

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: _____ TIME: _____
 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 RML SPECIALTY HOSPITAL (14-2010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2012 AND ENDING 05/31/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL						1
2 SUBPROVIDER - IPF		-610,091	68			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		-610,091	68			200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5601 SOUTH COUNTY LINE ROAD
 2 CITY: HINSDALE STATE: IL

P.O.BOX:
 ZIP CODE: 60521 COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	RML SPECIALTY HOSPITAL	14-2010	16974	2	06/01/1997	N	P	N	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 06/01/2012			TO: 05/31/2013					20
21	TYPE OF CONTROL				5					21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									2	N 23

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6		
		MEDICAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	MEDICAID PAID DAYS 3	ELIGIBLE UNPAID DAYS 4	MEDICAID ELIGIBLE DAYS 5	MEDICAID OTHER DAYS 6				
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.									24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.									25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1					26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1					27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:		ENDING:			36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:		ENDING:			38	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1	2
										N	N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
			3	4	5
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2		3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
			3	4	5

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			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.			Y 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 761,575 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.	N		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165
ENTER 'Y' FOR YES OR 'N' FOR NO.

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 167

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	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)	Y		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	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.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
BED COMPLEMENT					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			Y 12 N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 09/30/2013	3 Y	4 09/30/2013
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)	N		N	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? | | | 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: THOMAS | LAST NAME: STITT | TITLE: VICE PRESIDENT OF FI | 41 |
| 42 EMPLOYER: HEALTH DIMENSIONS GROUP | | | 42 |
| 43 PHONE NUMBER: 763-225-8639 | E-MAIL ADDRESS: TOMS@HGDG1.COM | | 43 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE	COMPONENT	WKST A LINE NO.	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			TOTAL ALL PATIENTS 8
						TITLE V 5	TITLE XVIII 6	TITLE XIX 7	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	157	57,305		21,566	10,234	41,696	1
2	HMO					782			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		157	57,305		21,566	10,234	41,696	7
8	INTENSIVE CARE UNIT	31							8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
11	SURGICAL INTENSIVE CARE UNIT	34							11
12	OTHER SPECIAL CARE (SPECIFY)	35							12
13	NURSERY	43							13
14	TOTAL (SEE INSTRUCTIONS)		157	57,305		21,566	10,234	41,696	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40							16
17	SUBPROVIDER - IRF	41							17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44							19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101							22
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116							24
25	CMHC	99							25
26	RHC	88							26
27	TOTAL (SUM OF LINES 14-26)		157						27
28	OBSERVATION BED DAYS								28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)								32
33	LTCH NON-COVERED DAYS					2,077			33

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	TOTAL SALARIES (SEE INSTRUCTIONS)	200	38,288,552		1,256,736.00	1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A ADMINISTRATIVE					4
4.01	PHYSICIAN-PART A - TEACHING					4.01
5	PHYSICIAN-PART B					5
6	NON-PHYSICIAN-PART B					6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21				7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					7.01
8	HOME OFFICE PERSONNEL					8
9	SNF	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)					10
OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)	1,009,963			21,737.90	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE					13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS					16
17	WAGE-RELATED COSTS (CORE)	9,037,902				17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS					19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A - ADMINISTRATIVE					22
22.01	PHYSICIAN PART A - TEACHING					22.01
23	PHYSICIAN PART B					23
24	WAGE-RELATED COSTS (RHC/FQHC)					24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES					25
26	EMPLOYEE BENEFITS	409,765			11,149.00	26
27	ADMINISTRATIVE & GENERAL	7,565,164	-381,647		174,034.00	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)					28
29	MAINTENANCE & REPAIRS	140,088			4,243.00	29
30	OPERATION OF PLANT	1,574,632			61,901.00	30
31	LAUNDRY & LINEN SERVICE					31
32	HOUSEKEEPING	1,003,548			69,909.00	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY	619,049	-228,268		19,656.00	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA		228,268		11,482.00	36
37	MAINTENANCE OF PERSONNEL					37
38	NURSING ADMINISTRATION	944,175			26,957.00	38
39	CENTRAL SERVICES AND SUPPLY					39
40	PHARMACY					40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	254,160			10,546.00	41
42	SOCIAL SERVICE	1,103,646			34,757.00	42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	38,288,552		38,288,552	1,256,736.00	30.47	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38,288,552		38,288,552	1,256,736.00	30.47	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,009,963		1,009,963	21,737.90	46.46	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,037,902		9,037,902		23.60%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	48,336,417		48,336,417	1,278,473.90	37.81	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	13,614,227	-381,647	13,232,580	424,634.00	31.16	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	1,043,259	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
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)	4,011,686	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	153,719	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	46,320	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	69,012	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	803,807	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	2,711,614	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	83,400	20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	115,085	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	9,037,902	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
PERIOD FROM 06/01/2012 TO 05/31/2013

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

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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	1,009,963	9,037,902	1
2	HOSPITAL	1,009,963	9,037,902	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

