

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: 03-22-2012 TIME: 14:16_____
- 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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE 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		-484,744	705,923	-138,001	1
2 SUBPROVIDER - IPF		152,221			2
3 SUBPROVIDER - IRF		-146,570	4		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		-479,093	705,927	-138,001	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: 2650 RIDGE AVENUE P.O.BOX: 1
 2 CITY: EVANSTON STATE: IL ZIP CODE: 60201 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)		
						V 6	XVIII 7	XIX 8
3	HOSPITAL	14-0010	16974	1	07/01/1966	N	P	O 3
4	SUBPROVIDER - IPF	14-S010	16974	4	10/01/1983	N	P	N 4
5	SUBPROVIDER - IRF	14-T010	16974	5	10/01/1983	N	P	N 5
6	SUBPROVIDER - (OTHER)							6
7	SWING BEDS - SNF							7
8	SWING BEDS - NF							8
9	HOSPITAL-BASED SNF	14-5855	16974		11/27/1995	N	P	N 9
10	HOSPITAL-BASED NF							10
11	HOSPITAL-BASED OLTC							11
12	HOSPITAL-BASED HHA	14-7001	16974		01/01/1966	N	P	N 12
13	SEPARATELY CERTIFIED ASC							13
14	HOSPITAL-BASED HOSPICE	14-1522	16974		07/01/1979			14
15	HOSPITAL-BASED HEALTH CLINIC - RHC							15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC							16
17	HOSPITAL-BASED (CMHC)							17
18	RENAL DIALYSIS	14-2300	16974		10/01/1997			18
18.01	RENAL DIALYSIS II	14-2336	29404		03/05/2008			18.01
19	OTHER							19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010		TO: 09/30/2011				20
21	TYPE OF CONTROL			2				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 MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	11,932	6,175		4	416	25 24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO 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 '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N 45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? 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.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR 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
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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, 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))	64
	ENTER IN LINES 65-65.49, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
	PROGRAM NAME	PROGRAM CODE			
	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))	66
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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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				Y N 71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 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.				Y N 76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86
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.				V XIX 1 2 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)?				1 2 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 N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

	1	2
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.	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
119 WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	175,000,000	175,000,000 119
120 IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	165				
166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.						
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5
	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,274.00
	GLENBROOK HOSPITAL	COOK	IL	60026	16974	879.00
	HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	860.00

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
		1	2	3
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		1	2	3
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N	
		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	Y		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
	BED COMPLEMENT			
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
PS&R REPORT DATA					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	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 RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

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) 6	
	1	2	3	4	5	6	
SALARIES							
1	200	392,858,958		392,858,958	10,551,822.00	37.23	1
2							2
3							3
4		11,625,118		11,625,118	68,762.00	169.06	4
4.01		8,932,622		8,932,622	58,779.00	151.97	4.01
5		5,880,353		5,880,353	127,839.00	46.00	5
6							6
7	21						7
7.01		10,888,229		10,888,229	360,152.00	30.23	7.01
8							8
9	44						9
10		33,039,659	-821,522	32,218,137	794,929.00	40.53	10
OTHER WAGES & RELATED COSTS							
11		11,834,610		11,834,610	379,082.00	31.22	11
12		6,052,182		6,052,182	106,611.00	56.77	12
13							13
14							14
15							15
16							16
TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							
WAGE-RELATED COSTS							
17		80,848,426		80,848,426			17
18							18
19		7,794,029		7,794,029			19
20							20
21							21
22		2,812,283		2,812,283			22
23		1,422,542		1,422,542			23
24							24
25							25
INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							
26		7,162,177		7,162,177	163,205.00	43.88	26
27		86,590,022	-13,604,113	72,985,909	1,312,314.00	55.62	27
28		15,759,683		15,759,683	253,527.00	62.16	28
29							29
30		356,128		356,128	8,344.00	42.68	30
31							31
32							32
33		8,539,964		8,539,964	495,026.00	17.25	33
34		207,098		207,098	6,121.00	33.83	34
35		5,749,038		5,749,038	318,511.00	18.05	35
36							36
37							37
38		8,366,657		8,366,657	246,045.00	34.00	38
39		3,019,667		3,019,667	172,077.00	17.55	39
40		11,887,682		11,887,682	318,677.00	37.30	40
41		3,793,875		3,793,875	154,537.00	24.55	41
42		2,927,016		2,927,016	85,985.00	34.04	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1		397,206,439		397,206,439	11,072,116.	35.87	1
2		33,039,659	-821,522	32,218,137	794,929.00	40.53	2
3		364,166,780	821,522	364,988,302	10,277,187.	35.51	3
4		17,886,792		17,886,792	485,693.00	36.83	4
5		83,660,709		83,660,709		22.92%	5
6		465,714,281	821,522	466,535,803	10,762,880.	43.35	6
7		154,359,007	-13,604,113	140,754,894	3,534,369.0	39.82	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	17,726,347	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	25,002,232	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	406,472	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	52,007,709	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	229,911	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	1,728,591	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	2,823,767	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,659,995	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	24,699,756	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	621,344	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	-36,469,943	21
22 DAY CARE COSTS AND ALLOWANCES	3,602,028	22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	95,038,209	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
---	--	----

