDIAC REHAB					91.02
91.03 CENTRAL ADMISSION					91.03
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 MEALS ON WHEELS					192.01

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
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
12/02/2013 09:00

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	
192.02 GUEST MEALS						192.02
194 OTHER NONREIMBURSABLE						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	52.06		7.72				59.78 30
31 INTENSIVE CARE UNIT	31.64		6.74				38.38 31
43 NURSERY			31.37				31.37 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	22.44	10.31					32.75 50
53 ANESTHESIOLOGY	23.52	8.84					32.36 53
54 RADIOLOGY-DIAGNOSTIC	19.74	20.60					40.34 54
54.01 ULTRASOUND	10.36	17.47					27.83 54.01
55 RADIOLOGY-THERAPEUTIC	1.67	48.75					50.42 55
55.01 CYBERKNIFE	0.03	63.41					63.44 55.01
56 RADIOISOTOPE	15.49	26.99					42.48 56
57 CT SCAN	14.17	22.77					36.94 57
58 MRI	8.47	21.83					30.30 58
59 CARDIAC CATHETERIZATION	32.23	21.03					53.26 59
60 LABORATORY	21.48	3.47					24.95 60
65 RESPIRATORY THERAPY	58.82	3.07					61.89 65
65.01 SLEEP LAB	0.05	24.42					24.47 65.01
66 PHYSICAL THERAPY	21.58	1.36					22.94 66
67 OCCUPATIONAL THERAPY	56.02	0.01					56.03 67
68 SPEECH PATHOLOGY	71.23						71.23 68
69 ELECTROCARDIOLOGY	24.63	16.48					41.11 69
72 IMPL. DEV. CHARGED TO PATIENTS	36.84	13.97					50.81 72
73 DRUGS CHARGED TO PATIENTS	31.26	16.09					47.35 73
74 RENAL DIALYSIS	67.31	5.36					72.67 74
90 CLINIC	0.09	15.30					15.39 90
91 EMERGENCY	16.53	1.25					17.78 91
91.01 OUTPATIENT CLINICS	3.95	4.58					8.53 91.01
91.02 CARDIAC REHAB	9.31	35.70					45.01 91.02
92 OBSERVATION BEDS (NON-DISTINCT)	11.41	21.24					32.65 92
200 TOTAL CHARGES	22.39	15.03					37.42 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	11,598,164	3.42	-11,598,164	-6.98		1
1.01	DEPR NEW BUILDING	19,288,212	5.69	-19,288,212	-11.61		1.01
2	CAP REL COSTS-MVBLE EQUIP	18,329,990	5.41	-18,329,990	-11.03		2
3	OTHER CAP REL COSTS						3
4	EMPLOYEE BENEFITS DEPARTMENT	38,862,277	11.47	-38,862,277	-23.39		4
5	ADMINISTRATIVE & GENERAL	48,782,240	14.40	-48,782,240	-29.36		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	13,644,659	4.03	-13,644,659	-8.21		7
7.01	PLANT OPER OLD BUILDING	605,540	0.18	-605,540	-0.36		7.01
8	LAUNDRY & LINEN SERVICE	1,333,613	0.39	-1,333,613	-0.80		8
9	HOUSEKEEPING	4,047,313	1.19	-4,047,313	-2.44		9
9.01	HOUSEKEEPING OLD BUILD	20,664	0.01	-20,664	-0.01		9.01
10	DIETARY	1,155,357	0.34	-1,155,357	-0.70		10
11	CAFETERIA	1,066,907	0.31	-1,066,907	-0.64		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,899,655	0.56	-1,899,655	-1.14		13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY	3,903,268	1.15	-3,903,268	-2.35		15
16	MEDICAL RECORDS & LIBRARY	1,319,349	0.39	-1,319,349	-0.79		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES A						21
22	I&R SERVICES-OTHER PRGM COSTS A						22
23	PASTORAL CARE	294,547	0.09	-294,547	-0.18		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	24,497,224	7.23	44,641,120	26.87	69,138,344	20.41
31	INTENSIVE CARE UNIT	6,278,503	1.85	8,073,112	4.86	14,351,615	4.24
43	NURSERY	875,732	0.26	569,437	0.34	1,445,169	0.43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,050,996	4.74	18,046,058	10.86	34,097,054	10.07
53	ANESTHESIOLOGY	608,158	0.18	707,796	0.43	1,315,954	0.39
54	RADIOLOGY-DIAGNOSTIC	3,868,112	1.14	5,966,495	3.59	9,834,607	2.90
54.01	ULTRASOUND	1,525,490	0.45	1,326,108	0.80	2,851,598	0.84
55	RADIOLOGY-THERAPEUTIC	2,585,421	0.76	1,676,371	1.01	4,261,792	1.26
55.01	CYBERKNIFE	4,701,944	1.39	1,379,554	0.83	6,081,498	1.80
56	RADIOISOTOPE	1,366,703	0.40	1,295,500	0.78	2,662,203	0.79
57	CT SCAN	1,721,909	0.51	1,800,420	1.08	3,522,329	1.04
58	MRI	891,964	0.26	1,401,655	0.84	2,293,619	0.68
59	CARDIAC CATHETERIZATION	2,340,577	0.69	3,721,555	2.24	6,062,132	1.79
60	LABORATORY	13,849,408	4.09	9,676,614	5.82	23,526,022	6.94
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,991,061	0.59	1,923,736	1.16	3,914,797	1.16
65.01	SLEEP LAB	464,584	0.14	288,457	0.17	753,041	0.22
66	PHYSICAL THERAPY	2,960,593	0.87	2,042,947	1.23	5,003,540	1.48
67	OCCUPATIONAL THERAPY	361,793	0.11	414,130	0.25	775,923	0.23
68	SPEECH PATHOLOGY	267,005	0.08	157,345	0.09	424,350	0.13
69	ELECTROCARDIOLOGY	705,948	0.21	1,745,955	1.05	2,451,903	0.72
72	IMPL. DEV. CHARGED TO PATIENTS	16,628,660	4.91	4,088,696	2.46	20,717,356	6.12
73	DRUGS CHARGED TO PATIENTS	21,657,309	6.39	11,681,269	7.03	33,338,578	9.84
74	RENAL DIALYSIS	598,919	0.18	237,110	0.14	836,029	0.25
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	25,323,196	7.48	12,751,119	7.67	38,074,315	11.24
91	EMERGENCY	5,605,827	1.65	7,360,781	4.43	12,966,608	3.83
91.01	OUTPATIENT CLINICS	2,257,442	0.67	2,516,054	1.51	4,773,496	1.41
91.02	CARDIAC REHAB	427,456	0.13	722,541	0.43	1,149,997	0.34
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94	HOME PROGRAM DIALYSIS						94
OUTPATIENT SERVICE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	5,438,313	1.61	3,455,654	2.08	8,893,967	2.63
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,375,879	0.41	730,095	0.44	2,105,974	0.62
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	623,297	0.18	1,064,111	0.64	1,687,408	0.50
192	PHYSICIANS' PRIVATE OFFICES	3,996,865	1.18	2,224,748	1.34	6,221,613	1.84
192.01	MEALS ON WHEELS	753,895	0.22	489,666	0.29	1,243,561	0.37
192.02	GUEST MEALS						192.02
194	OTHER NONREIMBURSABLE			11,975,546	7.21	11,975,546	3.54