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		3,178,682	3,178,682	56,596	1
2	00200		2,237,365	2,237,365	69,986	2
3	00300		126,582	126,582	-126,582	3
4	00400	409,765	6,651,567	7,061,332		4
5.01	00560	335,948	147,272	483,220		5.01
5.02	00570	1,117,269	170,765	1,288,034	-3	5.02
5.03	00580	385,668	48,756	434,424	-2	5.03
5.04	00590	5,726,279	6,283,583	12,009,862	-410,219	5.04
6	00600	140,088	212,414	352,502	-152,293	6
7	00700	1,574,632	1,695,880	3,270,512	-16	7
8	00800		221,181	221,181		8
9	00900	1,003,548	464,067	1,467,615	-8,574	9
10	01000	619,049	349,203	968,252	-429,773	10
11	01100				314,317	11
12	01200					12
13	01300	944,175	72,227	1,016,402		13
14	01400					14
15	01500					15
16	01600	254,160	128,659	382,819	-10,553	16
17	01700	1,103,646	226,129	1,329,775		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	14,362,767	5,451,632	19,814,399	-1,935,609	30
ANCILLARY SERVICE COST CENTERS						
50	05000	386,972	431,664	818,636	-195,155	50
54	05400	586,349	155,634	741,983	-2,568	54
56	05600		38,602	38,602	-12,373	56
57	05700		165,636	165,636		57
60	06000	102,868	1,436,490	1,539,358	-34,480	60
62.30	06250					62.30
65	06500	6,097,237	2,078,940	8,176,177	-963,449	65
65.01	06501					65.01
66	06600	735,581	510,031	1,245,612	-11,795	66
67	06700	406,287	257,655	663,942	3,075	67
68	06800	360,150	65,890	426,040	3,408	68
68.01	06801	249,908	21,200	271,108		68.01
71	07100				3,683,300	71
73	07300	1,313,649	2,634,242	3,947,891	162,599	73
74	07400		1,123,909	1,123,909	-977	74
75.01	03630	72,557	5,979	78,536	1,140	75.01
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
SPECIAL PURPOSE COST CENTERS						
118		38,288,552	36,591,836	74,880,388		118
NONREIMBURSABLE COST CENTERS						
190.01	19001					190.01
192	19200					192
200		38,288,552	36,591,836	74,880,388		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	3,235,278		3,123,020	1
2	00200	2,307,351	-112,258	2,307,351	2
3	00300				3
4	00400	7,061,332	172,399	7,233,731	4
5.01	00560	483,220		483,220	5.01
5.02	00570	1,288,031	-11,637	1,276,394	5.02
5.03	00580	434,422	-140	434,282	5.03
5.04	00590	11,599,643	-1,278,968	10,320,675	5.04
6	00600	200,209		200,209	6
7	00700	3,270,496	-17	3,270,479	7
8	00800	221,181		221,181	8
9	00900	1,459,041		1,459,041	9
10	01000	538,479	-12,280	526,199	10
11	01100	314,317	-83,154	231,163	11
12	01200				12
13	01300	1,016,402	-66	1,016,336	13
14	01400				14
15	01500				15
16	01600	372,266	-2,781	369,485	16
17	01700	1,329,775		1,329,775	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	17,878,790	-1,564,206	16,314,584	30
ANCILLARY SERVICE COST CENTERS					
50	05000	623,481		623,481	50
54	05400	739,415	-37	739,378	54
56	05600	26,229		26,229	56
57	05700	165,636		165,636	57
60	06000	1,504,878	-10,750	1,494,128	60
62.30	06250				62.30
65	06500	7,212,728	-1,453,994	5,758,734	65
65.01	06501				65.01
66	06600	1,233,817		1,233,817	66
67	06700	667,017		667,017	67
68	06800	429,448		429,448	68
68.01	06801	271,108	-271,108		68.01
71	07100	3,683,300		3,683,300	71
73	07300	4,110,490	-400	4,110,090	73
74	07400	1,122,932		1,122,932	74
75.01	03630	79,676		79,676	75.01
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
118		74,880,388	-4,629,397	70,250,991	118
NONREIMBURSABLE COST CENTERS					
190.01	19001				190.01
192	19200				192
200		74,880,388	-4,629,397	70,250,991	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CAFETERIA COSTS	A	CAFETERIA	11	228,268	86,049	1
500 TOTAL RECLASSIFICATIONS				228,268	86,049	500
CODE LETTER - A						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
1 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHRGED TO PA	71		3,683,300	1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - B						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
1 DRUGS	C	DRUGS CHARGED TO PATIENTS	73		149,402	1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - C						
1						
2						
3						
4						
5						
6						
1 SALARY RECLASS	D	ADULTS & PEDIATRICS	30	234,177	17,914	1
2		OPERATING ROOM	50	6,309	483	2
3		RADIOLOGY-DIAGNOSTIC	54	9,560	731	3
4		RESPIRATORY THERAPY	65	82,834	6,337	4
5		PHYSICAL THERAPY	66	11,993	917	5
6		OCCUPATIONAL THERAPY	67	6,624	507	6
7		SPEECH PATHOLOGY	68	5,872	449	7
8		DRUGS CHARGED TO PATIENTS	73	21,418	1,638	8
9		ULTRASOUND	75.01	1,183	90	9
10		LABORATORY	60	1,677	128	10
500 TOTAL RECLASSIFICATIONS				381,647	29,194	500
CODE LETTER - D						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
1 CONSULTANT EXPENSE	E	OTHER ADMINISTRATIVE & GENERA	5.04		10,550	1
500 TOTAL RECLASSIFICATIONS					10,550	500
CODE LETTER - E						
GRAND TOTAL (INCREASES)				609,915	3,958,495	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1	1	6	7	8	9	10
1 CAFETERIA COSTS	A	DIETARY	10	228,268	86,049	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				228,268	86,049	500
1 MEDICAL SUPPLIES	B	ADMITTING	5.02		3	1
2		PATIENT ACCOUNTS	5.03		2	2
3		OTHER ADMINISTRATIVE & GENERA	5.04		1,072	3
4		MAINTENANCE & REPAIRS	6		152,293	4
5		OPERATION OF PLANT	7		16	5
6		HOUSEKEEPING	9		8,574	6
7		DIETARY	10		115,456	7
8		MEDICAL RECORDS & LIBRARY	16		3	8
9		ADULTS & PEDIATRICS	30		2,051,732	9
10		OPERATING ROOM	50		198,289	10
11		RADIOLOGY-DIAGNOSTIC	54		12,738	11
12		RADIOISOTOPE	56		12,373	12
13		LABORATORY	60		36,285	13
14		RESPIRATORY THERAPY	65		1,051,974	14
15		PHYSICAL THERAPY	66		24,705	15
16		OCCUPATIONAL THERAPY	67		4,056	16
17		SPEECH PATHOLOGY	68		2,913	17
18		DRUGS CHARGED TO PATIENTS	73		9,859	18
19		RENAL DIALYSIS	74		824	19
20		ULTRASOUND	75.01		133	20
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					3,683,300	500
1 DRUGS	C	OTHER ADMINISTRATIVE & GENERA	5.04		8,856	1
2		ADULTS & PEDIATRICS	30		135,968	2
3		OPERATING ROOM	50		3,658	3
4		RADIOLOGY-DIAGNOSTIC	54		121	4
5		RESPIRATORY THERAPY	65		646	5
6		RENAL DIALYSIS	74		153	6
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					149,402	500
1 SALARY RECLASS	D	OTHER ADMINISTRATIVE & GENERA	5.04	381,647	29,194	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				381,647	29,194	500
1 CONSULTANT EXPENSE	E	MEDICAL RECORDS & LIBRARY	16		10,550	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					10,550	500
GRAND TOTAL (DECREASES)				609,915	3,958,495	

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
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	16,964,310	237,108		237,108	572,224	16,629,194		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	19,244,325	1,493,475		1,493,475	174,138	20,563,662		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	36,208,635	1,730,583		1,730,583	746,362	37,192,856		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	36,208,635	1,730,583		1,730,583	746,362	37,192,856		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	907,385	2,271,297					3,178,682
2 CAP REL COSTS-MVBLE EQUIP	2,137,346		100,019				2,237,365
3 TOTAL (SUM OF LINES 1-2)	3,044,731	2,271,297	100,019				5,416,047

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	16,629,194		16,629,194	0.447107	56,596			56,596
2 CAP REL COSTS-MVBLE EQUIP	20,563,662		20,563,662	0.552893	69,986			69,986
3 TOTAL (SUM OF LINES 1-2)	37,192,856		37,192,856	1.000000	126,582			126,582

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	907,385	2,159,039		56,596			3,123,020
2 CAP REL COSTS-MVBLE EQUIP	2,137,346		100,019	69,986			2,307,351
3 TOTAL	3,044,731	2,159,039	100,019	126,582			5,430,371

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,750,648			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-279,738			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-83,154	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 MARKETING	A	-491	OTHER ADMINISTRATIVE & GENERAL	5.04	33
33.01 MEDICAL RECORDS PHOTOCOPYING	B	-2,781	MEDICAL RECORDS & LIBRARY	16	33.01
33.05 RESEARCH AND DEVELOPMENT	A	-30,862	OTHER ADMINISTRATIVE & GENERAL	5.04	33.05
33.06 MARKETING	A	-11,615	ADMITTING	5.02	33.06
33.07 PULMONARY EXPENSE	A	-1,453,942	RESPIRATORY THERAPY	65	33.07
33.08 OTHER REVENUE - A & G	B	-23	OTHER ADMINISTRATIVE & GENERAL	5.04	33.08
33.09 OTHER REVENUE - NURSING ADMIN	B	-66	NURSING ADMINISTRATION	13	33.09
33.10 OTHER REVENUE - NURSING	B	-137	ADULTS & PEDIATRICS	30	33.10
33.11 OTHER REVENUE - FACILITY OPERATION	B	-17	OPERATION OF PLANT	7	33.11
33.13 OTHER REVENUE - PHARMACY	B	-400	DRUGS CHARGED TO PATIENTS	73	33.13
33.15 OTHER REVENUE - MISCELLANEOUS	B	-49,759	OTHER ADMINISTRATIVE & GENERAL	5.04	33.15
33.16 OTHER REVENUE - DIETARY	B	-12,280	DIETARY	10	33.16
33.17 OTHER REVENUE - RADIOLOGY	B	-37	RADIOLOGY-DIAGNOSTIC	54	33.17
33.19 DONATIONS	A	-41,627	OTHER ADMINISTRATIVE & GENERAL	5.04	33.19
33.22 ENTERTAINMENT EXPENSE	A	-72,660	OTHER ADMINISTRATIVE & GENERAL	5.04	33.22
33.23 MEMBERSHIP DUES	A	-72,045	OTHER ADMINISTRATIVE & GENERAL	5.04	33.23
33.24 UNFUNDED SELF INSURANCE	A	-123,707	OTHER ADMINISTRATIVE & GENERAL	5.04	33.24
33.25 OTHER REVENUE - MEDICAL ADMINISTRA	B	-11,318	OTHER ADMINISTRATIVE & GENERAL	5.04	33.25
33.26 OTHER REVENUE - HUMAN RESOURCES	B	-52	EMPLOYEE BENEFITS	4	33.26
33.27 PSYCHOLOGY BENEFITS/BILLING	A	-22,015	PSYCHOLOGY	68.01	33.27
33.28 HOUSE PHYSICIAN FICA	A	-46,345	ADULTS & PEDIATRICS	30	33.28
33.31 OTHER REVENUE - PATIENT ACCOUNTS	B	-140	PATIENT ACCOUNTS	5.03	33.31
34 PSYCHOLOGY PHYSICIAN BENEFITS	A	-43,974	EMPLOYEE BENEFITS	4	34
35 PROVIDER RELATIONS MARKETING	A	-78,327	OTHER ADMINISTRATIVE & GENERAL	5.04	35
36 FUND RAISING	B	-271,975	OTHER ADMINISTRATIVE & GENERAL	5.04	36
37 OTHER REVENUE - LABORATORY	B	-10,750	LABORATORY	60	37
38 MEDICAID PROVIDER TAX-SUPPLEMENTAL	A	-332,084	OTHER ADMINISTRATIVE & GENERAL	5.04	38
39 PULMONARY PHYSICIAN BENEFITS	A	-147,860	EMPLOYEE BENEFITS	4	39
40 OTHER REVENUE - INTAKE	B	-22	ADMITTING	5.02	40

