

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 02-27-2014 TIME: 09:38\_\_\_\_\_  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWEST COMMUNITY HOSPITAL (14-0252) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-275,906	-140,724		1
2 SUBPROVIDER - IPF		7,361			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		-268,545	-140,724		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 (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503). (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				61.20
	ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)				
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
	TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS				
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

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

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.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		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)

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

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

TITLE V AND XIX INPATIENT SERVICES		V	XIX	
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		1	2	
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.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	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: 4,567,613 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

140 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER. 1  
N 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		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	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 167  
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168  
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169  
 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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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)	1 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.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
<b>FINANCIAL DATA AND REPORTS</b>					
		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.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		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?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
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	12/05/2014	Y	12/05/2014 17
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	18
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	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

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





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	170,144,432		170,144,432	5,260,630.00	32.34	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		12,748,799	-764,972	11,983,827	332,594.00	36.03	10
OTHER WAGES & RELATED COSTS							
11							11
12							12
13		689,496		689,496	4,405.00	156.53	13
14							14
15							15
16							16
17		55,981,822		55,981,822			17
18							18
19		4,241,742		4,241,742			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
26		3,884,646		3,884,646	41,136.00	94.43	26
27		24,614,669		24,614,669	719,308.00	34.22	27
28		14,250		14,250	87.00	163.79	28
29							29
30		3,650,674		3,650,674	127,887.00	28.55	30
31							31
32		4,018,664		4,018,664	290,517.00	13.83	32
33							33
34		2,933,800	-824,390	2,109,410	127,353.00	16.56	34
35							35
36			824,390	824,390	51,075.00	16.14	36
37							37
38		3,052,259		3,052,259	70,273.00	43.43	38
39		1,523,780		1,523,780	90,828.00	16.78	39
40		4,334,374		4,334,374	104,076.00	41.65	40
41		2,239,566		2,239,566	94,412.00	23.72	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	170,158,682		170,158,682	5,260,717.00	32.35	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	12,748,799	-764,972	11,983,827	332,594.00	36.03	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	157,409,883	764,972	158,174,855	4,928,123.00	32.10	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	689,496		689,496	4,405.00	156.53	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	55,981,822		55,981,822		35.39%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	214,081,201	764,972	214,846,173	4,932,528.00	43.56	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	50,266,682		50,266,682	1,716,952.00	29.28	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	10,692,657	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	8,613,427	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	23,550,833	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,254,022	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	127,396	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	724,000	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,401,424	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	11,935,172	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	721,744	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)	374,243	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	828,646	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	60,223,564	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,975		874	3,849	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		2,080.00		888.00	2,968.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		1.00		1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL		17.33		17.33	5
6 DIRECT NURSING SERVICE		25.32		25.32	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE		17.67		17.67	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		2.27		2.27	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		0.35		0.35	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE		2.26		2.26	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		1.85		1.85	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 CONTINUUM PERSONNEL					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	11340	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	14,320	54	576	568	15,518	21
22 SKILLED NURSING VISIT CHARGES	2,483,492	9,152	92,852	98,540	2,684,036	22
23 PHYSICAL THERAPY VISITS	10,672	55	185	380	11,292	23
24 PHYSICAL THERAPY VISIT CHARGES	2,467,979	12,815	41,707	87,742	2,610,243	24
25 OCCUPATIONAL THERAPY VISITS	1,361	23	2	48	1,434	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	315,305	5,359	466	10,953	332,083	26
27 SPEECH PATHOLOGY VISITS	163	1	5	5	174	27
28 SPEECH PATHOLOGY VISIT CHARGES	37,643	233	1,165	1,144	40,185	28
29 MEDICAL SOCIAL SERVICE VISITS	532	11	3	17	563	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	113,314	2,321	633	3,633	119,901	30
31 HOME HEALTH AIDE VISITS	1,162	17	1	48	1,228	31
32 HOME HEALTH AIDE VISIT CHARGES	136,253	1,989	117	5,733	144,092	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	28,210	161	772	1,066	30,209	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	5,553,986	31,869	136,940	207,745	5,930,540	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,080				2,080	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	155,791	180	6,295	1,835	164,101	38

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)			0.245866	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			16,004,654	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			81,145,378	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			19,950,890	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.			3,946,236	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)			3,946,236	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	55,817,520		55,817,520	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	13,723,630		13,723,630	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	13,723,630		13,723,630	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			11,210,799	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			599,425	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			10,611,374	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,608,976	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			16,332,606	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			20,278,842	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		50,482,634	50,482,634	-23,493,973	1
2	00200				12,645,948	2
3	00300					3
4	00400	3,884,646	43,441,916	47,326,562		4
5	00500	24,614,669	30,504,118	55,118,787	10,848,262	5
6	00600					6
7	00700	3,650,674	7,333,146	10,983,820	175,963	7
8	00800					8
9	00900	4,018,664	1,334,783	5,353,447		9
10	01000	2,933,800	2,373,956	5,307,756	-1,781,664	10
11	01100				1,781,664	11
12	01200					12
13	01300	3,052,259	653,106	3,705,365		13
14	01400	1,523,780	1,694,140	3,217,920	-1,127,699	14
15	01500	4,334,374	16,047,927	20,382,301	-15,149,498	15
16	01600	2,239,566	2,339,636	4,579,202	-25	16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				238,256	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	32,443,835	7,658,148	40,101,983	-8,819,263	30
31	03100	8,470,459	2,666,508	11,136,967	-838,927	31
35	02060	2,388,377	391,753	2,780,130	4,669	35
40	04000	4,162,480	477,633	4,640,113	-426,030	40
43	04300				1,573,359	43
ANCILLARY SERVICE COST CENTERS						
50	05000	12,295,839	25,419,627	37,715,466	-21,244,375	50
52	05200				4,657,290	52
53	05300	105,168	729,723	834,891	-683,577	53
54	05400	12,569,907	8,933,851	21,503,758	-1,981,510	54
54.01	05401	1,663,686	1,621,725	3,285,411	-33,966	54.01
56.01	03480	521,508	130,861	652,369	-71,050	56.01
60	06000	5,260,801	6,500,006	11,760,807	-160,341	60
62	06200	543,543	2,426,340	2,969,883	-1,950	62
62.30	06250					62.30
65	06500	2,232,847	546,584	2,779,431	-215,241	65
66	06600	6,004,137	1,655,457	7,659,594	-158,014	66
69	06900	2,441,815	617,982	3,059,797	-98,687	69
69.01	03630	1,790,010	6,307,710	8,097,720	-5,494,687	69.01
69.02	03160	684,658	273,211	957,869	-5,429	69.02
71	07100				22,239,726	71
72	07200				14,418,374	72
73	07300				15,021,260	73
73.01	07301				93,716	73.01
74	07400		860,843	860,843	-7,625	74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	4,630,124	2,006,047	6,636,171	-308,115	90.01
90.02	09002				1,556,218	90.02
91	09100	13,096,487	5,183,091	18,279,578	-2,429,911	91
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	5,758,589	936,001	6,694,590	1,078	101
SPECIAL PURPOSE COST CENTERS						
118		167,316,702	231,548,463	398,865,165	724,226	118
NONREIMBURSABLE COST CENTERS						
190	19000	150,141	326,411	476,552	-3	190
192	19200		1,088,955	1,088,955		192
192.01	19201					192.01
192.02	19202	1,502,916	383,050	1,885,966	-1,132,851	192.02
192.03	19203	215,363	70,048	285,411	-15,853	192.03
192.04	19204				484,962	192.04
194	07950	134,729	117,979	252,708	-229	194
194.01	07951	381,806	1,936,992	2,318,798	-2,858	194.01
194.02	07952					194.02
194.03	07953	442,775	963,785	1,406,560	-57,394	194.03
200		170,144,432	236,435,683	406,580,115		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	26,988,661	5,237,771	32,226,432	1
2	00200	12,645,948	193,629	12,839,577	2
3	00300				3
4	00400	47,326,562	-7,853	47,318,709	4
5	00500	65,967,049	-5,146,526	60,820,523	5
6	00600				6
7	00700	11,159,783	-5,474	11,154,309	7
8	00800				8
9	00900	5,353,447		5,353,447	9
10	01000	3,526,092	-20,605	3,505,487	10
11	01100	1,781,664	-1,419,965	361,699	11
12	01200				12
13	01300	3,705,365	-71,686	3,633,679	13
14	01400	2,090,221		2,090,221	14
15	01500	5,232,803	-32,899	5,199,904	15
16	01600	4,579,177	-345,297	4,233,880	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	238,256	-272,965	-34,709	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	31,282,720	-1,582,792	29,699,928	30
31	03100	10,298,040	-936,000	9,362,040	31
35	02060	2,784,799		2,784,799	35
40	04000	4,214,083	-213,068	4,001,015	40
43	04300	1,573,359		1,573,359	43
ANCILLARY SERVICE COST CENTERS					
50	05000	16,471,091	-330,627	16,140,464	50
52	05200	4,657,290		4,657,290	52
53	05300	151,314		151,314	53
54	05400	19,522,248	-23,200	19,499,048	54
54.01	05401	3,251,445	-45,461	3,205,984	54.01
56.01	03480	581,319	-450	580,869	56.01
60	06000	11,600,466	-89,612	11,510,854	60
62	06200	2,967,933		2,967,933	62
62.30	06250				62.30
65	06500	2,564,190		2,564,190	65
66	06600	7,501,580	-192,229	7,309,351	66
69	06900	2,961,110	-42,052	2,919,058	69
69.01	03630	2,603,033	-40,367	2,562,666	69.01
69.02	03160	952,440	-92,319	860,121	69.02
71	07100	22,239,726		22,239,726	71
72	07200	14,418,374		14,418,374	72
73	07300	15,021,260		15,021,260	73
73.01	07301	93,716		93,716	73.01
74	07400	853,218		853,218	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	6,328,056	-2,823,273	3,504,783	90.01
90.02	09002	1,556,218		1,556,218	90.02
91	09100	15,849,667	-1,309,551	14,540,116	91
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	6,695,668	-25	6,695,643	101
SPECIAL PURPOSE COST CENTERS					
118		399,589,391	-9,612,896	389,976,495	118
NONREIMBURSABLE COST CENTERS					
190	19000	476,549		476,549	190
192	19200	1,088,955		1,088,955	192
192.01	19201				192.01
192.02	19202	753,115		753,115	192.02
192.03	19203	269,558		269,558	192.03
192.04	19204	484,962		484,962	192.04
194	07950	252,479		252,479	194
194.01	07951	2,315,940		2,315,940	194.01
194.02	07952				194.02
194.03	07953	1,349,166	7,229,677	8,578,843	194.03
200		406,580,115	-2,383,219	404,196,896	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SHARED EXPENSES	A	CAFETERIA	11	824,390	957,274	1
500 TOTAL RECLASSIFICATIONS				824,390	957,274	500
CODE LETTER - A						
1 FLOAT POOL	B	ADULTS & PEDIATRICS	30	255,465	20,368	1
2 INTENSIVE CARE UNIT			31	49,563	3,952	2
3 SUBPROVIDER - IPF			40	16,299	1,300	3
4 NEONATAL INTENSIVE CARE UNIT			35	4,324	345	4
5 OPERATING ROOM			50	998	80	5
6 EMERGENCY			91	4,990	398	6
7 HOME HEALTH AGENCY			101	998	80	7
500 TOTAL RECLASSIFICATIONS				332,637	26,523	500
CODE LETTER - B						
1 TREATMENT CENTER LEASE EXP	C	CAP REL COSTS-BLDG & FIXT	1		149,840	1
500 TOTAL RECLASSIFICATIONS					149,840	500
CODE LETTER - C						
1 COST OF MEDICAL SUPPLIES SOLD	D	MEDICAL SUPPLIES CHARGED TO P	71		22,239,726	1
2 IMPL. DEV. CHARGED TO PATIENT			72		14,418,374	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
500 TOTAL RECLASSIFICATIONS					36,658,100	500
CODE LETTER - D						
1 COST OF DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	73		15,021,260	1
2 FLU VACCINE DRUGS CHG TO PATI			73.01		93,716	2
500 TOTAL RECLASSIFICATIONS					15,114,976	500
CODE LETTER - E						
1 PARAMEDICAL EDUCATION	F	PARAMED ED PRGM- EMERGENCY ME	23	198,052	40,204	1
2 EMS CONTINUING EDUCATION			192.04	403,129	81,833	2
500 TOTAL RECLASSIFICATIONS				601,181	122,037	500
CODE LETTER - F						
1 NON DEPT ITEMS-COST ALLOCATION	G	CAP REL COSTS-MVBLE EQUIP	2		12,645,948	1
2 ADMINISTRATIVE & GENERAL			5		11,608,210	2
500 TOTAL RECLASSIFICATIONS					24,254,158	500
CODE LETTER - G						
1 SALT CREEK OCCUPANCY COSTS	H	CAP REL COSTS-BLDG & FIXT	1		22,557	1
2 OPERATION OF PLANT			7		175,963	2
500 TOTAL RECLASSIFICATIONS					198,520	500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 PARTIAL HOSPITALIZATION PROGRAM	I	PARTIAL HOSPITALIZATION PROGR	90.02		1,383,450	172,768
2						1
500 TOTAL RECLASSIFICATIONS					1,383,450	172,768
CODE LETTER - I						500
1 PROPERTY INSURANCE	J	CAP REL COSTS-BLDG & FIXT	1			587,788
2						2
3						3
500 TOTAL RECLASSIFICATIONS						587,788
CODE LETTER - J						500
1 LDR COST ALLOCATION	K	NURSERY	43		1,482,862	246,190
2		DELIVERY ROOM & LABOR ROOM	52		3,575,280	1,082,010
500 TOTAL RECLASSIFICATIONS					5,058,142	1,328,200
CODE LETTER - K						500
GRAND TOTAL (INCREASES)					8,199,800	79,570,184