PROVIDER CCN: 14-0200 ELMHURST MEMORIAL HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
12/02/2013 09:00

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	338,751,938	100.00			338,751,938	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	6,860,640	142,875,906	0.048018	32,063,470	1,539,624	50
53	ANESTHESIOLOGY	358,321	41,951,264	0.008541	9,865,028	84,257	53
54	RADIOLOGY-DIAGNOSTIC	2,632,696	54,833,423	0.048013	10,824,125	519,699	54
54.01	ULTRASOUND	356,764	21,410,482	0.016663	2,217,282	36,947	54.01
55	RADIOLOGY-THERAPEUTIC	302,364	26,649,141	0.011346	445,737	5,057	55
55.01	CYBERKNIFE	267,510	18,537,890	0.014430	4,939	71	55.01
56	RADIOISOTOPE	340,637	15,110,868	0.022543	2,339,980	52,750	56
57	CT SCAN	640,569	79,876,471	0.008019	11,318,610	90,764	57
58	MRI	604,589	41,490,591	0.014572	3,514,471	51,213	58
59	CARDIAC CATHETERIZATION	1,776,274	46,413,115	0.038271	14,960,612	572,558	59
60	LABORATORY	2,854,633	125,876,386	0.022678	27,037,528	613,157	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	534,434	30,988,650	0.017246	18,228,224	314,364	65
65.01	SLEEP LAB	36,576	4,447,641	0.008224	2,252	19	65.01
66	PHYSICAL THERAPY	351,562	17,918,670	0.019620	3,867,094	75,872	66
67	OCCUPATIONAL THERAPY	130,812	1,599,888	0.081763	896,272	73,282	67
68	SPEECH PATHOLOGY	18,426	1,578,794	0.011671	1,124,499	13,124	68
69	ELECTROCARDIOLOGY	707,570	19,533,396	0.036224	4,810,341	174,250	69
72	IMPL. DEV. CHARGED TO PATIENTS	793,513	53,148,762	0.014930	19,580,178	292,332	72
73	DRUGS CHARGED TO PATIENTS	1,772,650	260,398,701	0.006807	81,394,305	554,051	73
74	RENAL DIALYSIS	67,196	2,026,925	0.033152	1,364,399	45,233	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,492,505	61,962,872	0.072503	53,137	3,853	90
91	EMERGENCY	2,103,994	58,588,177	0.035912	9,684,013	347,772	91
91.01	OUTPATIENT CLINICS	550,588	7,168,337	0.076808	283,480	21,774	91.01
91.02	CARDIAC REHAB	397,964	2,000,387	0.198944	186,224	37,048	91.02
91.03	CENTRAL ADMISSION						91.03
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	2,065,515	15,319,487	0.134829	1,748,107	235,696	92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL	31,018,302	1,151,706,224		257,814,307	5,754,767	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	14,658,116		14,658,116	53,416	274.41	27,807	7,630,519	30
31 INTENSIVE CARE UNIT	2,140,262		2,140,262	8,755	244.46	2,770	677,154	31
200 TOTAL	16,798,378		16,798,378	62,171		30,577	8,307,673	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							8,307,673	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							5,754,767	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							14,062,440	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							6,035	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							30,577	
PER DISCHARGE CAPITAL COSTS							2,330.15	
PER DIEM CAPITAL COSTS							459.90	

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)	71,668,452
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	350,825,372
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.204

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)	14,062,440
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.040

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	33,702,759
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)	172,533,078
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.195

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