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11
 10/30/2013 13:16

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	
41	OTHER REVENUE - RISK MANAGEMENT	B	-6,070	OTHER ADMINISTRATIVE & GENERAL	5.04	41
42	OTHER REVENUE - RESPIRATORY THERAP	B	-52	RESPIRATORY THERAPY	65	42
43	PROFESSIONAL BUILDING	A	-36,709	OTHER ADMINISTRATIVE & GENERAL	5.04	43
44	PROFESSIONAL BUILDING - BENEFITS	A	-317	EMPLOYEE BENEFITS	4	44
45	HOUSE PHYSICIAN BENEFITS	A	-86,788	EMPLOYEE BENEFITS	4	45
46	SERP ADJUSTMENT	A	451,390	EMPLOYEE BENEFITS	4	46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49)		-4,629,397			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	CAP REL COSTS-BLDG & FIXT				
		ADVOCATE BUILDING COST	820,874	933,132	-112,258	10 1
2	30	ADULTS & PEDIATRICS				
		LOYOLA FELLOWSHIP		162,480	-162,480	2
3	5.04	OTHER ADMINISTRATIVE & GENERAL				
		MISCELLANEOUS		5,000	-5,000	3
4						4
5		TOTALS (SUM OF LINES 1-4)	820,874	1,100,612	-279,738	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	B		LOYOLA UNIVERSITY MEDICAL CTR		HOSPITAL	6
7	B		ADVOCATE HEALTH AND HOSPITALS		HOSPITAL	7
8	B		RML HEALTH PROVIDERS		PARTNERSHIP	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	5.04 OTHER ADMINISTRATIVE & G DR. F	36,000		36,000	177,200	254	21,639	1,082	1
2	5.04 OTHER ADMINISTRATIVE & G DR. D	16,725		16,725	177,200	56	4,771	239	2
3	5.04 OTHER ADMINISTRATIVE & G DR. DG	8,758		8,758	177,200	55	4,686	234	3
4	5.04 OTHER ADMINISTRATIVE & G DR. RS	50,000		50,000	177,200	165	14,057	703	4
5	5.04 OTHER ADMINISTRATIVE & G DR. RP	43,200		43,200	177,200	277	23,598	1,180	5
6	5.04 OTHER ADMINISTRATIVE & G DR. B	17,075		17,075	177,200	114	9,712	486	6
7	5.04 OTHER ADMINISTRATIVE & G DR. RIP	16,222		16,222	177,200	222	18,913	946	7
8	68.01 PSYCHOLOGY AGGREGATE	249,093	249,093		177,200				8
9	30 ADULTS & PEDIATRICS HP AGGREGATE-HI	482,615	482,615						9
10	5.04 OTHER ADMINISTRATIVE & G UROLOGY	12,000	12,000						10
11	5.04 OTHER ADMINISTRATIVE & G DR. DG	36,000		36,000	177,200	242	20,617	1,031	11
12	5.04 OTHER ADMINISTRATIVE & G DR. U	36,000		36,000	177,200	242	20,617	1,031	12
13	5.04 OTHER ADMINISTRATIVE & G DR. Z	16,800		16,800	177,200	116	9,882	494	13
14	5.04 OTHER ADMINISTRATIVE & G DR. R	2,100		2,100	177,200	14	1,193	60	14
15	5.04 OTHER ADMINISTRATIVE & G DR. RB	5,322		5,322	177,200	34	2,897	145	15
16	30 ADULTS & PEDIATRICS HP AGGREGATE-CH	872,629	872,629						16
200	TOTAL	1,900,539	1,616,337	284,202		1,791	152,582	7,631	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.04 OTHER ADMINISTRATIVE & G DR. F					21,639	14,361	14,361	1
2	5.04 OTHER ADMINISTRATIVE & G DR. D					4,771	11,954	11,954	2
3	5.04 OTHER ADMINISTRATIVE & G DR. DG					4,686	4,072	4,072	3
4	5.04 OTHER ADMINISTRATIVE & G DR. RS					14,057	35,943	35,943	4
5	5.04 OTHER ADMINISTRATIVE & G DR. RP					23,598	19,602	19,602	5
6	5.04 OTHER ADMINISTRATIVE & G DR. B					9,712	7,363	7,363	6
7	5.04 OTHER ADMINISTRATIVE & G DR. RIP					18,913			7
8	68.01 PSYCHOLOGY AGGREGATE							249,093	8
9	30 ADULTS & PEDIATRICS HP AGGREGATE-HI							482,615	9
10	5.04 OTHER ADMINISTRATIVE & G UROLOGY							12,000	10
11	5.04 OTHER ADMINISTRATIVE & G DR. DG					20,617	15,383	15,383	11
12	5.04 OTHER ADMINISTRATIVE & G DR. U					20,617	15,383	15,383	12
13	5.04 OTHER ADMINISTRATIVE & G DR. Z					9,882	6,918	6,918	13
14	5.04 OTHER ADMINISTRATIVE & G DR. R					1,193	907	907	14
15	5.04 OTHER ADMINISTRATIVE & G DR. RB					2,897	2,425	2,425	15
16	30 ADULTS & PEDIATRICS HP AGGREGATE-CH							872,629	16
200	TOTAL					152,582	134,311	1,750,648	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION	CAP	CAP	EMPLOYEE	PURCHASING	
	(FROM WKST A, COL.7) 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS 4	5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,123,020	3,123,020				1
2 CAP REL COSTS-MVBLE EQUIP	2,307,351		2,307,351			2
4 EMPLOYEE BENEFITS	7,233,731	82,185	1,468	7,317,384		4
5.01 PURCHASING	483,220	87,628	18,082	68,060	656,990	5.01
5.02 ADMITTING	1,276,394	43,831	6,600	226,350	704	5.02
5.03 PATIENT ACCOUNTS	434,282	23,030	1,846	78,133	257	5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	10,320,675	879,969	649,693	1,082,779	23,642	5.04
6 MAINTENANCE & REPAIRS	200,209	59,122	727	28,381	65	6
7 OPERATION OF PLANT	3,270,479	248,954	94,013	319,008	14,870	7
8 LAUNDRY & LINEN SERVICE	221,181	55,227			227	8
9 HOUSEKEEPING	1,459,041	49,257	15,997	203,311	21,274	9
10 DIETARY	526,199	180,596	41,815	79,169	9,574	10
11 CAFETERIA	231,163	80,195		46,245	5,592	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,016,336	20,427		191,282	144	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	369,485	40,940	3,155	51,491	400	16
17 SOCIAL SERVICE	1,329,775	26,601	3,826	223,590	598	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,314,584	691,992	1,038,026	2,857,290	22,215	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	623,481	44,188	40,173	79,676	134	50
54 RADIOLOGY-DIAGNOSTIC	739,378	74,752	107,386	120,726	220	54
56 RADIOISOTOPE	26,229	1,888				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	165,636	11,804	73,639			57
60 LABORATORY	1,494,128			21,180	39,430	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,758,734	58,016	197,731	1,046,042	3,943	65
65.01 PULMONARY REHAB						
66 PHYSICAL THERAPY	1,233,817	28,966	3,972	151,453	472	66
67 OCCUPATIONAL THERAPY	667,017	19,084		83,652		67
68 SPEECH PATHOLOGY	429,448	16,992		74,153	185	68
68.01 PSYCHOLOGY		10,902	1,172		13	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,683,300				308,761	71
73 DRUGS CHARGED TO PATIENTS	4,110,090	76,759	8,030	270,474	204,266	73
74 RENAL DIALYSIS	1,122,932	5,273			4	74
75.01 ULTRASOUND	79,676	4,898		14,939		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	70,250,991	2,923,476	2,307,351	7,317,384	656,990	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE		87,492				190.01
192 PHYSICIANS' PRIVATE OFFICES		112,052				192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	70,250,991	3,123,020	2,307,351	7,317,384	656,990	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	PATIENT	SUBTOTAL (COLS.0-4) 4A	OTHER A&G	MAIN- TENANCE & REPAIRS 6	
	5.02	ACCOUNTS 5.03		5.04		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING	1,553,879					5.02
5.03 PATIENT ACCOUNTS		537,548				5.03
5.04 OTHER ADMINISTRATIVE & GENERAL			12,956,758	12,956,758		5.04
6 MAINTENANCE & REPAIRS			288,504	65,243	353,747	6
7 OPERATION OF PLANT			3,947,324	892,664		7
8 LAUNDRY & LINEN SERVICE			276,635	62,559		8
9 HOUSEKEEPING			1,748,880	395,499		9
10 DIETARY			837,353	189,362		10
11 CAFETERIA			363,195	82,134		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,228,189	277,748		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			465,471	105,263		16
17 SOCIAL SERVICE			1,584,390	358,300		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	590,208	204,168	21,718,483	4,911,516	265,310	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,939	2,746	798,337	180,539		50
54 RADIOLOGY-DIAGNOSTIC	18,245	6,312	1,067,019	241,300	1,575	54
56 RADIOISOTOPE	452	157	28,726	6,496		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	11,898	4,116	267,093	60,401		57
60 LABORATORY	50,500	17,470	1,622,708	366,966		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	348,737	120,645	7,533,848	1,703,735	85,156	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	24,896	8,613	1,452,189	328,404	1,706	66
67 OCCUPATIONAL THERAPY	22,278	7,707	799,738	180,856		67
68 SPEECH PATHOLOGY	11,913	4,121	536,812	121,397		68
68.01 PSYCHOLOGY			12,087	2,733		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	138,766	48,006	4,178,833	945,018		71
73 DRUGS CHARGED TO PATIENTS	289,275	100,074	5,058,968	1,144,055		73
74 RENAL DIALYSIS	34,451	11,918	1,174,578	265,624		74
75.01 ULTRASOUND	4,321	1,495	105,329	23,820		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,553,879	537,548	70,051,447	12,911,632	353,747	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE			87,492	19,786		190.01
192 PHYSICIANS' PRIVATE OFFICES			112,052	25,340		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,553,879	537,548	70,250,991	12,956,758	353,747	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS						5.03
5.04 OTHER ADMINISTRATIVE & GENERAL						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,839,988					7
8 LAUNDRY & LINEN SERVICE	157,390	496,584				8