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SHARED EXPENSES	A	DIETARY	10	824,390	957,274	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				824,390	957,274	500
1 FLOAT POOL	B	ADULTS & PEDIATRICS	30	332,637	26,523	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				332,637	26,523	500
1 TREATMENT CENTER LEASE EXP	C	OUTPATIENT TREATMENT CENTERS	90.01		149,840	10 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					149,840	500
1 COST OF MEDICAL SUPPLIES SOLD	D	CENTRAL SERVICES & SUPPLY	14		1,127,699	1
2		PHARMACY	15		34,522	2
3		MEDICAL RECORDS & LIBRARY	16		25	3
4		ADULTS & PEDIATRICS	30		2,349,594	4
5		INTENSIVE CARE UNIT	31		892,442	5
6		SUBPROVIDER - IPF	40		13,710	6
7		NURSERY	43		155,693	7
8		OPERATING ROOM	50		21,245,453	8
9		ANESTHESIOLOGY	53		683,577	9
10		RADIOLOGY-DIAGNOSTIC	54		1,981,510	10
11		OFFSITE-DIAGNOSTIC SERVICES	54.01		33,966	11
12		ONCOLOGY	56.01		71,050	12
13		LABORATORY	60		160,341	13
14		WHOLE BLOOD & PACKED RED BLOO	62		1,950	14
15		RESPIRATORY THERAPY	65		215,241	15
16		PHYSICAL THERAPY	66		155,881	16
17		ELECTROCARDIOLOGY	69		98,687	17
18		CARDIAC CATH LAB	69.01		5,494,687	18
19		CARDIAC REHABILITATION	69.02		5,429	19
20		RENAL DIALYSIS	74		7,625	20
21		OUTPATIENT TREATMENT CENTERS	90.01		134,048	21
22		EMERGENCY	91		1,712,081	22
23		GIFT, FLOWER, COFFEE SHOP & C	190		3	23
24		RESIDENTIAL TREATMENT CENTER	192.02		6,552	24
25		MOBILE DENTAL CLINIC	192.03		15,853	25
26		CORPORATE HEALTH	194		229	26
27		MARKETING/COMMUNICATION	194.01		2,858	27
28		OTHER NRCC	194.03		57,394	28
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					36,658,100	500
1 COST OF DRUGS SOLD	E	PHARMACY	15		15,114,976	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					15,114,976	500
1 PARAMEDICAL EDUCATION	F	EMERGENCY	91	601,181	122,037	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				601,181	122,037	500
1 NON DEPT ITEMS-COST ALLOCATION	G	CAP REL COSTS-BLDG & FIXT	1		24,254,158	9 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					24,254,158	500
1 SALT CREEK OCCUPANCY COSTS	H	ADMINISTRATIVE & GENERAL	5		22,557	10 1
2		ADMINISTRATIVE & GENERAL	5		175,963	14 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					198,520	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 PARTIAL HOSPITALIZATION PROGRAM	I	SUBPROVIDER - IPF	40	421,727	8,192	1
2		RESIDENTIAL TREATMENT CENTER	192.02	961,723	164,576	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				1,383,450	172,768	500
1 PROPERTY INSURANCE	J	ADMINISTRATIVE & GENERAL	5		561,428	12 1
2		PHYSICAL THERAPY	66		2,133	2
3		OUTPATIENT TREATMENT CENTERS	90.01		24,227	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					587,788	500
1 LDR COST ALLOCATION	K	ADULTS & PEDIATRICS	30	1,482,862	246,190	1
2		ADULTS & PEDIATRICS	30	3,575,280	1,082,010	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				5,058,142	1,328,200	500
GRAND TOTAL (DECREASES)				8,199,800	79,570,184	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1,789,072					1,789,072		1
2 LAND IMPROVEMENTS	14,218,706	31,564		31,564		14,250,270		2
3 BUILDINGS AND FIXTURES	299,862,713	9,056,220		9,056,220		308,918,933		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	204,575,538	895,501		895,501		205,471,039		5
6 MOVABLE EQUIPMENT	107,414,349	2,183,877		2,183,877		109,598,226		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	627,860,378	12,167,162		12,167,162		640,027,540		8
9 RECONCILING ITEMS	1,102,550					1,102,550		9
10 TOTAL (LINE 7 MINUS LINE 9)	626,757,828	12,167,162		12,167,162		638,924,990		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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	28,974,636		9,857,986			11,650,012	50,482,634	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	28,974,636		9,857,986			11,650,012	50,482,634	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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	529,742,792		529,742,792	0.828576				1
2 CAP REL COSTS-MVBLE EQUIP	109,598,226		109,598,226	0.171424				2
3 TOTAL (SUM OF LINES 1-2)	639,341,018		639,341,018	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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	10,218,997	-10,203	9,779,838	587,788		11,650,012	32,226,432	1
2 CAP REL COSTS-MVBLE EQUIP	12,839,577						12,839,577	2
3 TOTAL	23,058,574	-10,203	9,779,838	587,788		11,650,012	45,066,009	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER	3		
	1	2			4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-2,289,567	CAP REL COSTS-BLDG & FIXT		1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP		2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)						4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)						5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-42,975	ADMINISTRATIVE & GENERAL		5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-5,474	OPERATION OF PLANT		7	8
9 PARKING LOT (CHAPTER 21)						9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6,787,191				10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1					13 14
13 LAUNDRY AND LINEN SERVICE						15
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,419,965	CAFETERIA		11	16 17
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						18
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						19
17 SALE OF DRUGS TO OTHER THAN PATIENTS						20
18 SALE OF MEDICAL RECORDS AND ABSTRACTS						21
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						22
20 VENDING MACHINES						23
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						24
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						25
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY		65	26 27
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY		66	28 29
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF		114	30 31
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT		1	32 33
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP		2	34 35
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		19	36 37
29 PHYSICIANS' ASSISTANT						38
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY		67	39 40
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY		68	41 42
32 CAH HIT ADJ FOR DEPRECIATION AND						43 44
33						45
34						46
35 PHO EXP	A	-2,736,995	ADMINISTRATIVE & GENERAL		5	47 48
36 OPERATING REV-OVERHEAD CC	B	23,225	ADMINISTRATIVE & GENERAL		5	49 50
36.01 OPERATING REV : OVERHEAD CC	B	-20,605	DIETARY		10	51 52
37						53
38 LOBBYING PORTION OF DUES	A	-38,201	ADMINISTRATIVE & GENERAL		5	54 55
39						56
40						57
41						58
41.09 AMORT OF CAPITALIZED INT INCOME	B	-78,148	CAP REL COSTS-BLDG & FIXT		1	11 41.09
41.14 PARAMED EDUCATION TUITION INCOME	B	-272,965	PARAMED ED PRGM- EMERGENCY MED.		23	41.14
41.71 NC HEALTH COST	A	7,229,677	OTHER NRCC		194.03	41.71
41.88 PIANO DEPRECIATION	A	-1,371	CAP REL COSTS-MVBLE EQUIP		2	9 41.88
42 WELLNESS CENTER RENT TO COST	A	7,534	PHYSICAL THERAPY		66	42
42.01 WELLNESS CENTER RENT TO COST	A	-76,535	CARDIAC REHABILITATION		69.02	42.01
43						43
43.04 INTERCOMPANY RENT	A	-182,600	CAP REL COSTS-BLDG & FIXT		1	10 43.04
44 BANK LOAN INTEREST EXP	A	-45,461	OFFSITE-DIAGNOSTIC SERVICES		54.01	44
45						45
45.01 MISC OPERATING INCOME	B	-2,283,320	ADMINISTRATIVE & GENERAL		5	45.01
45.02 MISC OPERATING INCOME	B	-32,899	PHARMACY		15	45.02
45.03 MISC OPERATING INCOME	B	-71,686	NURSING ADMINISTRATION		13	45.03
45.04 MISC OPERATING INCOME	B	-345,297	MEDICAL RECORDS & LIBRARY		16	45.04
45.05 MISC OPERATING INCOME	B	-145,861	ADULTS & PEDIATRICS		30	45.05
45.06 MISC OPERATING INCOME	B	-213,068	SUBPROVIDER - IPF		40	45.06
45.07 MISC OPERATING INCOME	B	-95,200	OPERATING ROOM		50	45.07
45.08 MISC OPERATING INCOME	B	-8,440	RADIOLOGY-DIAGNOSTIC		54	45.08
45.09 MISC OPERATING INCOME	B	-1,090	LABORATORY		60	45.09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
45.10 MISC OPERATING INCOME	B	-586	PHYSICAL THERAPY	66	45.10
45.12 MISC OPERATING INCOME	B	-3,320	CARDIAC REHABILITATION	69.02	45.12
45.14 MISC OPERATING INCOME	B	-450	ONCOLOGY	56.01	45.14
45.15 MISC OPERATING INCOME	B	-196,351	EMERGENCY	91	45.15
45.17 MISC OPERATING INCOME	B	-25	HOME HEALTH AGENCY	101	45.17
45.26 NON ALLOWABLE TRAVEL	A	-35,692	ADMINISTRATIVE & GENERAL	5	45.26
45.32 CSM AND 901 DEPRECIATION	A	-2,468,865	CAP REL COSTS-BLDG & FIXT	1	9 45.32
45.33 AMORT OF DEPR EXP OF DEMOLISHED	A	68,111	CAP REL COSTS-BLDG & FIXT	1	9 45.33
45.35 MED VS BOOK DEP DIFF	A	10,188,840	CAP REL COSTS-BLDG & FIXT	1	9 45.35
46 MAINFRAME SERVER EDITION-RECORDED	A	195,000	CAP REL COSTS-MVBLE EQUIP	2	9 46
47 PT B NON PHY COST	A	-195,403	PHYSICAL THERAPY	66	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,383,219			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	4 EMPLOYEE BENEFITS DEPART	24,551		24,551	177,200	196	16,698	835	1
2	5 ADMINISTRATIVE & GENERAL	70,308		70,308	177,200	443	37,740	1,887	2
4	30 ADULTS & PEDIATRICS	1,436,931	1,436,931						4
5	31 INTENSIVE CARE UNIT	936,000	936,000						5
7	50 OPERATING ROOM	269,727	204,557	65,170	208,000	343	34,300	1,715	7
8	54 RADIOLOGY-DIAGNOSTIC	32,760		32,760	208,000	180	18,000	900	8
10	60 LABORATORY	309,200		309,200	215,700	2,128	220,678	11,034	10
11	66 PHYSICAL THERAPY	6,720		6,720	165,600	37	2,946	147	11
13	69 ELECTROCARDIOLOGY	75,650		75,650	165,600	422	33,598	1,680	13
14	69.01 CARDIAC CATH LAB	70,700		70,700	165,600	381	30,333	1,517	14
16	69.02 CARDIAC REHABILITATION	34,438		34,438	165,600	276	21,974	1,099	16
17	90.01 OUTPATIENT TREATMENT CEN	2,823,273	2,823,273						17
19	91 EMERGENCY	1,113,200	1,113,200						19
200	TOTAL	7,203,458	6,513,961	689,497		4,406	416,267	20,814	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	4	EMPLOYEE BENEFITS DEPART	AGGREGATE			16,698	7,853	7,853	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE			37,740	32,568	32,568	2
4	30	ADULTS & PEDIATRICS	AGGREGATE					1,436,931	4
5	31	INTENSIVE CARE UNIT	AGGREGATE					936,000	5
7	50	OPERATING ROOM	AGGREGATE			34,300	30,870	235,427	7
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			18,000	14,760	14,760	8
10	60	LABORATORY	AGGREGATE			220,678	88,522	88,522	10
11	66	PHYSICAL THERAPY	AGGREGATE			2,946	3,774	3,774	11
13	69	ELECTROCARDIOLOGY	AGGREGATE			33,598	42,052	42,052	13
14	69.01	CARDIAC CATH LAB	AGGREGATE			30,333	40,367	40,367	14
16	69.02	CARDIAC REHABILITATION	AGGREGATE			21,974	12,464	12,464	16
17	90.01	OUTPATIENT TREATMENT CEN	AGGREGATE					2,823,273	17
19	91	EMERGENCY	AGGREGATE					1,113,200	19
200		TOTAL				416,267	273,230	6,787,191	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	32,226,432	32,226,432				1
2 CAP REL COSTS-MVBLE EQUIP	12,839,577		12,839,577			2
4 EMPLOYEE BENEFITS DEPARTMENT	47,318,709	474,768	33,168	47,826,645		4
5 ADMINISTRATIVE & GENERAL	60,820,523	7,458,205	3,917,555	7,080,705	79,276,988	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	11,154,309	4,375,575	99,852	1,050,160	16,679,896	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,353,447		27,389	1,156,017	6,536,853	9
10 DIETARY	3,505,487	386,640	100,741	606,797	4,599,665	10
11 CAFETERIA	361,699	254,262	51,897	237,146	905,004	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,633,679	315,645	3,462	878,019	4,830,805	13
14 CENTRAL SERVICES & SUPPLY	2,090,221	576,269	16,920	438,334	3,121,744	14
15 PHARMACY	5,199,904	229,792	223,968	1,246,835	6,900,499	15
16 MEDICAL RECORDS & LIBRARY	4,233,880	195,572	38,868	644,238	5,112,558	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	-34,709	22,473		56,972	44,736	23
30 ADULTS & PEDIATRICS	29,699,928	4,787,800	1,758,289	7,855,644	44,101,661	30
31 INTENSIVE CARE UNIT	9,362,040	1,192,980	228,404	2,450,887	13,234,311	31
35 NEONATAL INTENSIVE CARE UNIT	2,784,799	92,493	192,748	688,289	3,758,329	35
40 SUBPROVIDER - IPF	4,001,015	789,485	34,446	1,080,761	5,905,707	40
43 NURSERY	1,573,359	187,539	49,616	426,563	2,237,077	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,140,464	2,909,110	2,068,294	3,537,333	24,655,201	50
52 DELIVERY ROOM & LABOR ROOM	4,657,290	435,022	82,683	1,028,472	6,203,467	52
53 ANESTHESIOLOGY	151,314	24,238	6,670	30,253	212,475	53
54 RADIOLOGY-DIAGNOSTIC	19,499,048	1,588,442	2,430,739	3,615,885	27,134,114	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	3,205,984			478,579	3,684,563	54.01
56.01 ONCOLOGY	580,869	787,674	17,148	150,018	1,535,709	56.01
60 LABORATORY	11,510,854	626,369	421,140	1,513,333	14,071,696	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,967,933	43,182	25,698	156,357	3,193,170	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,564,190	146,865	36,648	642,305	3,390,008	65
66 PHYSICAL THERAPY	7,309,351	455,870	56,606	1,727,162	9,548,989	66
69 ELECTROCARDIOLOGY	2,919,058	249,433	111,826	702,417	3,982,734	69
69.01 CARDIAC CATH LAB	2,562,666	110,833	317,391	514,918	3,505,808	69.01
69.02 CARDIAC REHABILITATION	860,121	409,160	3,665	196,950	1,469,896	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,239,726				22,239,726	71
72 IMPL. DEV. CHARGED TO PATIENTS	14,418,374				14,418,374	72
73 DRUGS CHARGED TO PATIENTS	15,021,260				15,021,260	73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS	93,716				93,716	73.01
74 RENAL DIALYSIS	853,218		3,102		856,320	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	3,504,783	1,002,980	74,598	1,331,911	5,914,272	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	1,556,218	225,381		397,966	2,179,565	90.02
91 EMERGENCY	14,540,116	728,427	340,689	3,595,860	19,205,092	91
92 OBSERVATION BEDS (NON-DISTINCT PART) 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 THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,695,643	240,333	38,196	1,656,814	8,630,986	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	389,976,495	31,322,817	12,812,416	47,173,900	388,392,974	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	476,549	263,038	3,387	43,190	786,164	190
192 PHYSICIANS' PRIVATE OFFICES	1,088,955		2,011		1,090,966	192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	753,115		12,789	155,681	921,585	192.02
192.03 MOBILE DENTAL CLINIC	269,558		1,966	61,952	333,476	192.03
192.04 EMS CONTINUING EDUCATION	484,962			115,965	600,927	192.04
194 CORPORATE HEALTH	252,479	126,342	5,820	38,756	423,397	194