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	946,381		1
2	HOSPITAL	946,381		2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7001

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK COUNTY AND LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,812		578	3,390	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		2,460.00	91.00	1,447.00	3,998.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.02			1.02	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	0.99			0.99	4
5 OTHER ADMINISTRATIVE PERSONNEL					5
6 DIRECT NURSING SERVICE	32.28			32.28	6
7 NURSING SUPERVISOR	2.89			2.89	7
8 PHYSICAL THERAPY SERVICE	16.99			16.99	8
9 PHYSICAL THERAPY SUPERVISOR	1.00			1.00	9
10 OCCUPATIONAL THERAPY SERVICE	1.06			1.06	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE	0.95			0.95	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE	0.69			0.69	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE	1.63			1.63	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 REGISTERED NURSE					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16974	20
20.01		29404	20.01

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	13,820	34	1,306	508	15,668	21
22 SKILLED NURSING VISIT CHARGES	2,742,120	6,800	259,430	100,660	3,109,010	22
23 PHYSICAL THERAPY VISITS	13,628		406	518	14,552	23
24 PHYSICAL THERAPY VISIT CHARGES	2,706,130		80,780	102,460	2,889,370	24
25 OCCUPATIONAL THERAPY VISITS	972		6	47	1,025	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	192,830		1,200	9,300	203,330	26
27 SPEECH PATHOLOGY VISITS	383			8	391	27
28 SPEECH PATHOLOGY VISIT CHARGES	76,310			1,540	77,850	28
29 MEDICAL SOCIAL SERVICE VISITS	221		8	15	244	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	52,820		1,920	3,545	58,285	30
31 HOME HEALTH AIDE VISITS	866		5	47	918	31
32 HOME HEALTH AIDE VISIT CHARGES	108,294		624	5,808	114,726	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	29,890	34	1,731	1,143	32,798	33
34 OTHER CHARGES	33,322	61	4,924	1,227	39,534	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	5,911,826	6,861	348,878	224,540	6,492,105	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,314		629	110	3,053	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2300

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	188			3		8	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	313						5
6 NUMBER OF STATIONS	20						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION (SEE INSTRUCTIONS)	0.77						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						12	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						5	12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						381,455	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						33,170	15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						497,089	17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						171,410	19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

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

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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

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

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

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

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

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1522

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	18,113	1,479		1,574	21,166
3	INPATIENT RESPITE CARE	24	2			26
4	GENERAL INPATIENT CARE	2,427	94		566	3,087
5	TOTAL HOSPICE DAYS	20,564	1,575		2,140	24,279

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	510	26		81	617
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	23,649				7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	40.32	60.58		26.42	39.35
9	UNDUPLICATED CENSUS COUNT	506	26		81	613