9 HOUSEKEEPING	140,377		2,284,756			9
10 DIETARY	514,682		258,887	1,800,284		10
11 CAFETERIA	228,548		114,961		788,838	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	58,216		29,283		23,512	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	116,674		58,687		9,198	16
17 SOCIAL SERVICE	75,811		38,133		30,315	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,972,107	496,584	991,977	1,800,284	461,144	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	125,932		63,344		9,452	50
54 RADIOLOGY-DIAGNOSTIC	213,037		107,159		13,098	54
56 RADIOISOTOPE	5,380		2,706			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	33,640		16,921			57
60 LABORATORY					4,935	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	165,340		83,167		160,717	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	82,549		41,522		21,425	66
67 OCCUPATIONAL THERAPY	54,386		27,357		9,343	67
68 SPEECH PATHOLOGY	48,424		24,358		8,744	68
68.01 PSYCHOLOGY	31,071		15,629		5,098	68.01
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	218,757		110,036		30,569	73
74 RENAL DIALYSIS	15,027		7,558			74
75.01 ULTRASOUND	13,960		7,022		1,288	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,271,308	496,584	1,998,707	1,800,284	788,838	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE	249,343		125,421			190.01
192 PHYSICIANS' PRIVATE OFFICES	319,337		160,628			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,839,988	496,584	2,284,756	1,800,284	788,838	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCHASING					5.01
5.02 ADMITTING					5.02
5.03 PATIENT ACCOUNTS					5.03
5.04 OTHER ADMINISTRATIVE & GENERAL					5.04
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,616,948				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		755,293			16
17 SOCIAL SERVICE			2,086,949		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	1,584,472	286,922	2,086,949	36,575,748	30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	32,476	3,858		1,213,938	50
54 RADIOLOGY-DIAGNOSTIC		8,868		1,652,056	54
56 RADIOISOTOPE		220		43,528	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		5,783		383,838	57
60 LABORATORY		24,544		2,019,153	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		169,496		9,901,459	65
65.01 PULMONARY REHAB					
66 PHYSICAL THERAPY		12,100		1,939,895	66
67 OCCUPATIONAL THERAPY		10,828		1,082,508	67
68 SPEECH PATHOLOGY		5,790		745,525	68
68.01 PSYCHOLOGY					
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		67,444		5,191,295	71
73 DRUGS CHARGED TO PATIENTS		140,596		6,702,981	73
74 RENAL DIALYSIS		16,744		1,479,531	74
75.01 ULTRASOUND		2,100		153,519	75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OPT					99.20
99.30 CMHC					99.30
99.40 OPT					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,616,948	755,293	2,086,949	69,151,592	118
NONREIMBURSABLE COST CENTERS					
190.01 IDLE SPACE				482,042	190.01
192 PHYSICIANS' PRIVATE OFFICES				617,357	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,616,948	755,293	2,086,949	70,250,991	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	PURCHASING		5.01
5.02	ADMITTING		5.02
5.03	PATIENT ACCOUNTS		5.03
5.04	OTHER ADMINISTRATIVE & GENERAL		5.04
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	36,575,748	30
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,213,938	50
54	RADIOLOGY-DIAGNOSTIC	1,652,056	54
56	RADIOISOTOPE	43,528	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	383,838	57
60	LABORATORY	2,019,153	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	9,901,459	65
65.01	PULMONARY REHAB		65.01
66	PHYSICAL THERAPY	1,939,895	66
67	OCCUPATIONAL THERAPY	1,082,508	67
68	SPEECH PATHOLOGY	745,525	68
68.01	PSYCHOLOGY	66,618	68.01
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	5,191,295	71
73	DRUGS CHARGED TO PATIENTS	6,702,981	73
74	RENAL DIALYSIS	1,479,531	74
75.01	ULTRASOUND	153,519	75.01
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OPT		99.20
99.30	CMHC		99.30
99.40	OPT		99.40
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	69,151,592	118
NONREIMBURSABLE COST CENTERS			
190.01	IDLE SPACE	482,042	190.01
192	PHYSICIANS' PRIVATE OFFICES	617,357	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	70,250,991	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		BENEFITS	
	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		82,185	1,468	83,653	83,653	4
5.01 PURCHASING		87,628	18,082	105,710	778	5.01
5.02 ADMITTING	10,339	43,831	6,600	60,770	2,588	5.02
5.03 PATIENT ACCOUNTS		23,030	1,846	24,876	893	5.03
5.04 OTHER ADMINISTRATIVE & GENERAL		879,969	649,693	1,529,662	12,378	5.04
6 MAINTENANCE & REPAIRS		59,122	727	59,849	324	6
7 OPERATION OF PLANT		248,954	94,013	342,967	3,647	7
8 LAUNDRY & LINEN SERVICE		55,227		55,227		8
9 HOUSEKEEPING		49,257	15,997	65,254	2,324	9
10 DIETARY	387	180,596	41,815	222,798	905	10
11 CAFETERIA		80,195		80,195	529	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		20,427		20,427	2,187	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		40,940	3,155	44,095	589	16
17 SOCIAL SERVICE		26,601	3,826	30,427	2,556	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	578,116	691,992	1,038,026	2,308,134	32,666	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		44,188	40,173	84,361	911	50
54 RADIOLOGY-DIAGNOSTIC		74,752	107,386	182,138	1,380	54
56 RADIOISOTOPE		1,888		1,888		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		11,804	73,639	85,443		57
60 LABORATORY					242	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	23,394	58,016	197,731	279,141	11,958	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY		28,966	3,972	32,938	1,731	66
67 OCCUPATIONAL THERAPY		19,084		19,084	956	67
68 SPEECH PATHOLOGY		16,992		16,992	848	68
68.01 PSYCHOLOGY		10,902	1,172	12,074		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	56,640	76,759	8,030	141,429	3,092	73
74 RENAL DIALYSIS		5,273		5,273		74
75.01 ULTRASOUND		4,898		4,898	171	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	668,876	2,923,476	2,307,351	5,899,703	83,653	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE		87,492		87,492		190.01
192 PHYSICIANS' PRIVATE OFFICES		112,052		112,052		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	668,876	3,123,020	2,307,351	6,099,247	83,653	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT ACCOUNTS	OTHER A&G	MAIN-TENANCE & REPAIRS	
	5.01	5.02	5.03	5.04		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING	106,488					5.01
5.02 ADMITTING	114	63,472				5.02
5.03 PATIENT ACCOUNTS	42		25,811			5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	3,832			1,545,872		5.04
6 MAINTENANCE & REPAIRS	10			7,784	67,967	6
7 OPERATION OF PLANT	2,410			106,503		7
8 LAUNDRY & LINEN SERVICE	37			7,464		8
9 HOUSEKEEPING	3,448			47,187		9
10 DIETARY	1,552			22,593		10
11 CAFETERIA	906			9,799		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	23			33,138		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	65			12,559		16
17 SOCIAL SERVICE	97			42,748		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,601	24,086	9,763	586,002	50,975	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22	324	132	21,540		50
54 RADIOLOGY-DIAGNOSTIC	36	746	304	28,789	303	54
56 RADIOISOTOPE		18	8	775		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		486	198	7,206		57
60 LABORATORY	6,391	2,064	841	43,782		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	639	14,253	5,807	203,271	16,361	65
65.01 PULMONARY REHAB						
66 PHYSICAL THERAPY	76	1,018	415	39,182	328	66
67 OCCUPATIONAL THERAPY		911	371	21,578		67
68 SPEECH PATHOLOGY	30	487	198	14,484		68
68.01 PSYCHOLOGY	2			326		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	50,046	5,671	2,311	112,749		71
73 DRUGS CHARGED TO PATIENTS	33,108	11,823	4,817	136,496		73
74 RENAL DIALYSIS	1	1,408	574	31,691		74
75.01 ULTRASOUND		177	72	2,842		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	106,488	63,472	25,811	1,540,488	67,967	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE				2,361		190.01
192 PHYSICIANS' PRIVATE OFFICES				3,023		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	106,488	63,472	25,811	1,545,872	67,967	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN SERVICE	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS						5.03