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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	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
194.01 MARKETING/COMMUNICATION	2,315,940	93,607	724	109,831	2,520,102	194.01
194.02 FOUNDATION		41,742	464		42,206	194.02
194.03 OTHER NRCC	8,578,843	378,886		127,370	9,085,099	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	404,196,896	32,226,432	12,839,577	47,826,645	404,196,896	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	HOUSE-	DIETARY	CAFETERIA		
	TRATIVE & GENERAL 5	OF PLANT 7	KEEPING 9	10	11		
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
4 EMPLOYEE BENEFITS DEPARTMENT							4
5 ADMINISTRATIVE & GENERAL	79,276,988						5
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT	4,069,711	20,749,607					7
8 LAUNDRY & LINEN SERVICE							8
9 HOUSEKEEPING	1,594,920		8,131,773				9
10 DIETARY	1,122,268	402,785	157,852	6,282,570			10
11 CAFETERIA	220,811	264,880	103,806		1,494,501		11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	1,178,663	328,826	128,867		28,208		13
14 CENTRAL SERVICES & SUPPLY	761,671	600,332	235,270		38,941		14
15 PHARMACY	1,683,646	239,388	93,816		44,165		15
16 MEDICAL RECORDS & LIBRARY	1,247,408	203,739	79,845		40,284		16
17 SOCIAL SERVICE							17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SERVICES-SALARY & FRINGES APPRVD							21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	10,915	23,412	9,175		1,588		23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	10,760,424	4,987,725	1,954,691	4,968,604	345,697		30
31 INTENSIVE CARE UNIT	3,229,026	1,242,796	487,052	387,982	89,409		31
35 NEONATAL INTENSIVE CARE UNIT	916,991	96,355	37,762		24,700		35
40 SUBPROVIDER - IPF	1,440,928	822,452	322,319	710,249	45,371		40
43 NURSERY	545,822	195,370	76,566		17,133		43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	6,015,598	3,030,588	1,187,688		145,139		50
52 DELIVERY ROOM & LABOR ROOM	1,513,578	453,188	177,604		41,303		52
53 ANESTHESIOLOGY	51,842	25,250	9,895		2,156		53
54 RADIOLOGY-DIAGNOSTIC	6,620,425	1,654,772	648,505		147,453		54
54.01 OFFSITE-DIAGNOSTIC SERVICES	898,993						54.01
56.01 ONCOLOGY	374,696	820,565	321,580		5,812		56.01
60 LABORATORY	3,433,339	652,525	255,724		90,251		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	779,098	44,985	17,630		7,596		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	827,125	152,997	59,960		29,257		65
66 PHYSICAL THERAPY	2,329,848	474,906	186,116		75,628		66
69 ELECTROCARDIOLOGY	971,743	259,849	101,835		29,051		69
69.01 CARDIAC CATH LAB	855,379	115,462	45,249		17,692		69.01
69.02 CARDIAC REHABILITATION	358,638	426,245	167,046		8,341		69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,426,249						71
72 IMPL. DEV. CHARGED TO PATIENTS	3,517,925						72
73 DRUGS CHARGED TO PATIENTS	3,665,022						73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS	22,866						73.01
74 RENAL DIALYSIS	208,933						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	1,443,017	1,044,862	409,481				90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	531,790	234,793	92,015		18,505		90.02
91 EMERGENCY	4,685,831	758,844	297,391		172,191		91
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	2,105,866	250,368	98,119				101
SPECIAL PURPOSE COST CENTERS							
118 SUBTOTALS (SUM OF LINES 1-117)	75,421,005	19,808,259	7,762,859	6,066,835	1,465,871		118
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	191,815	274,022	107,389		3,862		190
192 PHYSICIANS' PRIVATE OFFICES	266,184						192
192.01 DAY SURGERY CENTER							192.01
192.02 RESIDENTIAL TREATMENT CENTER	224,857			215,735	10,948		192.02
192.03 MOBILE DENTAL CLINIC	81,364						192.03
192.04 EMS CONTINUING EDUCATION	146,620						192.04
194 CORPORATE HEALTH	103,304	131,617	51,581		1,999		194
194.01 MARKETING/COMMUNICATION	614,877	97,516	38,216		5,538		194.01
194.02 FOUNDATION	10,298	43,486	17,042				194.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
194.03 OTHER NRCC	2,216,664	394,707	154,686			194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	79,276,988	20,749,607	8,131,773	6,282,570	1,494,501	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,495,369					13
14 CENTRAL SERVICES & SUPPLY		4,757,958				14
15 PHARMACY	257,295		9,218,809			15
16 MEDICAL RECORDS & LIBRARY				6,683,834		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	9,250				99,076	23
30 ADULTS & PEDIATRICS	2,013,939		109,851	467,016		30
31 INTENSIVE CARE UNIT	520,872		16,069	157,652		31
35 NEONATAL INTENSIVE CARE UNIT	143,894			43,839		35
40 SUBPROVIDER - IPF	264,319		42	90,027		40
43 NURSERY	99,812		1,591	33,022		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	845,546		68,068	568,666		50
52 DELIVERY ROOM & LABOR ROOM	240,622			55,039		52
53 ANESTHESIOLOGY	12,562		19,627	58,727		53
54 RADIOLOGY-DIAGNOSTIC			11,065	1,658,908		54
54.01 OFFSITE-DIAGNOSTIC SERVICES			2,418	181,258		54.01
56.01 ONCOLOGY	33,861		55	18,523		56.01
60 LABORATORY			170	919,669		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			14	69,154		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			1,662	91,713		65
66 PHYSICAL THERAPY			2,383	130,213		66
69 ELECTROCARDIOLOGY	169,246		996	185,394		69
69.01 CARDIAC CATH LAB	103,067		6,482	173,190		69.01
69.02 CARDIAC REHABILITATION	48,593		6	8,993		69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,886,554		596,883		71
72 IMPL. DEV. CHARGED TO PATIENTS		1,871,404		245,685		72
73 DRUGS CHARGED TO PATIENTS			8,722,100	304,119		73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS			54,416	700		73.01
74 RENAL DIALYSIS				22,804		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	262,663		116,076	54,619		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	107,806			18,823		90.02
91 EMERGENCY	1,003,144		45,234	493,234	99,076	91
92 OBSERVATION BEDS (NON-DISTINCT PART) 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 THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	358,878		1,971	35,964		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	6,495,369	4,757,958	9,180,296	6,683,834	99,076	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			4			192.02
192.03 MOBILE DENTAL CLINIC						192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH						194
194.01 MARKETING/COMMUNICATION						194.01
194.02 FOUNDATION						194.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
194.03 OTHER NRCC			38,509			194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,495,369	4,757,958	9,218,809	6,683,834	99,076	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	69,709,608		69,709,608	30
31 INTENSIVE CARE UNIT	19,365,169		19,365,169	31
35 NEONATAL INTENSIVE CARE UNIT	5,021,870		5,021,870	35
40 SUBPROVIDER - IPF	9,601,414		9,601,414	40
43 NURSERY	3,206,393		3,206,393	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	36,516,494		36,516,494	50
52 DELIVERY ROOM & LABOR ROOM	8,684,801		8,684,801	52
53 ANESTHESIOLOGY	392,534		392,534	53
54 RADIOLOGY-DIAGNOSTIC	37,875,242		37,875,242	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	4,767,232		4,767,232	54.01
56.01 ONCOLOGY	3,110,801		3,110,801	56.01
60 LABORATORY	19,423,374		19,423,374	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,111,647		4,111,647	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	4,552,722		4,552,722	65
66 PHYSICAL THERAPY	12,748,083		12,748,083	66
69 ELECTROCARDIOLOGY	5,700,848		5,700,848	69
69.01 CARDIAC CATH LAB	4,822,329		4,822,329	69.01
69.02 CARDIAC REHABILITATION	2,487,758		2,487,758	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,149,412		31,149,412	71
72 IMPL. DEV. CHARGED TO PATIENTS	20,053,388		20,053,388	72
73 DRUGS CHARGED TO PATIENTS	27,712,501		27,712,501	73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS	171,698		171,698	73.01
74 RENAL DIALYSIS	1,088,057		1,088,057	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	9,244,990		9,244,990	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	3,183,297		3,183,297	90.02
91 EMERGENCY	26,760,037		26,760,037	91
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	11,482,152		11,482,152	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	382,943,851		382,943,851	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,363,252		1,363,252	190
192 PHYSICIANS' PRIVATE OFFICES	1,357,150		1,357,150	192
192.01 DAY SURGERY CENTER				192.01
192.02 RESIDENTIAL TREATMENT CENTER	1,373,129		1,373,129	192.02
192.03 MOBILE DENTAL CLINIC	414,840		414,840	192.03
192.04 EMS CONTINUING EDUCATION	747,547		747,547	192.04
194 CORPORATE HEALTH	711,898		711,898	194
194.01 MARKETING/COMMUNICATION	3,276,249		3,276,249	194.01
194.02 FOUNDATION	113,032		113,032	194.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.03 OTHER NRCC	11,895,948		11,895,948	194.03
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	404,196,896		404,196,896	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT			
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	5,010	474,768	33,168	512,946	512,946	4
5 ADMINISTRATIVE & GENERAL	742,297	7,458,205	3,917,555	12,118,057	75,936	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	55,879	4,375,575	99,852	4,531,306	11,262	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING			27,389	27,389	12,398	9
10 DIETARY	3,434	386,640	100,741	490,815	6,508	10
11 CAFETERIA		254,262	51,897	306,159	2,543	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	480	315,645	3,462	319,587	9,416	13
14 CENTRAL SERVICES & SUPPLY	96,449	576,269	16,920	689,638	4,701	14
15 PHARMACY	-4,898	229,792	223,968	448,862	13,372	15
16 MEDICAL RECORDS & LIBRARY		195,572	38,868	234,440	6,909	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.		22,473		22,473	611	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,853	4,787,800	1,758,289	6,588,942	84,281	30
31 INTENSIVE CARE UNIT	1,371	1,192,980	228,404	1,422,755	26,284	31
35 NEONATAL INTENSIVE CARE UNIT	859	92,493	192,748	286,100	7,381	35
40 SUBPROVIDER - IPF	620	789,485	34,446	824,551	11,591	40
43 NURSERY		187,539	49,616	237,155	4,575	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	144,472	2,909,110	2,068,294	5,121,876	37,936	50
52 DELIVERY ROOM & LABOR ROOM		435,022	82,683	517,705	11,030	52
53 ANESTHESIOLOGY		24,238	6,670	30,908	324	53
54 RADIOLOGY-DIAGNOSTIC	1,038,177	1,588,442	2,430,739	5,057,358	38,778	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	376,512			376,512	5,132	54.01
56.01 ONCOLOGY	310	787,674	17,148	805,132	1,609	56.01
60 LABORATORY	82,649	626,369	421,140	1,130,158	16,230	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		43,182	25,698	68,880	1,677	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,344	146,865	36,648	187,857	6,888	65
66 PHYSICAL THERAPY	688,474	455,870	56,606	1,200,950	18,523	66
69 ELECTROCARDIOLOGY	8,565	249,433	111,826	369,824	7,533	69
69.01 CARDIAC CATH LAB		110,833	317,391	428,224	5,522	69.01
69.02 CARDIAC REHABILITATION	77,865	409,160	3,665	490,690	2,112	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS						73.01
74 RENAL DIALYSIS			3,102	3,102		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	269,110	1,002,980	74,598	1,346,688	14,284	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM		225,381		225,381	4,268	90.02
91 EMERGENCY	2,755	728,427	340,689	1,071,871	38,563	91
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	310	240,333	38,196	278,839	17,768	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,637,897	31,322,817	12,812,416	47,773,130	505,945	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		263,038	3,387	266,425	463	190
192 PHYSICIANS' PRIVATE OFFICES	13,089		2,011	15,100		192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			12,789	12,789	1,670	192.02
192.03 MOBILE DENTAL CLINIC			1,966	1,966	664	192.03
192.04 EMS CONTINUING EDUCATION					1,244	192.04
194 CORPORATE HEALTH	41	126,342	5,820	132,203	416	194
194.01 MARKETING/COMMUNICATION		93,607	724	94,331	1,178	194.01
194.02 FOUNDATION		41,742	464	42,206		194.02