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.320125	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				33,656,014	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				167,826,318	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				53,725,400	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				20,069,386	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				20,069,386	19
			UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	57,140,949	11,599,571	68,740,520		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	18,292,246	3,713,313	22,005,559		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	344,608	1,850,540	2,195,148		22
23	COST OF CHARITY CARE	17,947,638	1,862,773	19,810,411		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				38,003,048	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,896,292	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				36,106,756	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				11,558,675	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				31,369,086	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				51,438,472	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		49,662,330	49,662,330		1
2	00200		45,334,980	45,334,980		2
3	00300					3
4	00400	7,162,177	10,898,644	18,060,821		4
5	00500	86,590,022	105,535,946	192,125,968	-16,294,266	5
6	00600					6
7	00700	356,128	40,271,036	40,627,164		7
8	00800		4,074,029	4,074,029		8
9	00900		11,563,229	11,563,229		9
10	01000	207,098	10,651,503	10,858,601		10
11	01100		4,188,875	4,188,875		11
12	01200					12
13	01300	8,366,657	2,684,547	11,051,204		13
14	01400	3,019,667	8,657,612	11,677,279	-823,187	14
15	01500	11,887,682	89,139,143	101,026,825	-85,282,898	15
16	01600	3,793,875	2,052,058	5,845,933		16
17	01700	2,927,016	1,300,284	4,227,300		17
19	01900					19
20	02000					20
21	02100					21
22	02200	29,265,186	16,095,748	45,360,934	-9,520,401	22
23	02300	352,503	144,940	497,443	-52	23
23.01	02301	40,244	32,202	72,446		23.01
23.02	02302	438,126	194,771	632,897		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	45,283,677	16,785,312	62,068,989	-2,589,084	30
31	03100	11,001,888	4,296,473	15,298,361	-194,361	31
31.01	03101	7,667,247	2,600,742	10,267,989	-10,081	31.01
32	03200	3,947,031	1,391,531	5,338,562	-14,010	32
40	04000	4,465,124	1,294,382	5,759,506	-374	40
41	04100	1,670,241	552,559	2,222,800	-2,194	41
43	04300				3,548,264	43
ANCILLARY SERVICE COST CENTERS						
50	05000	14,238,777	51,961,063	66,199,840	-42,237,810	50
51	05100	2,860,528	969,260	3,829,788	-22,621	51
52	05200	6,842,066	3,057,624	9,899,690	-1,516,629	52
53	05300	997,608	2,625,426	3,623,034	-135,407	53
54	05400	17,569,026	13,575,251	31,144,277	-4,874,962	54
55	05500	4,032,570	1,624,532	5,657,102	-137,670	55
56	05600	2,535,637	2,384,229	4,919,866	-64,338	56
57	05700	2,875,578	2,584,617	5,460,195	-419,004	57
58	05800	2,615,610	2,679,360	5,294,970	-720,269	58
59	05900	1,658,525	6,564,332	8,222,857	-5,541,132	59
60	06000	15,772,709	25,026,767	40,799,476	112,151	60
60.01	06001	1,013,183	453,976	1,467,159	-5,115	60.01
63	06300	1,127,233	2,496,536	3,623,769	-1,551,605	63
64	06400	1,603,686	1,313,731	2,917,417	-357,678	64
65	06500	4,134,674	2,623,819	6,758,493	-9,379	65
66	06600	12,864,832	4,549,286	17,414,118	-281,055	66
67	06700	1,912,411	571,349	2,483,760	-10,318	67
68	06800	577,110	170,074	747,184	-1,265	68
69	06900	3,610,419	5,715,889	9,326,308	-4,419,192	69
70	07000	879,804	387,142	1,266,946	-56	70
71	07100				21,772,073	71
72	07200				43,579,158	72
73	07300				85,282,898	73
74	07400	1,724,611	3,488,248	5,212,859	-18,352	74
75	07500	4,316,797	1,660,385	5,977,182	-16,651	75
76	03950					76
76.97	07697	581,807	194,467	776,274	-2,406	76.97