5.04 OTHER ADMINISTRATIVE & GENERAL						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	455,527					7
8 LAUNDRY & LINEN SERVICE	14,813	77,541				8
9 HOUSEKEEPING	13,212		131,425			9
10 DIETARY	48,441		14,892	311,181		10
11 CAFETERIA	21,510		6,613		119,552	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,479		1,684		3,563	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	10,981		3,376		1,394	16
17 SOCIAL SERVICE	7,135		2,194		4,594	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	185,611	77,541	57,059	311,181	69,890	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,852		3,644		1,432	50
54 RADIOLOGY-DIAGNOSTIC	20,050		6,164		1,985	54
56 RADIOISOTOPE	506		156			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,166		973			57
60 LABORATORY					748	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	15,561		4,784		24,357	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	7,769		2,388		3,247	66
67 OCCUPATIONAL THERAPY	5,119		1,574		1,416	67
68 SPEECH PATHOLOGY	4,558		1,401		1,325	68
68.01 PSYCHOLOGY	2,924		899		773	68.01
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	20,589		6,330		4,633	73
74 RENAL DIALYSIS	1,414		435			74
75.01 ULTRASOUND	1,314		404		195	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	402,004	77,541	114,970	311,181	119,552	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE	23,468		7,215			190.01
192 PHYSICIANS' PRIVATE OFFICES	30,055		9,240			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	455,527	77,541	131,425	311,181	119,552	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCHASING					5.01
5.02 ADMITTING					5.02
5.03 PATIENT ACCOUNTS					5.03
5.04 OTHER ADMINISTRATIVE & GENERAL					5.04
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	66,501				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		73,059			16
17 SOCIAL SERVICE			89,751		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	65,165	27,727	89,751	3,899,152	30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,336	373		125,927	50
54 RADIOLOGY-DIAGNOSTIC		858		242,753	54
56 RADIOISOTOPE		21		3,372	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		560		98,032	57
60 LABORATORY		2,376		56,444	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		16,405		592,537	65
65.01 PULMONARY REHAB					
66 PHYSICAL THERAPY		1,171		90,263	66
67 OCCUPATIONAL THERAPY		1,048		52,057	67
68 SPEECH PATHOLOGY		560		40,883	68
68.01 PSYCHOLOGY				16,998	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		6,528		177,305	71
73 DRUGS CHARGED TO PATIENTS		13,608		375,925	73
74 RENAL DIALYSIS		1,621		42,417	74
75.01 ULTRASOUND		203		10,276	75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OPT					99.20
99.30 CMHC					99.30
99.40 OPT					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	66,501	73,059	89,751	5,824,341	118
NONREIMBURSABLE COST CENTERS					
190.01 IDLE SPACE				120,536	190.01
192 PHYSICIANS' PRIVATE OFFICES				154,370	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	66,501	73,059	89,751	6,099,247	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	PURCHASING		5.01
5.02	ADMITTING		5.02
5.03	PATIENT ACCOUNTS		5.03
5.04	OTHER ADMINISTRATIVE & GENERAL		5.04
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	3,899,152	30
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	125,927	50
54	RADIOLOGY-DIAGNOSTIC	242,753	54
56	RADIOISOTOPE	3,372	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	98,032	57
60	LABORATORY	56,444	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	592,537	65
65.01	PULMONARY REHAB		65.01
66	PHYSICAL THERAPY	90,263	66
67	OCCUPATIONAL THERAPY	52,057	67
68	SPEECH PATHOLOGY	40,883	68
68.01	PSYCHOLOGY	16,998	68.01
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	177,305	71
73	DRUGS CHARGED TO PATIENTS	375,925	73
74	RENAL DIALYSIS	42,417	74
75.01	ULTRASOUND	10,276	75.01
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OPT		99.20
99.30	CMHC		99.30
99.40	OPT		99.40
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	5,824,341	118
NONREIMBURSABLE COST CENTERS			
190.01	IDLE SPACE	120,536	190.01
192	PHYSICIANS' PRIVATE OFFICES	154,370	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	6,099,247	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	PURCHASING SUPPLIES EXPENSE	ADMITTING CHARGES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	183,615					1
2 CAP REL COSTS-MVBLE EQUIP		6,995,273				2
4 EMPLOYEE BENEFITS	4,832	4,450	36,118,882			4
5.01 PURCHASING	5,152	54,819	335,948	7,837,357		5.01
5.02 ADMITTING	2,577	20,010	1,117,269	8,393	180,936,728	5.02
5.03 PATIENT ACCOUNTS	1,354	5,596	385,668	3,068		5.03
5.04 OTHER ADMINISTRATIVE & GENERAL	51,737	1,969,697	5,344,631	282,028		5.04
6 MAINTENANCE & REPAIRS	3,476	2,205	140,088	772		6
7 OPERATION OF PLANT	14,637	285,024	1,574,632	177,384		7
8 LAUNDRY & LINEN SERVICE	3,247			2,703		8
9 HOUSEKEEPING	2,896	48,498	1,003,548	253,787		9
10 DIETARY	10,618	126,771	390,781	114,215		10
11 CAFETERIA	4,715		228,268	66,706		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,201		944,175	1,712		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,407	9,564	254,160	4,772		16
17 SOCIAL SERVICE	1,564	11,600	1,103,646	7,129		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,685	3,147,015	14,103,724	265,006	68,725,478	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,598	121,794	393,281	1,599	924,410	50
54 RADIOLOGY-DIAGNOSTIC	4,395	325,566	595,909	2,621	2,124,524	54
56 RADIOISOTOPE	111				52,688	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	694	223,253			1,385,404	57
60 LABORATORY			104,545	470,369	5,880,251	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,411	599,468	5,163,295	47,031	40,607,495	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	1,703	12,043	747,574	5,627	2,898,960	66
67 OCCUPATIONAL THERAPY	1,122		412,911		2,594,047	67
68 SPEECH PATHOLOGY	999		366,022	2,201	1,387,154	68
68.01 PSYCHOLOGY	641	3,554		159		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				3,683,300	16,158,087	71
73 DRUGS CHARGED TO PATIENTS	4,513	24,346	1,335,067	2,436,732	33,683,641	73
74 RENAL DIALYSIS	310			43	4,011,497	74
75.01 ULTRASOUND	288		73,740		503,092	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	171,883	6,995,273	36,118,882	7,837,357	180,936,728	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE	5,144					190.01
192 PHYSICIANS' PRIVATE OFFICES	6,588					192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,123,020	2,307,351	7,317,384	656,990	1,553,879	202
203 UNIT COST MULT-WS B PT I	17.008523	0.329844	0.202592	0.083828	0.008588	203
204 COST TO BE ALLOC PER B PT II			83,653	106,488	63,472	204
205 UNIT COST MULT-WS B PT II			0.002316	0.013587	0.000351	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	RECON-	OTHER A&G	MAIN-	OPERATION
	CHARGES	CILIATION	ACCUM	TENANCE &	OF
	5.03	5A.04	COST	REPAIRS	PLANT
			5.04	WORK	SQUARE
				ORDERS	FEET
				6	7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCHASING					5.01
5.02 ADMITTING					5.02
5.03 PATIENT ACCOUNTS	180,936,728				5.03
5.04 OTHER ADMINISTRATIVE & GENERAL		-12,956,758	57,294,233		5.04
6 MAINTENANCE & REPAIRS			288,504	2,696	6
7 OPERATION OF PLANT			3,947,324		7
8 LAUNDRY & LINEN SERVICE			276,635		8
9 HOUSEKEEPING			1,748,880		9
10 DIETARY			837,353		10
11 CAFETERIA			363,195		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION			1,228,189		13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY			465,471		16
17 SOCIAL SERVICE			1,584,390		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	68,725,478		21,718,483	2,022	40,685 30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	924,410		798,337		2,598 50
54 RADIOLOGY-DIAGNOSTIC	2,124,524		1,067,019	12	4,395 54
56 RADIOISOTOPE	52,688		28,726		111 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,385,404		267,093		694 57
60 LABORATORY	5,880,251		1,622,708		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	40,607,495		7,533,848	649	3,411 65
65.01 PULMONARY REHAB					65.01
66 PHYSICAL THERAPY	2,898,960		1,452,189	13	1,703 66
67 OCCUPATIONAL THERAPY	2,594,047		799,738		1,122 67
68 SPEECH PATHOLOGY	1,387,154		536,812		999 68
68.01 PSYCHOLOGY			12,087		641 68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	16,158,087		4,178,833		71
73 DRUGS CHARGED TO PATIENTS	33,683,641		5,058,968		4,513 73
74 RENAL DIALYSIS	4,011,497		1,174,578		310 74