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
194.03 OTHER NRCC		378,886		378,886	1,366	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,651,027	32,226,432	12,839,577	48,717,036	512,946	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	HOUSE-	DIETARY	CAFETERIA	
	TRATIVE & GENERAL 5	OF PLANT 7	KEEPING 9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	12,193,993					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	625,980	5,168,548				7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	245,322		285,109			9
10 DIETARY	172,621	100,330	5,534	775,808		10
11 CAFETERIA	33,964	65,979	3,640		412,285	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	181,295	81,908	4,518		7,782	13
14 CENTRAL SERVICES & SUPPLY	117,156	149,538	8,249		10,743	14
15 PHARMACY	258,969	59,629	3,289		12,184	15
16 MEDICAL RECORDS & LIBRARY	191,869	50,750	2,799		11,113	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	1,679	5,832	322		438	23
30 ADULTS & PEDIATRICS	1,655,164	1,242,401	68,536	613,552	95,368	30
31 INTENSIVE CARE UNIT	496,670	309,570	17,077	47,910	24,665	31
35 NEONATAL INTENSIVE CARE UNIT	141,046	24,001	1,324		6,814	35
40 SUBPROVIDER - IPF	221,635	204,866	11,301	87,706	12,516	40
43 NURSERY	83,955	48,665	2,684		4,726	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	925,285	754,893	41,642		40,039	50
52 DELIVERY ROOM & LABOR ROOM	232,810	112,885	6,227		11,394	52
53 ANESTHESIOLOGY	7,974	6,289	347		595	53
54 RADIOLOGY-DIAGNOSTIC	1,018,316	412,189	22,737		40,677	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	138,278					54.01
56.01 ONCOLOGY	57,634	204,396	11,275		1,603	56.01
60 LABORATORY	528,097	162,538	8,966		24,897	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	119,836	11,205	618		2,096	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	127,224	38,110	2,102		8,071	65
66 PHYSICAL THERAPY	358,364	118,295	6,525		20,863	66
69 ELECTROCARDIOLOGY	149,468	64,726	3,570		8,014	69
69.01 CARDIAC CATH LAB	131,569	28,760	1,586		4,881	69.01
69.02 CARDIAC REHABILITATION	55,164	106,174	5,857		2,301	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	834,635					71
72 IMPL. DEV. CHARGED TO PATIENTS	541,107					72
73 DRUGS CHARGED TO PATIENTS	563,733					73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS	3,517					73.01
74 RENAL DIALYSIS	32,137					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	221,957	260,266	14,357			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	81,797	58,485	3,226		5,105	90.02
91 EMERGENCY	720,748	189,022	10,427		47,502	91
92 OBSERVATION BEDS (NON-DISTINCT PART) 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 THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	323,912	62,365	3,440			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	11,600,887	4,934,067	272,175	749,168	404,387	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,504	68,256	3,765		1,065	190
192 PHYSICIANS' PRIVATE OFFICES	40,943					192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER	34,586			26,640	3,020	192.02
192.03 MOBILE DENTAL CLINIC	12,515					192.03
192.04 EMS CONTINUING EDUCATION	22,552					192.04
194 CORPORATE HEALTH	15,890	32,785	1,808		552	194
194.01 MARKETING/COMMUNICATION	94,577	24,290	1,340		1,528	194.01
194.02 FOUNDATION	1,584	10,832	598			194.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	HOUSE-	DIETARY	CAFETERIA	
	TRATIVE & GENERAL 5	OF PLANT 7	KEEPING 9	10	11	
194.03 OTHER NRCC	340,955	98,318	5,423		1,733	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	12,193,993	5,168,548	285,109	775,808	412,285	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	604,506					13
14 CENTRAL SERVICES & SUPPLY		980,025				14
15 PHARMACY	23,946		820,251			15
16 MEDICAL RECORDS & LIBRARY				497,880		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	861				23,858	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	187,433		9,774	34,828		30
31 INTENSIVE CARE UNIT	48,476		1,430	11,757		31
35 NEONATAL INTENSIVE CARE UNIT	13,392			3,269		35
40 SUBPROVIDER - IPF	24,599		4	6,714		40
43 NURSERY	9,289		142	2,463		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,693		6,056	42,408		50
52 DELIVERY ROOM & LABOR ROOM	22,394			4,105		52
53 ANESTHESIOLOGY	1,169		1,746	4,380		53
54 RADIOLOGY-DIAGNOSTIC			985	123,145		54
54.01 OFFSITE-DIAGNOSTIC SERVICES			215	13,517		54.01
56.01 ONCOLOGY	3,151		5	1,381		56.01
60 LABORATORY			15	68,584		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			1	5,157		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			148	6,839		65
66 PHYSICAL THERAPY			212	9,711		66
69 ELECTROCARDIOLOGY	15,751		89	13,826		69
69.01 CARDIAC CATH LAB	9,592		577	12,916		69.01
69.02 CARDIAC REHABILITATION	4,522		1	671		69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		594,564		44,512		71
72 IMPL. DEV. CHARGED TO PATIENTS		385,461		18,322		72
73 DRUGS CHARGED TO PATIENTS			776,055	22,680		73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS			4,842	52		73.01
74 RENAL DIALYSIS				1,701		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	24,445		10,328	4,073		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	10,033			1,404		90.02
91 EMERGENCY	93,360		4,025	36,783		91
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	33,400		175	2,682		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	604,506	980,025	816,825	497,880		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER						192.02
192.03 MOBILE DENTAL CLINIC						192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH						194
194.01 MARKETING/COMMUNICATION						194.01
194.02 FOUNDATION						194.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	PARAMED EDUCATION EMS 23	
194.03 OTHER NRCC			3,426			194.03
200 CROSS FOOT ADJUSTMENTS					23,858	200
201 NEGATIVE COST CENTER					8,358	201
202 TOTAL (SUM OF LINES 118-201)	604,506	980,025	820,251	497,880	32,216	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	10,580,279		10,580,279	30
31 INTENSIVE CARE UNIT	2,406,594		2,406,594	31
35 NEONATAL INTENSIVE CARE UNIT	483,327		483,327	35
40 SUBPROVIDER - IPF	1,405,483		1,405,483	40
43 NURSERY	393,654		393,654	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	7,048,828		7,048,828	50
52 DELIVERY ROOM & LABOR ROOM	918,550		918,550	52
53 ANESTHESIOLOGY	53,732		53,732	53
54 RADIOLOGY-DIAGNOSTIC	6,714,185		6,714,185	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	533,654		533,654	54.01
56.01 ONCOLOGY	1,086,186		1,086,186	56.01
60 LABORATORY	1,939,485		1,939,485	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	209,470		209,470	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	377,239		377,239	65
66 PHYSICAL THERAPY	1,733,443		1,733,443	66
69 ELECTROCARDIOLOGY	632,801		632,801	69
69.01 CARDIAC CATH LAB	623,627		623,627	69.01
69.02 CARDIAC REHABILITATION	667,492		667,492	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,473,711		1,473,711	71
72 IMPL. DEV. CHARGED TO PATIENTS	944,890		944,890	72
73 DRUGS CHARGED TO PATIENTS	1,362,468		1,362,468	73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS	8,411		8,411	73.01
74 RENAL DIALYSIS	36,940		36,940	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	1,896,398		1,896,398	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	389,699		389,699	90.02
91 EMERGENCY	2,212,301		2,212,301	91
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	722,581		722,581	101
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	46,855,428		46,855,428	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	369,478		369,478	190
192 PHYSICIANS' PRIVATE OFFICES	56,043		56,043	192
192.01 DAY SURGERY CENTER				192.01
192.02 RESIDENTIAL TREATMENT CENTER	78,705		78,705	192.02
192.03 MOBILE DENTAL CLINIC	15,145		15,145	192.03
192.04 EMS CONTINUING EDUCATION	23,796		23,796	192.04
194 CORPORATE HEALTH	183,654		183,654	194
194.01 MARKETING/COMMUNICATION	217,244		217,244	194.01
194.02 FOUNDATION	55,220		55,220	194.02