75.01 ULTRASOUND	503,092		105,329		288 75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OPT					99.20
99.30 CMHC					99.30
99.40 OPT					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	180,936,728	-12,956,758	57,094,689	2,696	88,118 118
NONREIMBURSABLE COST CENTERS					
190.01 IDLE SPACE			87,492		5,144 190.01
192 PHYSICIANS' PRIVATE OFFICES			112,052		6,588 192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	537,548		12,956,758	353,747	4,839,988 202
203 UNIT COST MULT-WS B PT I	0.002971		0.226144	131.211795	48.472589 203
204 COST TO BE ALLOC PER B PT II	25,811		1,545,872	67,967	455,527 204
205 UNIT COST MULT-WS B PT II	0.000143		0.026981	25.210312	4.562113 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	NURSING ADMINISTRATION FTES 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 PATIENT ACCOUNTS						5.03
5.04 OTHER ADMINISTRATIVE & GENERAL						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	361,037					8
9 HOUSEKEEPING		93,707				9
10 DIETARY		10,618	51,634			10
11 CAFETERIA		4,715		43,482		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,201		1,296	25,940	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		2,407		507		16
17 SOCIAL SERVICE		1,564		1,671		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	361,037	40,685	51,634	25,419	25,419	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,598		521	521	50
54 RADIOLOGY-DIAGNOSTIC		4,395		722		54
56 RADIOISOTOPE		111				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		694				57
60 LABORATORY				272		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		3,411		8,859		65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY		1,703		1,181		66
67 OCCUPATIONAL THERAPY		1,122		515		67
68 SPEECH PATHOLOGY		999		482		68
68.01 PSYCHOLOGY		641		281		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS		4,513		1,685		73
74 RENAL DIALYSIS		310				74
75.01 ULTRASOUND		288		71		75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	361,037	81,975	51,634	43,482	25,940	118
NONREIMBURSABLE COST CENTERS						
190.01 IDLE SPACE		5,144				190.01
192 PHYSICIANS' PRIVATE OFFICES		6,588				192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	496,584	2,284,756	1,800,284	788,838	1,616,948	202
203 UNIT COST MULT-WS B PT I	1.375438	24.381914	34.866251	18.141714	62.334156	203
204 COST TO BE ALLOC PER B PT II	77,541	131,425	311,181	119,552	66,501	204
205 UNIT COST MULT-WS B PT II	0.214773	1.402510	6.026668	2.749460	2.563647	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY CHARGES	SOCIAL SERVICE PATIENT DAYS	
	16	17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 PURCHASING			5.01
5.02 ADMITTING			5.02
5.03 PATIENT ACCOUNTS			5.03
5.04 OTHER ADMINISTRATIVE & GENERAL			5.04
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	180,936,728		16
17 SOCIAL SERVICE		41,696	17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	68,725,478	41,696	30
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	924,410		50
54 RADIOLOGY-DIAGNOSTIC	2,124,524		54
56 RADIOISOTOPE	52,688		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,385,404		57
60 LABORATORY	5,880,251		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	40,607,495		65
65.01 PULMONARY REHAB			65.01
66 PHYSICAL THERAPY	2,898,960		66
67 OCCUPATIONAL THERAPY	2,594,047		67
68 SPEECH PATHOLOGY	1,387,154		68
68.01 PSYCHOLOGY			68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	16,158,087		71
73 DRUGS CHARGED TO PATIENTS	33,683,641		73
74 RENAL DIALYSIS	4,011,497		74
75.01 ULTRASOUND	503,092		75.01
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OPT			99.20
99.30 CMHC			99.30
99.40 OPT			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	180,936,728	41,696	118
NONREIMBURSABLE COST CENTERS			
190.01 IDLE SPACE			190.01
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	755,293	2,086,949	202
203 UNIT COST MULT-WS B PT I	0.004174	50.051540	203
204 COST TO BE ALLOC PER B PT II	73,059	89,751	204
205 UNIT COST MULT-WS B PT II	0.000404	2.152509	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT		DISALLOWANCE	COSTS	
	1	2	3	4	5	
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	36,575,748		36,575,748		36,575,748	30
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,213,938		1,213,938		1,213,938	50
54 RADIOLOGY-DIAGNOSTIC	1,652,056		1,652,056		1,652,056	54
56 RADIOISOTOPE	43,528		43,528		43,528	56
57 COMPUTED TOMOGRAPHY (CT) SC	383,838		383,838		383,838	57
60 LABORATORY	2,019,153		2,019,153		2,019,153	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	9,901,459		9,901,459		9,901,459	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	1,939,895		1,939,895		1,939,895	66
67 OCCUPATIONAL THERAPY	1,082,508		1,082,508		1,082,508	67
68 SPEECH PATHOLOGY	745,525		745,525		745,525	68
68.01 PSYCHOLOGY	66,618		66,618		66,618	68.01
71 MEDICAL SUPPLIES CHRGED TO	5,191,295		5,191,295		5,191,295	71
73 DRUGS CHARGED TO PATIENTS	6,702,981		6,702,981		6,702,981	73
74 RENAL DIALYSIS	1,479,531		1,479,531		1,479,531	74
75.01 ULTRASOUND	153,519		153,519		153,519	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
92 OUTPATIENT SERVICE COST CENTERS						92
OBSERVATION BEDS						
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	69,151,592		69,151,592		69,151,592	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	69,151,592		69,151,592		69,151,592	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			
30 INPATIENT ROUTINE SERV COST CENTERS						30
ADULTS & PEDIATRICS	68,725,478		68,725,478			
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	924,410		924,410	1.313203	1.313203	1.313203 50
54 RADIOLOGY-DIAGNOSTIC	2,028,421	96,103	2,124,524	0.777612	0.777612	0.777612 54
56 RADIOISOTOPE	51,612	1,076	52,688	0.826146	0.826146	0.826146 56
57 COMPUTED TOMOGRAPHY (CT) SC	1,325,740	59,664	1,385,404	0.277059	0.277059	0.277059 57
60 LABORATORY	5,731,070	149,181	5,880,251	0.343379	0.343379	0.343379 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	40,178,887	428,608	40,607,495	0.243833	0.243833	0.243833 65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	2,898,960		2,898,960	0.669169	0.669169	0.669169 66
67 OCCUPATIONAL THERAPY	2,594,047		2,594,047	0.417305	0.417305	0.417305 67
68 SPEECH PATHOLOGY	1,383,542	3,612	1,387,154	0.537449	0.537449	0.537449 68
68.01 PSYCHOLOGY						68.01
71 MEDICAL SUPPLIES CHRGD TO	16,158,087		16,158,087	0.321282	0.321282	0.321282 71
73 DRUGS CHARGED TO PATIENTS	33,683,641		33,683,641	0.198998	0.198998	0.198998 73
74 RENAL DIALYSIS	3,583,317	428,180	4,011,497	0.368823	0.368823	0.368823 74
75.01 ULTRASOUND	484,191	18,901	503,092	0.305151	0.305151	0.305151 75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
92 OUTPATIENT SERVICE COST CENTERS						92
OBSERVATION BEDS						
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OPT						99.20
99.30 CMHC						99.30
99.40 OPT						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	179,751,403	1,185,325	180,936,728			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	179,751,403	1,185,325	180,936,728			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,899,152		3,899,152	41,696	93.51	21,566	2,016,637	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,899,152		3,899,152	41,696		21,566	2,016,637	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	125,927	924,410	0.136224	458,841	62,505	50
54 RADIOLOGY-DIAGNOSTIC	242,753	2,124,524	0.114262	1,061,226	121,258	54
56 RADIOISOTOPE	3,372	52,688	0.063999	24,764	1,585	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	98,032	1,385,404	0.070761	630,700	44,629	57
60 LABORATORY	56,444	5,880,251	0.009599	3,034,151	29,125	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	592,537	40,607,495	0.014592	21,369,582	311,825	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	90,263	2,898,960	0.031136	1,501,367	46,747	66
67 OCCUPATIONAL THERAPY	52,057	2,594,047	0.020068	1,364,554	27,384	67
68 SPEECH PATHOLOGY	40,883	1,387,154	0.029473	750,542	22,121	68
68.01 PSYCHOLOGY	16,998					68.01
71 MEDICAL SUPPLIES CHRGED TO PA	177,305	16,158,087	0.010973	7,718,582	84,696	71
73 DRUGS CHARGED TO PATIENTS	375,925	33,683,641	0.011160	16,865,838	188,223	73
74 RENAL DIALYSIS	42,417	4,011,497	0.010574	2,195,414	23,214	74
75.01 ULTRASOUND	10,276	503,092	0.020426	264,988	5,413	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	1,925,189	112,211,250		57,240,549	968,725	200

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11
 10/30/2013 13:16

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2012 TO 05/31/2013

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

VERSION: 2012.11
 10/30/2013 13:16

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	41,696		21,566		30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	41,696		21,566		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
68.01 PSYCHOLOGY						68.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ULTRASOUND						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-2010)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	924,410			458,841			50
54 RADIOLOGY-DIAGNOSTIC	2,124,524			1,061,226		96,103	54
56 RADIOISOTOPE	52,688			24,764		1,076	56
57 COMPUTED TOMOGRAPHY (CT) SCA	1,385,404			630,700		59,664	57
60 LABORATORY	5,880,251			3,034,151		149,181	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	40,607,495			21,369,582		428,608	65
65.01 PULMONARY REHAB							65.01
66 PHYSICAL THERAPY	2,898,960			1,501,367			66
67 OCCUPATIONAL THERAPY	2,594,047			1,364,554			67
68 SPEECH PATHOLOGY	1,387,154			750,542		3,612	68
68.01 PSYCHOLOGY							68.01
71 MEDICAL SUPPLIES CHRGED TO P	16,158,087			7,718,582			71
73 DRUGS CHARGED TO PATIENTS	33,683,641			16,865,838			73
74 RENAL DIALYSIS	4,011,497			2,195,414		428,180	74
75.01 ULTRASOUND	503,092			264,988		18,901	75.01
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	112,211,250			57,240,549		1,185,325	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-2010) [] 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 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	1.313203						50
54 RADIOLOGY-DIAGNOSTIC	0.777612	96,103			74,731		54
56 RADIOISOTOPE	0.826146	1,076			889		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.277059	59,664			16,530		57
60 LABORATORY	0.343379	149,181			51,226		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.243833	428,608			104,509		65
65.01 PULMONARY REHAB							65.01
66 PHYSICAL THERAPY	0.669169						66
67 OCCUPATIONAL THERAPY	0.417305						67
68 SPEECH PATHOLOGY	0.537449	3,612			1,941		68
68.01 PSYCHOLOGY							68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.321282						71
73 DRUGS CHARGED TO PATIENTS	0.198998						73
74 RENAL DIALYSIS	0.368823	428,180			157,923		74
75.01 ULTRASOUND	0.305151	18,901			5,768		75.01
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		1,185,325			413,517		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		1,185,325			413,517		202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2010) [] 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)	41,696	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	41,696	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	41,696	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)	21,566	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)	36,575,748	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	36,575,748	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	68,715,008	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	68,715,008	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.532282	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)	1,648.00	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)	36,575,748	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2010) [] 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) 877.20 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 18,917,695 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 18,917,695 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 43
 44 CORONARY CARE UNIT 44
 45 BURN INTENSIVE CARE UNIT 45
 46 SURGICAL INTENSIVE CARE UNIT 46
 47 OTHER SPECIAL CARE (SPECIFY) 47
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 16,579,616 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 35,497,311 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,016,637 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 968,725 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,985,362 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 32,511,949 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) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 877.20 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
30 INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS		36,015,186			30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1.313203	458,841	602,551		50
54 RADIOLOGY-DIAGNOSTIC	0.777612	1,061,226	825,222		54
56 RADIOISOTOPE	0.826146	24,764	20,459		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.277059	630,700	174,741		57
60 LABORATORY	0.343379	3,034,151	1,041,864		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.243833	21,369,582	5,210,609		65
65.01 PULMONARY REHAB					65.01
66 PHYSICAL THERAPY	0.669169	1,501,367	1,004,668		66
67 OCCUPATIONAL THERAPY	0.417305	1,364,554	569,435		67
68 SPEECH PATHOLOGY	0.537449	750,542	403,378		68
68.01 PSYCHOLOGY					68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.321282	7,718,582	2,479,841		71
73 DRUGS CHARGED TO PATIENTS	0.198998	16,865,838	3,356,268		73
74 RENAL DIALYSIS	0.368823	2,195,414	809,719		74
75.01 ULTRASOUND	0.305151	264,988	80,861		75.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		57,240,549	16,579,616		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		57,240,549			202

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-2010) 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		36,420,213		229,947
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
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		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		36,420,213		229,947

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		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			68 6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		35,810,122		230,015
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-2010) [] 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	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	41,696
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART IV

CHECK [XX] HOSPITAL (14-2010)
APPLICABLE BOX:

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	35,737,485	1
2	OUTLIER PAYMENTS	2,123,404	2
3	TOTAL PPS PAYMENTS (SUM OF LINES 1 AND 2)	37,860,889	3
4	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		4
5	ORGAN ACQUISITION		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL (SEE INSTRUCTIONS)	37,860,889	7
8	PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL (LINE 7 LESS LINE 8)	37,860,889	9
10	DEDUCTIBLES	53,568	10
11	SUBTOTAL (LINE 9 MINUS LINE 10)	37,807,321	11
12	COINSURANCE	2,975,828	12
13	SUBTOTAL (LINE 11 MINUS LINE 12)	34,831,493	13
14	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	1,569,607	14
15	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,098,725	15
16	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,505,026	16
17	SUBTOTAL (SUM OF LINES 13 AND 15)	35,930,218	17
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING LTCH ONLY)		18
19	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		19
20	OUTLIER PAYMENTS RECONCILIATION		20
21	OTHER ADJUSTMENTS (SEQUESTRATION)	-120,096	21
22	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	35,810,122	22
23	INTERIM PAYMENTS	36,420,213	23
24	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		24
25	BALANCE DUE PROVIDER/PROGRAM (LINE 22 MINUS THE SUM OF LINES 23 AND 24)	-610,091	25
26	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		26