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ALLOCATION OF CAPITAL-RELATED COSTS

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COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.03 OTHER NRCC	830,107		830,107	194.03
200 CROSS FOOT ADJUSTMENTS	23,858		23,858	200
201 NEGATIVE COST CENTER	8,358		8,358	201
202 TOTAL (SUM OF LINES 118-201)	48,717,036		48,717,036	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	694,055					1
2 CAP REL COSTS-MVBLE EQUIP		15,966,696				2
4 EMPLOYEE BENEFITS DEPARTMENT	10,225	41,246	166,259,786			4
5 ADMINISTRATIVE & GENERAL	160,626	4,871,680	24,614,669	-79,276,988	324,919,908	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	94,236	124,171	3,650,674		16,679,896	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		34,060	4,018,664		6,536,853	9
10 DIETARY	8,327	125,277	2,109,410		4,599,665	10
11 CAFETERIA	5,476	64,537	824,390		905,004	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,798	4,305	3,052,259		4,830,805	13
14 CENTRAL SERVICES & SUPPLY	12,411	21,041	1,523,780		3,121,744	14
15 PHARMACY	4,949	278,516	4,334,374		6,900,499	15
16 MEDICAL RECORDS & LIBRARY	4,212	48,334	2,239,566		5,112,558	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC. INPATIENT ROUTINE SERV COST CENTERS	484		198,052		44,736	23
30 ADULTS & PEDIATRICS	103,114	2,186,527	27,308,521		44,101,661	30
31 INTENSIVE CARE UNIT	25,693	284,033	8,520,022		13,234,311	31
35 NEONATAL INTENSIVE CARE UNIT	1,992	239,692	2,392,701		3,758,329	35
40 SUBPROVIDER - IPF	17,003	42,836	3,757,052		5,905,707	40
43 NURSERY	4,039	61,700	1,482,862		2,237,077	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,653	2,572,035	12,296,837		24,655,201	50
52 DELIVERY ROOM & LABOR ROOM	9,369	102,821	3,575,280		6,203,467	52
53 ANESTHESIOLOGY	522	8,294	105,168		212,475	53
54 RADIOLOGY-DIAGNOSTIC	34,210	3,022,755	12,569,907		27,134,114	54
54.01 OFFSITE-DIAGNOSTIC SERVICES			1,663,686		3,684,563	54.01
56.01 ONCOLOGY	16,964	21,325	521,508		1,535,709	56.01
60 LABORATORY	13,490	523,710	5,260,801		14,071,696	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930	31,957	543,543		3,193,170	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,163	45,574	2,232,847		3,390,008	65
66 PHYSICAL THERAPY	9,818	70,392	6,004,137		9,548,989	66
69 ELECTROCARDIOLOGY	5,372	139,062	2,441,815		3,982,734	69
69.01 CARDIAC CATH LAB	2,387	394,693	1,790,010		3,505,808	69.01
69.02 CARDIAC REHABILITATION	8,812	4,558	684,658		1,469,896	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					22,239,726	71
72 IMPL. DEV. CHARGED TO PATIENTS					14,418,374	72
73 DRUGS CHARGED TO PATIENTS					15,021,260	73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS					93,716	73.01
74 RENAL DIALYSIS		3,858			856,320	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	21,601	92,767	4,630,124		5,914,272	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	4,854		1,383,450		2,179,565	90.02
91 EMERGENCY	15,688	423,665	12,500,296		19,205,092	91
92 OBSERVATION BEDS (NON-DISTINCT PART) 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 THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,176	47,499	5,759,587		8,630,986	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	674,594	15,932,920	163,990,650	-79,276,988	309,115,986	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	4,212	150,141		786,164	190
192 PHYSICIANS' PRIVATE OFFICES		2,501			1,090,966	192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER		15,904	541,193		921,585	192.02
192.03 MOBILE DENTAL CLINIC		2,445	215,363		333,476	192.03
192.04 EMS CONTINUING EDUCATION			403,129		600,927	192.04
194 CORPORATE HEALTH	2,721	7,237	134,729		423,397	194
194.01 MARKETING/COMMUNICATION	2,016	900	381,806		2,520,102	194.01