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (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	758,979			1
2	TEMPORARY INVESTMENTS	2,044,033			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	13,204,610			4
5	OTHER RECEIVABLES	497,022			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,416,212			6
7	INVENTORY				7
8	PREPAID EXPENSES	972,381			8
9	OTHER CURRENT ASSETS	1,524,627			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	17,585,440			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS	16,629,195			17
18	ACCUMULATED AMORTIZATION	-10,522,762			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	20,563,662			23
24	ACCUMULATED DEPRECIATION	-13,568,392			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)	13,101,703			30
OTHER ASSETS					
31	INVESTMENTS	16,893,634			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,297,668			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	20,191,302			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	50,878,445			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,611,235			37
38	SALARIES, WAGES & FEES PAYABLE	4,376,091			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	639,773			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	2,449,571			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	10,076,670			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	1,592,675			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	4,619,867			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	6,212,542			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	16,289,212			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	34,589,233			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)	34,589,233			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	50,878,445			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		29,831,539							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		2,869,011							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		32,700,550							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 PENSION-RELATED CHANGES		256,408							5
6 UNREALIZED GAIN ON INVESTMENTS									6
7 ADVOCATE CAPITAL CONTRIBUTIONS		1,654,695							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		1,911,103							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		34,611,653							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNREALIZED LOSS ON INVESTMENTS		22,420							13
14 PARTNERSHIP DISTRIBUTION									14
15 PENSION-RELATED CHANGES									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		22,420							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		34,589,233							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	68,715,008		68,715,008	2
3 SUBPROVIDER IPF				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)	68,715,008		68,715,008	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	68,715,008		68,715,008	18
19 ANCILLARY SERVICES	110,576,495	1,645,225	112,221,720	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 PATIENT REVENUES	3,365,388		3,365,388	28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	182,656,891	1,645,225	184,302,116	

PART II - OPERATING EXPENSES

29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)	1			29
30 ADD (SPECIFY)			74,880,388	30
31				31
32				32
33				33
34 ROUNDING				34
35				35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)				36
37 DEDUCT (SPECIFY)				37
38 ROUNDING		-2		38
39				39
40				40
41				41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			-2	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)			74,880,386	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	184,302,116	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	108,310,723	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	75,991,393	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	74,880,386	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	1,111,007	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	271,959	6
7	INCOME FROM INVESTMENTS	86,412	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	627,367	24
24.01	OTHER (GRANT REVENUE)	767,214	24.01
24.02	OTHER (GAIN ON SALE OF ASSETS)	5,052	24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,758,004	25
26	TOTAL (LINE 5 PLUS LINE 25)	2,869,011	26
27	OTHER EXPENSES (LOSS ON SALE OF ASSETS)		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)	2,869,011	29

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	51.72						51.72 30
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	49.64						49.64 50
54 RADIOLOGY-DIAGNOSTIC	49.95	4.52					54.47 54
56 RADIOISOTOPE	47.00	2.04					49.04 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	45.52	4.31					49.83 57
60 LABORATORY	51.60	2.54					54.14 60
65 RESPIRATORY THERAPY	52.62	1.06					53.68 65
66 PHYSICAL THERAPY	51.79						51.79 66
67 OCCUPATIONAL THERAPY	52.60						52.60 67
68 SPEECH PATHOLOGY	54.11	0.26					54.37 68
71 MEDICAL SUPPLIES CHRGED TO PATI	47.77						47.77 71
73 DRUGS CHARGED TO PATIENTS	50.07						50.07 73
74 RENAL DIALYSIS	54.73	10.67					65.40 74
75.01 ULTRASOUND	52.67	3.76					56.43 75.01
200 TOTAL CHARGES	51.01	1.06					52.07 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	3,123,020	4.45	-3,123,020	-9.24			1
2	CAP REL COSTS-MVBLE EQUIP	2,307,351	3.28	-2,307,351	-6.83			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	7,233,731	10.30	-7,233,731	-21.40			4
5.01	PURCHASING	483,220	0.69	-483,220	-1.43			5.01
5.02	ADMITTING	1,276,394	1.82	-1,276,394	-3.78			5.02
5.03	PATIENT ACCOUNTS	434,282	0.62	-434,282	-1.28			5.03
5.04	OTHER ADMINISTRATIVE & GENERAL	10,320,675	14.69	-10,320,675	-30.53			5.04
6	MAINTENANCE & REPAIRS	200,209	0.28	-200,209	-0.59			6
7	OPERATION OF PLANT	3,270,479	4.66	-3,270,479	-9.68			7
8	LAUNDRY & LINEN SERVICE	221,181	0.31	-221,181	-0.65			8
9	HOUSEKEEPING	1,459,041	2.08	-1,459,041	-4.32			9
10	DIETARY	526,199	0.75	-526,199	-1.56			10
11	CAFETERIA	231,163	0.33	-231,163	-0.68			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,016,336	1.45	-1,016,336	-3.01			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	369,485	0.53	-369,485	-1.09			16
17	SOCIAL SERVICE	1,329,775	1.89	-1,329,775	-3.93			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	16,314,584	23.22	20,261,164	59.94	36,575,748	52.06	30
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	623,481	0.89	590,457	1.75	1,213,938	1.73	50
54	RADIOLOGY-DIAGNOSTIC	739,378	1.05	912,678	2.70	1,652,056	2.35	54
56	RADIOISOTOPE	26,229	0.04	17,299	0.05	43,528	0.06	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	165,636	0.24	218,202	0.65	383,838	0.55	57
60	LABORATORY	1,494,128	2.13	525,025	1.55	2,019,153	2.87	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	5,758,734	8.20	4,142,725	12.26	9,901,459	14.09	65
65.01	PULMONARY REHAB							65.01
66	PHYSICAL THERAPY	1,233,817	1.76	706,078	2.09	1,939,895	2.76	66
67	OCCUPATIONAL THERAPY	667,017	0.95	415,491	1.23	1,082,508	1.54	67
68	SPEECH PATHOLOGY	429,448	0.61	316,077	0.94	745,525	1.06	68
68.01	PSYCHOLOGY			66,618	0.20	66,618	0.09	68.01
71	MEDICAL SUPPLIES CHRGD TO PATI	3,683,300	5.24	1,507,995	4.46	5,191,295	7.39	71
73	DRUGS CHARGED TO PATIENTS	4,110,090	5.85	2,592,891	7.67	6,702,981	9.54	73
74	RENAL DIALYSIS	1,122,932	1.60	356,599	1.05	1,479,531	2.11	74
75.01	ULTRASOUND	79,676	0.11	73,843	0.22	153,519	0.22	75.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
99.10	CORF							99.10
99.20	OPT							99.20
99.30	CMHC							99.30
99.40	OPT							99.40
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190.01	IDLE SPACE			482,042	1.43	482,042	0.69	190.01
192	PHYSICIANS' PRIVATE OFFICES			617,357	1.83	617,357	0.88	192
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	70,250,991	100.00			70,250,991	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		COST TO		PROGRAM	
	COSTS	CHARGES	CHARGES	CHARGES	PPS CAPITAL	
	1	2	3	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	125,927	924,410	0.136224	458,841	62,505	50
54 RADIOLOGY-DIAGNOSTIC	242,753	2,124,524	0.114262	1,061,226	121,258	54
56 RADIOISOTOPE	3,372	52,688	0.063999	24,764	1,585	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	98,032	1,385,404	0.070761	630,700	44,629	57
60 LABORATORY	56,444	5,880,251	0.009599	3,034,151	29,125	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	592,537	40,607,495	0.014592	21,369,582	311,825	65
65.01 PULMONARY REHAB						65.01
66 PHYSICAL THERAPY	90,263	2,898,960	0.031136	1,501,367	46,747	66
67 OCCUPATIONAL THERAPY	52,057	2,594,047	0.020068	1,364,554	27,384	67
68 SPEECH PATHOLOGY	40,883	1,387,154	0.029473	750,542	22,121	68
68.01 PSYCHOLOGY	16,998					68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	177,305	16,158,087	0.010973	7,718,582	84,696	71
73 DRUGS CHARGED TO PATIENTS	375,925	33,683,641	0.011160	16,865,838	188,223	73
74 RENAL DIALYSIS	42,417	4,011,497	0.010574	2,195,414	23,214	74
75.01 ULTRASOUND	10,276	503,092	0.020426	264,988	5,413	75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	1,925,189	112,211,250		57,240,549	968,725	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	3,899,152		3,899,152	41,696	93.51	21,566	2,016,637 30
200	TOTAL	3,899,152		3,899,152	41,696		21,566	2,016,637 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								2,016,637
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								968,725
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								2,985,362
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								710
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								21,566
PER DISCHARGE CAPITAL COSTS								4,204.74
PER DIEM CAPITAL COSTS								138.43

I. COST TO CHARGE RATIO FOR LTCH

1. TOTAL MEDICARE COSTS	35,497,311
(WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINES 30-35 + WKST D PART IV COL 11 LINE 200))	
2. TOTAL MEDICARE CHARGES	93,255,735
(WKST D-3 COLUMN 2 LINES 30-35 + LINE 202)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.381

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS	2,985,362
(WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.032

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS.	253,653
(WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS.	753,533
(WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.337