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
194.02 FOUNDATION	899	577			42,206	194.02
194.03 OTHER NRCC	8,160		442,775		9,085,099	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	32,226,432	12,839,577	47,826,645		79,276,988	202
203 UNIT COST MULT-WS B PT I	46.432101	0.804147	0.287662		0.243989	203
204 COST TO BE ALLOC PER B PT II			512,946		12,193,993	204
205 UNIT COST MULT-WS B PT II			0.003085		0.037529	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
	SQUARE FEET 7	SQUARE FEET 9	MEALS SERVED 10	FTE'S 11	FTE'S 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	428,968					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		428,968				9
10 DIETARY	8,327	8,327	228,110			10
11 CAFETERIA	5,476	5,476		152,478		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,798	6,798		2,878	113,753	13
14 CENTRAL SERVICES & SUPPLY	12,411	12,411		3,973		14
15 PHARMACY	4,949	4,949		4,506	4,506	15
16 MEDICAL RECORDS & LIBRARY	4,212	4,212		4,110		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.	484	484		162	162	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	103,114	103,114	180,402	35,270	35,270	30
31 INTENSIVE CARE UNIT	25,693	25,693	14,087	9,122	9,122	31
35 NEONATAL INTENSIVE CARE UNIT	1,992	1,992		2,520	2,520	35
40 SUBPROVIDER - IPF	17,003	17,003	25,788	4,629	4,629	40
43 NURSERY	4,039	4,039		1,748	1,748	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	62,653	62,653		14,808	14,808	50
52 DELIVERY ROOM & LABOR ROOM	9,369	9,369		4,214	4,214	52
53 ANESTHESIOLOGY	522	522		220	220	53
54 RADIOLOGY-DIAGNOSTIC	34,210	34,210		15,044		54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY	16,964	16,964		593	593	56.01
60 LABORATORY	13,490	13,490		9,208		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	930	930		775		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,163	3,163		2,985		65
66 PHYSICAL THERAPY	9,818	9,818		7,716		66
69 ELECTROCARDIOLOGY	5,372	5,372		2,964	2,964	69
69.01 CARDIAC CATH LAB	2,387	2,387		1,805	1,805	69.01
69.02 CARDIAC REHABILITATION	8,812	8,812		851	851	69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	21,601	21,601			4,600	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	4,854	4,854		1,888	1,888	90.02
91 EMERGENCY	15,688	15,688		17,568	17,568	91
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	5,176	5,176			6,285	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	409,507	409,507	220,277	149,557	113,753	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	5,665		394		190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 DAY SURGERY CENTER						192.01
192.02 RESIDENTIAL TREATMENT CENTER			7,833	1,117		192.02
192.03 MOBILE DENTAL CLINIC						192.03
192.04 EMS CONTINUING EDUCATION						192.04
194 CORPORATE HEALTH	2,721	2,721		204		194
194.01 MARKETING/COMMUNICATION	2,016	2,016		565		194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	HOUSE-	DIETARY	CAFETERIA	NURSING	
	OF PLANT	KEEPING			ADMINIS-	
	SQUARE	SQUARE	MEALS	FTE'S	TRATION	
	FEEET	FEEET	SERVED		FTE'S	
	7	9	10	11	13	
194.02 FOUNDATION	899	899				194.02
194.03 OTHER NRCC	8,160	8,160		641		194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	20,749,607	8,131,773	6,282,570	1,494,501	6,495,369	202
203 UNIT COST MULT-WS B PT I	48.370990	18.956596	27.541844	9.801421	57.100639	203
204 COST TO BE ALLOC PER B PT II	5,168,548	285,109	775,808	412,285	604,506	204
205 UNIT COST MULT-WS B PT II	12.048796	0.664639	3.401026	2.703898	5.314198	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY	36,658,100				14
15 PHARMACY		15,876,698			15
16 MEDICAL RECORDS & LIBRARY			1,557,532,547		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM- EMERGENCY MED. SVC.				1,000	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		189,187	108,836,156		30
31 INTENSIVE CARE UNIT		27,675	36,740,180		31
35 NEONATAL INTENSIVE CARE UNIT			10,216,466		35
40 SUBPROVIDER - IPF		72	20,980,359		40
43 NURSERY		2,740	7,695,611		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		117,228	132,525,384		50
52 DELIVERY ROOM & LABOR ROOM			12,826,651		52
53 ANESTHESIOLOGY		33,801	13,685,997		53
54 RADIOLOGY-DIAGNOSTIC		19,057	386,494,385		54
54.01 OFFSITE-DIAGNOSTIC SERVICES		4,165	42,241,457		54.01
56.01 ONCOLOGY		94	4,316,717		56.01
60 LABORATORY		293	214,324,986		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		24	16,115,985		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		2,862	21,373,244		65
66 PHYSICAL THERAPY		4,104	30,345,658		66
69 ELECTROCARDIOLOGY		1,716	43,205,310		69
69.01 CARDIAC CATH LAB		11,163	40,361,131		69.01
69.02 CARDIAC REHABILITATION		10	2,095,735		69.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,239,726		139,101,114		71
72 IMPL. DEV. CHARGED TO PATIENTS	14,418,374		57,255,948		72
73 DRUGS CHARGED TO PATIENTS		15,021,260	70,873,783		73
73.01 FLU VACCINE DRUGS CHG TO PATIENTS		93,716	163,224		73.01
74 RENAL DIALYSIS			5,314,403		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS		199,907	12,728,623		90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM			4,386,570		90.02
91 EMERGENCY		77,902	114,946,091	1,000	91
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		3,395	8,381,379		101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	36,658,100	15,810,371	1,557,532,547	1,000	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 DAY SURGERY CENTER					192.01
192.02 RESIDENTIAL TREATMENT CENTER		7			192.02
192.03 MOBILE DENTAL CLINIC					192.03
192.04 EMS CONTINUING EDUCATION					192.04
194 CORPORATE HEALTH					194
194.01 MARKETING/COMMUNICATION					194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	PARAMED EDUCATION EMS ASSIGNED TIME 23	
194.02 FOUNDATION					194.02
194.03 OTHER NRCC		66,320			194.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	4,757,958	9,218,809	6,683,834	99,076	202
203 UNIT COST MULT-WS B PT I	0.129793	0.580650	0.004291	99.076000	203
204 COST TO BE ALLOC PER B PT II	980,025	820,251	497,880	23,858	204
205 UNIT COST MULT-WS B PT II	0.026734	0.051664	0.000320	23.858000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	69,709,608		69,709,608		69,709,608	30
31 INTENSIVE CARE UNIT	19,365,169		19,365,169		19,365,169	31
35 NEONATAL INTENSIVE CARE UNI	5,021,870		5,021,870		5,021,870	35
40 SUBPROVIDER - IPF	9,601,414		9,601,414		9,601,414	40
43 NURSERY	3,206,393		3,206,393		3,206,393	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,516,494		36,516,494	30,870	36,547,364	50
52 DELIVERY ROOM & LABOR ROOM	8,684,801		8,684,801		8,684,801	52
53 ANESTHESIOLOGY	392,534		392,534		392,534	53
54 RADIOLOGY-DIAGNOSTIC	37,875,242		37,875,242	14,760	37,890,002	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	4,767,232		4,767,232		4,767,232	54.01
56.01 ONCOLOGY	3,110,801		3,110,801		3,110,801	56.01
60 LABORATORY	19,423,374		19,423,374	88,522	19,511,896	60
62 WHOLE BLOOD & PACKED RED BL	4,111,647		4,111,647		4,111,647	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,552,722		4,552,722		4,552,722	65
66 PHYSICAL THERAPY	12,748,083		12,748,083	3,774	12,751,857	66
69 ELECTROCARDIOLOGY	5,700,848		5,700,848	42,052	5,742,900	69
69.01 CARDIAC CATH LAB	4,822,329		4,822,329	40,367	4,862,696	69.01
69.02 CARDIAC REHABILITATION	2,487,758		2,487,758	12,464	2,500,222	69.02
71 MEDICAL SUPPLIES CHARGED TO	31,149,412		31,149,412		31,149,412	71
72 IMPL. DEV. CHARGED TO PATIE	20,053,388		20,053,388		20,053,388	72
73 DRUGS CHARGED TO PATIENTS	27,712,501		27,712,501		27,712,501	73
73.01 FLU VACCINE DRUGS CHG TO PA	171,698		171,698		171,698	73.01
74 RENAL DIALYSIS	1,088,057		1,088,057		1,088,057	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTER	9,244,990		9,244,990		9,244,990	90.01
90.02 PARTIAL HOSPITALIZATION PRO	3,183,297		3,183,297		3,183,297	90.02
91 EMERGENCY	26,760,037		26,760,037		26,760,037	91
92 OBSERVATION BEDS (NON-DISTI	5,437,087		5,437,087		5,437,087	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	11,482,152		11,482,152		11,482,152	101
200 SUBTOTAL (SEE INSTRUCTIONS)	388,380,938		388,380,938	232,809	388,613,747	200
201 LESS OBSERVATION BEDS	5,437,087		5,437,087		5,437,087	201
202 TOTAL (SEE INSTRUCTIONS)	382,943,851		382,943,851		383,176,660	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	100,322,973		100,322,973			30
31 INTENSIVE CARE UNIT	36,740,180		36,740,180			31
35 NEONATAL INTENSIVE CARE UNI	10,216,466		10,216,466			35
40 SUBPROVIDER - IPF	20,980,359		20,980,359			40
43 NURSERY	7,695,611		7,695,611			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	54,138,439	78,386,945	132,525,384	0.275543	0.275543	0.275776 50
52 DELIVERY ROOM & LABOR ROOM	12,444,308	382,343	12,826,651	0.677090	0.677090	0.677090 52
53 ANESTHESIOLOGY	6,851,919	6,834,078	13,685,997	0.028681	0.028681	0.028681 53
54 RADIOLOGY-DIAGNOSTIC	96,803,043	289,691,342	386,494,385	0.097997	0.097997	0.098035 54
54.01 OFFSITE-DIAGNOSTIC SERVICES	241,457	42,000,000	42,241,457	0.112857	0.112857	0.112857 54.01
56.01 ONCOLOGY	27,223	4,289,494	4,316,717	0.720640	0.720640	0.720640 56.01
60 LABORATORY	85,773,726	128,551,260	214,324,986	0.090626	0.090626	0.091039 60
62 WHOLE BLOOD & PACKED RED BL	11,485,668	4,630,317	16,115,985	0.255128	0.255128	0.255128 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	19,403,418	1,969,826	21,373,244	0.213010	0.213010	0.213010 65
66 PHYSICAL THERAPY	7,975,419	22,370,239	30,345,658	0.420096	0.420096	0.420220 66
69 ELECTROCARDIOLOGY	12,194,710	31,010,600	43,205,310	0.131948	0.131948	0.132921 69
69.01 CARDIAC CATH LAB	23,193,726	17,167,405	40,361,131	0.119480	0.119480	0.120480 69.01
69.02 CARDIAC REHABILITATION	1,375	2,094,360	2,095,735	1.187058	1.187058	1.193005 69.02
71 MEDICAL SUPPLIES CHARGED TO	78,914,591	60,186,523	139,101,114	0.223934	0.223934	0.223934 71
72 IMPL. DEV. CHARGED TO PATIE	40,429,378	16,826,570	57,255,948	0.350241	0.350241	0.350241 72
73 DRUGS CHARGED TO PATIENTS	47,636,853	23,236,930	70,873,783	0.391012	0.391012	0.391012 73
73.01 FLU VACCINE DRUGS CHG TO PA		163,224	163,224	1.051916	1.051916	1.051916 73.01
74 RENAL DIALYSIS	4,941,021	373,382	5,314,403	0.204737	0.204737	0.204737 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTER	123,235	12,605,388	12,728,623	0.726315	0.726315	0.726315 90.01
90.02 PARTIAL HOSPITALIZATION PRO		4,386,570	4,386,570	0.725692	0.725692	0.725692 90.02
91 EMERGENCY	33,908,381	81,037,710	114,946,091	0.232805	0.232805	0.232805 91
92 OBSERVATION BEDS (NON-DISTI	2,767,223	5,745,960	8,513,183	0.638667	0.638667	0.638667 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		8,381,379	8,381,379			101
200 SUBTOTAL (SEE INSTRUCTIONS)	715,210,702	842,321,845	1,557,532,547			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	715,210,702	842,321,845	1,557,532,547			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 + COL.4) 5	PGM DAYS 6	(COL.5 x COL.6) 7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	10,580,279		10,580,279	162.22	32,103	5,207,749	30
31 INTENSIVE CARE UNIT	2,406,594		2,406,594	256.27	4,855	1,244,191	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE UNIT	483,327		483,327	483.33			35
40 SUBPROVIDER - IPF	1,405,483		1,405,483	163.50	1,683	275,171	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	393,654		393,654	45.44			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	15,269,337		15,269,337		38,641	6,727,111	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	CAP-REL 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	7,048,828	132,525,384	0.053189	27,186,275	1,446,011	50
52 DELIVERY ROOM & LABOR ROOM	918,550	12,826,651	0.071613			52
53 ANESTHESIOLOGY	53,732	13,685,997	0.003926	3,327,882	13,065	53
54 RADIOLOGY-DIAGNOSTIC	6,714,185	386,494,385	0.017372	54,781,692	951,668	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	533,654	42,241,457	0.012633	207,647	2,623	54.01
56.01 ONCOLOGY	1,086,186	4,316,717	0.251623	19,755	4,971	56.01
60 LABORATORY	1,939,485	214,324,986	0.009049	45,502,262	411,750	60
62 WHOLE BLOOD & PACKED RED BLOO	209,470	16,115,985	0.012998	5,729,237	74,469	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	377,239	21,373,244	0.017650	11,353,754	200,394	65
66 PHYSICAL THERAPY	1,733,443	30,345,658	0.057123	5,275,662	301,362	66
69 ELECTROCARDIOLOGY	632,801	43,205,310	0.014646	7,152,986	104,763	69
69.01 CARDIAC CATH LAB	623,627	40,361,131	0.015451	11,322,484	174,944	69.01
69.02 CARDIAC REHABILITATION	667,492	2,095,735	0.318500	1,106	352	69.02
71 MEDICAL SUPPLIES CHARGED TO P	1,473,711	139,101,114	0.010595	38,998,461	413,189	71
72 IMPL. DEV. CHARGED TO PATIENT	944,890	57,255,948	0.016503	22,689,753	374,449	72
73 DRUGS CHARGED TO PATIENTS	1,362,468	70,873,783	0.019224	23,987,470	461,135	73
73.01 FLU VACCINE DRUGS CHG TO PATI	8,411	163,224	0.051530			73.01
74 RENAL DIALYSIS	36,940	5,314,403	0.006951	3,092,701	21,497	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	1,896,398	12,728,623	0.148987	43,139	6,427	90.01
90.02 PARTIAL HOSPITALIZATION PROGR	389,699	4,386,570	0.088839			90.02
91 EMERGENCY	2,212,301	114,946,091	0.019246	18,201,089	350,298	91
92 OBSERVATION BEDS (NON-DISTINC	825,219	8,513,183	0.096934	1,479,685	143,432	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	31,688,729	1,373,195,579		280,353,040	5,456,799	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
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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	65,221		32,103		30
31 INTENSIVE CARE UNIT	9,391		4,855		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE UNIT	1,000				35
40 SUBPROVIDER - IPF	8,596		1,683		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	8,664				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	92,872		38,641		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY						56.01
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHABILITATION						69.02
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 FLU VACCINE DRUGS CHG TO PATI						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS						90.01
90.02 PARTIAL HOSPITALIZATION PROGR						90.02
91 EMERGENCY			99,076		99,076	99,076
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			99,076		99,076	99,076

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	PGM CHARGES	(COL. 8 x COL. 10)	(COL. 9 x COL. 12)	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,525,384			27,186,275		25,656,386	50
52 DELIVERY ROOM & LABOR ROOM	12,826,651						52
53 ANESTHESIOLOGY	13,685,997			3,327,882		2,039,877	53
54 RADIOLOGY-DIAGNOSTIC	386,494,385			54,781,692		115,255,654	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	42,241,457			207,647		13,048,771	54.01
56.01 ONCOLOGY	4,316,717			19,755		1,674,036	56.01
60 LABORATORY	214,324,986			45,502,262		7,246,876	60
62 WHOLE BLOOD & PACKED RED BLO	16,115,985			5,729,237		1,345,605	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	21,373,244			11,353,754		699,759	65
66 PHYSICAL THERAPY	30,345,658			5,275,662		389,199	66
69 ELECTROCARDIOLOGY	43,205,310			7,152,986		10,834,794	69
69.01 CARDIAC CATH LAB	40,361,131			11,322,484		9,669,890	69.01
69.02 CARDIAC REHABILITATION	2,095,735			1,106		1,118,606	69.02
71 MEDICAL SUPPLIES CHARGED TO	139,101,114			38,998,461		20,127,914	71
72 IMPL. DEV. CHARGED TO PATIEN	57,255,948			22,689,753		10,551,482	72
73 DRUGS CHARGED TO PATIENTS	70,873,783			23,987,470		7,552,382	73
73.01 FLU VACCINE DRUGS CHG TO PAT	163,224						73.01
74 RENAL DIALYSIS	5,314,403			3,092,701		355,068	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	12,728,623			43,139		1,381,438	90.01
90.02 PARTIAL HOSPITALIZATION PROG	4,386,570						90.02
91 EMERGENCY	114,946,091	0.000862	0.000862	18,201,089	15,689	21,222,997	18,294 91
92 OBSERVATION BEDS (NON-DISTIN	8,513,183			1,479,685		1,806,351	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,373,195,579			280,353,040	15,689	251,977,085	18,294 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0252) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES 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	0.275543	25,656,386			7,069,438			50	
52 DELIVERY ROOM & LABOR ROOM	0.677090							52	
53 ANESTHESIOLOGY	0.028681	2,039,877			58,506			53	
54 RADIOLOGY-DIAGNOSTIC	0.097997	115,255,654		82	11,294,708		8	54	
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.112857	13,048,771			1,472,645			54.01	
56.01 ONCOLOGY	0.720640	1,674,036			1,206,377			56.01	
60 LABORATORY	0.090626	7,246,876		31,467	656,755		2,852	60	
62 WHOLE BLOOD & PACKED RED BLOOD	0.255128	1,345,605			343,302			62	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30	
65 RESPIRATORY THERAPY	0.213010	699,759			149,056			65	
66 PHYSICAL THERAPY	0.420096	389,199			163,501			66	
69 ELECTROCARDIOLOGY	0.131948	10,834,794			1,429,629			69	
69.01 CARDIAC CATH LAB	0.119480	9,669,890			1,155,358			69.01	
69.02 CARDIAC REHABILITATION	1.187058	1,118,606			1,327,850			69.02	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.223934	20,127,914			4,507,324			71	
72 IMPL. DEV. CHARGED TO PATIENTS	0.350241	10,551,482			3,695,562			72	
73 DRUGS CHARGED TO PATIENTS	0.391012	7,552,382		2,005	2,953,072		784	73	
73.01 FLU VACCINE DRUGS CHG TO PATIEN	1.051916							73.01	
74 RENAL DIALYSIS	0.204737	355,068			72,696			74	
76.97 CARDIAC REHABILITATION								76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01 OUTPATIENT TREATMENT CENTERS	0.726315	1,381,438			1,003,359			90.01	
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.725692							90.02	
91 EMERGENCY	0.232805	21,222,997		87,008	4,940,820		20,256	91	
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.638667	1,806,351			1,153,657			92	
94 HOME PROGRAM DIALYSIS								94	
200 SUBTOTAL (SEE INSTRUCTIONS)		251,977,085		120,562	96,325	44,653,615	23,900	101,326	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		251,977,085		120,562	96,325	44,653,615	23,900	101,326	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST (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	7,048,828	132,525,384	0.053189	6,891	367	50
52 DELIVERY ROOM & LABOR ROOM	918,550	12,826,651	0.071613			52
53 ANESTHESIOLOGY	53,732	13,685,997	0.003926	1,317	5	53
54 RADIOLOGY-DIAGNOSTIC	6,714,185	386,494,385	0.017372	43,263	752	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	533,654	42,241,457	0.012633			54.01
56.01 ONCOLOGY	1,086,186	4,316,717	0.251623			56.01
60 LABORATORY	1,939,485	214,324,986	0.009049	305,039	2,760	60
62 WHOLE BLOOD & PACKED RED BLOO	209,470	16,115,985	0.012998	232	3	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	377,239	21,373,244	0.017650	190	3	65
66 PHYSICAL THERAPY	1,733,443	30,345,658	0.057123	8,800	503	66
69 ELECTROCARDIOLOGY	632,801	43,205,310	0.014646	55,243	809	69
69.01 CARDIAC CATH LAB	623,627	40,361,131	0.015451			69.01
69.02 CARDIAC REHABILITATION	667,492	2,095,735	0.318500			69.02
71 MEDICAL SUPPLIES CHARGED TO P	1,473,711	139,101,114	0.010595	12,767	135	71
72 IMPL. DEV. CHARGED TO PATIENT	944,890	57,255,948	0.016503			72
73 DRUGS CHARGED TO PATIENTS	1,362,468	70,873,783	0.019224	132,577	2,549	73
73.01 FLU VACCINE DRUGS CHG TO PATI	8,411	163,224	0.051530			73.01
74 RENAL DIALYSIS	36,940	5,314,403	0.006951			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS	1,896,398	12,728,623	0.148987			90.01
90.02 PARTIAL HOSPITALIZATION PROGR	389,699	4,386,570	0.088839			90.02
91 EMERGENCY	2,212,301	114,946,091	0.019246	284,598	5,477	91
92 OBSERVATION BEDS (NON-DISTINC		8,513,183	8,513,183			92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	30,863,510	1,373,195,579		850,917	13,363	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 OFFSITE-DIAGNOSTIC SERVICES						54.01
56.01 ONCOLOGY						56.01
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHABILITATION						69.02
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 FLU VACCINE DRUGS CHG TO PATI						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 OUTPATIENT TREATMENT CENTERS						90.01
90.02 PARTIAL HOSPITALIZATION PROGR						90.02
91 EMERGENCY			99,076		99,076	99,076
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			99,076		99,076	99,076

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	PGM 10	(COL. 8 x COL. 10)	12	(COL. 9 x COL. 12)
	7	8	9		11		13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	132,525,384			6,891			50
52 DELIVERY ROOM & LABOR ROOM	12,826,651						52
53 ANESTHESIOLOGY	13,685,997			1,317			53
54 RADIOLOGY-DIAGNOSTIC	386,494,385			43,263			54
54.01 OFFSITE-DIAGNOSTIC SERVICES	42,241,457						54.01
56.01 ONCOLOGY	4,316,717						56.01
60 LABORATORY	214,324,986			305,039			60
62 WHOLE BLOOD & PACKED RED BLO	16,115,985			232			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	21,373,244			190			65
66 PHYSICAL THERAPY	30,345,658			8,800			66
69 ELECTROCARDIOLOGY	43,205,310			55,243			69
69.01 CARDIAC CATH LAB	40,361,131						69.01
69.02 CARDIAC REHABILITATION	2,095,735						69.02
71 MEDICAL SUPPLIES CHARGED TO	139,101,114			12,767			71
72 IMPL. DEV. CHARGED TO PATIEN	57,255,948						72
73 DRUGS CHARGED TO PATIENTS	70,873,783			132,577			73
73.01 FLU VACCINE DRUGS CHG TO PAT	163,224						73.01
74 RENAL DIALYSIS	5,314,403						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	12,728,623						90.01
90.02 PARTIAL HOSPITALIZATION PROG	4,386,570						90.02
91 EMERGENCY	114,946,091	0.000862	0.000862	284,598	245		91
92 OBSERVATION BEDS (NON-DISTIN	8,513,183						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,373,195,579			850,917	245		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S252) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCES NOT SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.275543						50
52 DELIVERY ROOM & LABOR ROOM	0.677090						52
53 ANESTHESIOLOGY	0.028681						53
54 RADIOLOGY-DIAGNOSTIC	0.097997						54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.112857						54.01
56.01 ONCOLOGY	0.720640						56.01
60 LABORATORY	0.090626						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.255128						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.213010						65
66 PHYSICAL THERAPY	0.420096						66
69 ELECTROCARDIOLOGY	0.131948						69
69.01 CARDIAC CATH LAB	0.119480						69.01
69.02 CARDIAC REHABILITATION	1.187058						69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.223934						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.350241						72
73 DRUGS CHARGED TO PATIENTS	0.391012						73
73.01 FLU VACCINE DRUGS CHG TO PATIEN	1.051916						73.01
74 RENAL DIALYSIS	0.204737						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 OUTPATIENT TREATMENT CENTERS	0.726315						90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.725692						90.02
91 EMERGENCY	0.232805						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.638667						92
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	65,221	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	65,221	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	60,134	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)	32,103	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	69,709,608	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	69,709,608	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)	69,709,608	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,068.82 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 34,312,328 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) 34,312,328 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	19,365,169	9,391	2,062.10	4,855	10,011,496	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE UNIT	5,021,870	1,000	5,021.87			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					57,462,973	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					101,786,797	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 6,451,940 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,472,488 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 11,924,428 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 89,862,369 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) 5,087 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,068.82 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,437,087 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	
90 CAPITAL-RELATED COST	10,580,279	69,709,608	0.151776	5,437,087	825,219	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S252)	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,596	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,596	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,596	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,683	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,601,414	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,601,414	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)	9,601,414	37							

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,116.96 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,879,844 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,879,844 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	166,043 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,045,887 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	275,171 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	13,608 51
52	TOTAL PROGRAM EXCLUDABLE COST	288,779 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,757,108 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		53,158,398		30
31 INTENSIVE CARE UNIT		21,248,536		31
35 NEONATAL INTENSIVE CARE UNIT				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.275776	27,186,275	7,497,322	50
52 DELIVERY ROOM & LABOR ROOM	0.677090			52
53 ANESTHESIOLOGY	0.028681	3,327,882	95,447	53
54 RADIOLOGY-DIAGNOSTIC	0.098035	54,781,692	5,370,523	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.112857	207,647	23,434	54.01
56.01 ONCOLOGY	0.720640	19,755	14,236	56.01
60 LABORATORY	0.091039	45,502,262	4,142,480	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.255128	5,729,237	1,461,689	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.213010	11,353,754	2,418,463	65
66 PHYSICAL THERAPY	0.420220	5,275,662	2,216,939	66
69 ELECTROCARDIOLOGY	0.132921	7,152,986	950,782	69
69.01 CARDIAC CATH LAB	0.120480	11,322,484	1,364,133	69.01
69.02 CARDIAC REHABILITATION	1.193005	1,106	1,319	69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.223934	38,998,461	8,733,081	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.350241	22,689,753	7,946,882	72
73 DRUGS CHARGED TO PATIENTS	0.391012	23,987,470	9,379,389	73
73.01 FLU VACCINE DRUGS CHG TO PATIEN	1.051916			73.01
74 RENAL DIALYSIS	0.204737	3,092,701	633,190	74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	0.726315	43,139	31,333	90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.725692			90.02
91 EMERGENCY	0.232805	18,201,089	4,237,305	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.638667	1,479,685	945,026	92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		280,353,040	57,462,973	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		280,353,040		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S252) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
35 NEONATAL INTENSIVE CARE UNIT				35
40 SUBPROVIDER - IPF		4,076,616		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.275776	6,891	1,900	50
52 DELIVERY ROOM & LABOR ROOM	0.677090			52
53 ANESTHESIOLOGY	0.028681	1,317	38	53
54 RADIOLOGY-DIAGNOSTIC	0.098035	43,263	4,241	54
54.01 OFFSITE-DIAGNOSTIC SERVICES	0.112857			54.01
56.01 ONCOLOGY	0.720640			56.01
60 LABORATORY	0.091039	305,039	27,770	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.255128	232	59	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.213010	190	40	65
66 PHYSICAL THERAPY	0.420220	8,800	3,698	66
69 ELECTROCARDIOLOGY	0.132921	55,243	7,343	69
69.01 CARDIAC CATH LAB	0.120480			69.01
69.02 CARDIAC REHABILITATION	1.193005			69.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.223934	12,767	2,859	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.350241			72
73 DRUGS CHARGED TO PATIENTS	0.391012	132,577	51,839	73
73.01 FLU VACCINE DRUGS CHG TO PATIEN	1.051916			73.01
74 RENAL DIALYSIS	0.204737			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 OUTPATIENT TREATMENT CENTERS	0.726315			90.01
90.02 PARTIAL HOSPITALIZATION PROGRAM	0.725692			90.02
91 EMERGENCY	0.232805	284,598	66,256	91
92 OBSERVATION BEDS (NON-DISTINCT	0.638667			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		850,917	166,043	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		850,917		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	72,438,335	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,796,160	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	5,307,307	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	322.06	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)	0.0218	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)	74,234,495	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)	74,234,495	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,312,898	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0252)  
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	2,772	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	15,689	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	80,565,854	59
60	PRIMARY PAYER PAYMENTS	45,612	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	80,520,242	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7,075,744	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	176,717	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	471,999	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	306,799	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	205,325	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	73,574,580	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (OTHER ADJ-PSR)	-1,151	70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-108,930	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-724,385	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	72,740,114	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	727,401	71.01
72	INTERIM PAYMENTS	72,288,619	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-275,906	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                                [XX] IPF (14-S252)        [ ] IRF  
                                  [ ] SUB (OTHER)                                [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		72,288,619		29,635,902	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	04/29/2013	70,600	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)				70,600	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		72,288,619		29,706,502	4

TO BE COMPLETED BY CONTRACTOR

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



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0252) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	17,887	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	36,958	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,651	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	70,525	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,557,532,547	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	55,817,520	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,356,472	1
2	NET IPF PPS OUTLIER PAYMENT	785	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	23.550685	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8/LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,357,257	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,357,257	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,357,257	18
19	DEDUCTIBLES	124,776	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,232,481	20
21	COINSURANCE	52,813	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,179,668	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	10,360	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,734	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	5,808	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,186,402	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	245	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,186,647	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	11,866	31.01
32	INTERIM PAYMENTS	1,167,420	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	7,361	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	39,769,047			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	57,053,735			4
5	OTHER RECEIVABLES	11,566,265			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,803,892			7
8	PREPAID EXPENSES	4,564,096			8
9	OTHER CURRENT ASSETS	3,650			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	117,760,685			11
FIXED ASSETS					
12	LAND	1,789,072			12
13	LAND IMPROVEMENTS	14,250,270			13
14	ACCUMULATED DEPRECIATION	-9,543,249			14
15	BUILDINGS	308,918,933			15
16	ACCUMULATED DEPRECIATION	-107,782,545			16
17	LEASEHOLD IMPROVEMENTS	1,102,550			17
18	ACCUMULATED AMORTIZATION	-380,472			18
19	FIXED EQUIPMENT	205,471,039			19
20	ACCUMULATED DEPRECIATION	-95,608,730			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	109,598,226			23
24	ACCUMULATED DEPRECIATION	-53,563,746			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)	374,251,348			30
OTHER ASSETS					
31	INVESTMENTS	98,835,268			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	33,557,221			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	132,392,489			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	624,404,522			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	13,485,224			37
38	SALARIES, WAGES & FEES PAYABLE	32,346,389			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	6,495,976			40
41	DEFERRED INCOME	480,851			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	64,138,017			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	116,946,457			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	314,614,197			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	314,614,197			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	431,560,654			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	192,843,868			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)	192,843,868			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	624,404,522			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		166,891,581							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		20,119,066							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		187,010,647							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 RESTRICTED NET ASSETS TRANSFER		5,833,221							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		5,833,221							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		192,843,868							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)		192,843,868							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	132,474,521		132,474,521	2
3 SUBPROVIDER IPF	20,980,359		20,980,359	3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	153,454,880		153,454,880	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	37,799,938		37,799,938	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATAL INTENSIVE CARE UNIT	10,972,649		10,972,649	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	48,772,587		48,772,587	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	202,227,467		202,227,467	18
19 ANCILLARY SERVICES	514,804,448	834,450,496	1,349,254,944	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	717,031,915	834,450,496	1,551,482,411	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		406,580,115	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35 OTHER			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 PROVISION FOR BA DEBT - MISC RECEIP	-24,080		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-24,080	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		406,556,035	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,551,482,411	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,138,779,263	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	412,703,148	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	406,556,035	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	6,147,113	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	924,350	6
7	INCOME FROM INVESTMENTS	2,224,361	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	1,574,082	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	521,295	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (CAPITATION)	2,726,506	24
24.01	OTHER (OTHER REVENUE - ACCT 533990)	4,598,214	24.01
24.02	OTHER (RECONCILING OTHER INCOME)	196,156	24.02
24.03	OTHER (COMMUNICATIONS)	290,727	24.03
24.04	OTHER (GAIN ON DISPOSAL)	592,456	24.04
24.05	OTHER (OTHER INCOME ACCT 539990)	323,806	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	13,971,953	25
26	TOTAL (LINE 5 PLUS LINE 25)	20,119,066	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	20,119,066	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						
2 CAPITAL RELATED-BLDGS & FIXTURES						1
3 CAPITAL RELATED-MOVABLE EQUIPMENT						2
4 PLANT OPERATION & MAINTENANCE						3
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,326,446	97,243	32,250	5,534	80,574	1,542,047
7 SKILLED NURSING CARE	2,124,703	155,765	51,657	8,864	129,063	2,470,052
8 PHYSICAL THERAPY	1,540,100	112,907	37,444	6,425	93,552	1,790,428
9 OCCUPATIONAL THERAPY	199,568	14,631	4,852	833	12,123	232,007
10 SPEECH PATHOLOGY	30,296	2,221	737	126	1,840	35,220
11 MEDICAL SOCIAL SERVICES	167,575	12,285	4,074	699	10,179	194,812
12 HOME HEALTH AIDE	64,364	4,719	1,565	269	3,910	74,827
13 SUPPLIES (SEE INSTRUCTIONS)						12
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS	305,537	22,399	7,428	1,275	18,558	355,197
26 TOTAL (SUM OF LINES 1-23)	5,758,589	422,170	140,007	24,025	349,799	6,694,590

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	1,078	1,543,125	-25	1,543,100	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	1,078	6,695,668	-25	6,695,643	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7094

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	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	1,543,100				1,543,100	1,543,100		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,470,052				2,470,052	739,740	3,209,792	8
9	PHYSICAL THERAPY	1,790,428				1,790,428	536,203	2,326,631	9
10	OCCUPATIONAL THERAPY	232,007				232,007	69,482	301,489	10
11	SPEECH PATHOLOGY	35,220				35,220	10,548	45,768	11
12	MEDICAL SOCIAL SERVICES	194,812				194,812	58,343	253,155	12
13	HOME HEALTH AIDE	74,827				74,827	22,409	97,236	13
14	SUPPLIES (SEE INSTRUCTIONS)								14
15	DRUGS								15
16	DME								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	355,197				355,197	106,375	461,572	26
27	TOTAL (SUM OF LINES 1-23)	6,695,643				6,695,643		6,695,643	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1,543,100	5,152,543	5
6 SKILLED NURSING CARE						2,470,052	6
7 PHYSICAL THERAPY						1,790,428	7
8 OCCUPATIONAL THERAPY						232,007	8
9 SPEECH PATHOLOGY						35,220	9
10 MEDICAL SOCIAL SERVICES						194,812	10
11 HOME HEALTH AIDE						74,827	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						355,197	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,543,100	5,152,543	24
25 COST TO BE ALLOC (PER W/S H)						1,543,100	25
26 UNIT COST MULTIPLIER						0.299483	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7094

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	1,564,839		1,564,839			1
2 SKILLED NURSING CARE	4,753,269		4,753,269	750,010	5,503,279	2
3 PHYSICAL THERAPY	3,445,425		3,445,425	543,650	3,989,075	3
4 OCCUPATIONAL THERAPY	446,464		446,464	70,447	516,911	4
5 SPEECH PATHOLOGY	67,776		67,776	10,694	78,470	5
6 MEDICAL SOCIAL SERVICES	374,889		374,889	59,153	434,042	6
7 HOME HEALTH AIDE	143,993		143,993	22,721	166,714	7
8 SUPPLIES						8
9 DRUGS	1,971		1,971	311	2,282	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	683,526		683,526	107,853	791,379	19
20 TOTAL (SUM OF LINES 1-19)	11,482,152		11,482,152	1,564,839	11,482,152	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.				0.157789		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	5,176	47,499		1,327,444		660,384		5,176	1
2 SKILLED NURSING CARE				2,124,703		3,820,989			2
3 PHYSICAL THERAPY				1,540,100		2,769,659			3
4 OCCUPATIONAL THERAPY				199,568		358,897			4
5 SPEECH PATHOLOGY				30,296		54,483			5
6 MEDICAL SOCIAL SERVICES				167,575		301,360			6
7 HOME HEALTH AIDE				64,364		115,751			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				305,537		549,463			19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	5,176	47,499		5,759,587		8,630,986		5,176	20
21 TOTAL COST TO BE ALLOCATED	240,333	38,196		1,656,814		2,105,866		250,368	21
22 UNIT COST MULTIPLIER	46.432187								22
22 UNIT COST MULTIPLIER		0.804143		0.287662		0.243989		48.370943	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-2  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTE'S 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING-ADMINISTRATION FTE'S 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUISITION 15	
1 ADMINISTRATIVE AND GENERAL		5,176				6,285			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								3,395	9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		5,176				6,285		3,395	20
21 TOTAL COST TO BE ALLOCATED		98,119				358,878		1,971	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		18.956530				57.100716		0.580560	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	5,503,279		5,503,279	21,246	259.03	1
2	PHYSICAL THERAPY	3	3,989,075		3,989,075	15,741	253.42	2
3	OCCUPATIONAL THERAPY	4	516,911		516,911	1,677	308.24	3
4	SPEECH PATHOLOGY	5	78,470		78,470	218	359.95	4
5	MEDICAL SOCIAL SERVICES	6	434,042		434,042	657	660.64	5
6	HOME HEALTH AIDE	7	166,714		166,714	1,829	91.15	6
7	TOTAL (SUM OF LINES 1-6)		10,688,491		10,688,491	41,368		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)		5	
			1	2	3	4		
15	COST OF MEDICAL SUPPLIES	8				97,664		15
16	COST OF DRUGS	9	2,282		2,282			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES							
1 SKILLED NURSING CARE	9,763	5,755		2,528,910	1,490,718		4,019,628
2 PHYSICAL THERAPY	6,892	4,400		1,746,571	1,115,048		2,861,619
3 OCCUPATIONAL THERAPY	902	532		278,032	163,984		442,016
4 SPEECH PATHOLOGY	128	46		46,074	16,558		62,632
5 MEDICAL SOCIAL SERVICES	307	256		202,816	169,124		371,940
6 HOME HEALTH AIDE	580	648		52,867	59,065		111,932
7 TOTAL (SUM OF LINES 1-6)	18,572	11,637		4,855,270	3,014,497		7,869,767

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	11340	2	5,755	8
9 PHYSICAL THERAPY	11340	3	4,400	9
10 OCCUPATIONAL THERAPY	11340	4	532	10
11 SPEECH PATHOLOGY	11340	5	46	11
12 MEDICAL SOCIAL SERVICES	11340	6	256	12
13 HOME HEALTH AIDE	11340	7	648	13
14 TOTAL (SUM OF LINES 8-13)		18,572	11,637	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES							
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	TOTAL PROGRAM COST
1 PHYSICAL THERAPY	66	0.420096		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	71	0.223934		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.391012		COL 2, LINE 16	5
5.01 FLU VACCINE DRUGS CHG TO PATIE	73.01	1.051916		COL 2, LINE 16	5.01

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7094

WORKSHEET H-4  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	3,763,612			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,763,612			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,763,612			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS	2,691			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1		SERVICES 2		
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)		-2,691			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,387,044		2,055,056		11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES		53,091		40,056	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES		39,554		47,671	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		4,781		5,882	16
18 TOTAL OTHER PAYMENTS					17
19 DME PAYMENTS					18
20 OXYGEN PAYMENTS					19
21 PROSTHETIC AND ORTHOTIC PAYMENTS					20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)					21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	3,481,779		2,148,665		22
24 EXCESS REASONABLE COST (FROM LINE 8)					23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	3,481,779		2,148,665		24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
27 NET COST (LINE 24 MINUS LINE 25)	3,481,779		2,148,665		26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)					27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	3,481,779		2,148,665		29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		-7			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,481,772		2,148,665		31
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		32,424		20,966	31.01
34 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,449,348		2,127,699		32
35 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)					33
BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)					34
PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2					35



CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-025) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,760,603	1
2	CAPITAL DRG OUTLIER PAYMENTS	418,073	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	193.22	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)	0.0218	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.0917	8
9	SUM OF LINES 7 AND 8	0.1135	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0233	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	134,222	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,312,898	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 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM- EMERGENCY MED					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
35 NEONATAL INTENSIVE CARE UNIT					35
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 OFFSITE-DIAGNOSTIC SERVICES					54.01
56.01 ONCOLOGY					56.01
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.01 CARDIAC CATH LAB					69.01
69.02 CARDIAC REHABILITATION					69.02
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 FLU VACCINE DRUGS CHG TO PATIE					73.01
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 OUTPATIENT TREATMENT CENTERS					90.01
90.02 PARTIAL HOSPITALIZATION PROGRA					90.02
91 EMERGENCY					91
92 OBSERVATION BEDS (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					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 DAY SURGERY CENTER					192.01
192.02 RESIDENTIAL TREATMENT CENTER					192.02
192.03 MOBILE DENTAL CLINIC					192.03
192.04 EMS CONTINUING EDUCATION					192.04
194 CORPORATE HEALTH					194
194.01 MARKETING/COMMUNICATION					194.01
194.02 FOUNDATION					194.02

PROVIDER CCN: 14-0252 NORTHWEST COMMUNITY HOSPITAL  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 09:38

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.03 OTHER NRCC						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	09/30/2017	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	10/01/2012	09/30/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	04/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	10/01/2011	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	10/01/2014	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	10/01/2011	9
10	Ending date of averaging period from Line 5	10/01/2014	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		09/30/2012	9,000,000 11.01
11.02		09/30/2013	8,400,000 11.02
11.03		09/30/2014	8,400,000 11.03
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	25,800,000	13
14	Average monthly contribution (Line 13 divided by Line 12)	716,667	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	8,600,004	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)	13,423	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	13,423	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	8,613,427	19