OUTPATIENT SERVICE COST CENTERS						
90	09000	18,069,099	19,428,239	37,497,338	32,094,578	90
91	09100	13,929,648	5,925,707	19,855,355	-353,869	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	6,136,062	5,363,731	11,499,793	-124,621	101
SPECIAL PURPOSE COST CENTERS						
113	11300		7,963,417	7,963,417	-7,963,417	113
116	11600	2,011,231	2,912,014	4,923,245	-46,060	116
118		374,932,830	607,673,347	982,606,177	827,333	118
NONREIMBURSABLE COST CENTERS						
191	19100					191
193.01	19301	17,926,128	33,808,161	51,734,289	-827,333	193.01
200		392,858,958	641,481,508	1,034,340,466		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	49,662,330	-908,633	48,753,697	1
2	00200	CAP REL COSTS-MVBLE EQUIP	45,334,980		45,334,980	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	18,060,821	-32,852	18,027,969	4
5	00500	ADMINISTRATIVE & GENERAL	175,831,702	-10,084,330	165,747,372	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	40,627,164	-531,239	40,095,925	7
8	00800	LAUNDRY & LINEN SERVICE	4,074,029		4,074,029	8
9	00900	HOUSEKEEPING	11,563,229		11,563,229	9
10	01000	DIETARY	10,858,601	-139,903	10,718,698	10
11	01100	CAFETERIA	4,188,875	-3,422,481	766,394	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	11,051,204		11,051,204	13
14	01400	CENTRAL SERVICES & SUPPLY	10,854,092		10,854,092	14
15	01500	PHARMACY	15,743,927	-7,359,225	8,384,702	15
16	01600	MEDICAL RECORDS & LIBRARY	5,845,933	-75	5,845,858	16
17	01700	SOCIAL SERVICE	4,227,300		4,227,300	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	35,840,533	-10,462,249	25,378,284	22
23	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	497,391	-756	496,635	23
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	72,446	-72,446		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESIA INPATIENT ROUTINE SERV COST CENTERS	632,897	-632,897		23.02
30	03000	ADULTS & PEDIATRICS	59,479,905	-186,022	59,293,883	30
31	03100	INTENSIVE CARE UNIT	15,104,000		15,104,000	31
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	10,257,908		10,257,908	31.01
32	03200	CORONARY CARE UNIT	5,324,552		5,324,552	32
40	04000	SUBPROVIDER - IPF	5,759,132	-33,460	5,725,672	40
41	04100	SUBPROVIDER - IRF	2,220,606		2,220,606	41
43	04300	NURSERY	3,548,264		3,548,264	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	23,962,030		23,962,030	50
51	05100	RECOVERY ROOM	3,807,167		3,807,167	51
52	05200	DELIVERY ROOM & LABOR ROOM	8,383,061	-186	8,382,875	52
53	05300	ANESTHESIOLOGY	3,487,627		3,487,627	53
54	05400	RADIOLOGY-DIAGNOSTIC	26,269,315	-805,540	25,463,775	54
55	05500	RADIOLOGY-THERAPEUTIC	5,519,432	-248,950	5,270,482	55
56	05600	RADIOISOTOPE	4,855,528	-165,100	4,690,428	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,041,191		5,041,191	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,574,701	-13,094	4,561,607	58
59	05900	CARDIAC CATHETERIZATION	2,681,725		2,681,725	59
60	06000	LABORATORY	40,911,627	-2,068,403	38,843,224	60
60.01	06001	VASCULAR LAB	1,462,044	-3,941	1,458,103	60.01
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,072,164		2,072,164	63
64	06400	INTRAVENOUS THERAPY	2,559,739		2,559,739	64
65	06500	RESPIRATORY THERAPY	6,749,114		6,749,114	65
66	06600	PHYSICAL THERAPY	17,133,063	-127,333	17,005,730	66
67	06700	OCCUPATIONAL THERAPY	2,473,442		2,473,442	67
68	06800	SPEECH PATHOLOGY	745,919		745,919	68
69	06900	ELECTROCARDIOLOGY	4,907,116	-53,121	4,853,995	69
70	07000	ELECTROENCEPHALOGRAPHY	1,266,890		1,266,890	70
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	21,772,073		21,772,073	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	43,579,158		43,579,158	72
73	07300	DRUGS CHARGED TO PATIENTS	85,282,898		85,282,898	73
74	07400	RENAL DIALYSIS	5,194,507		5,194,507	74
75	07500	ASC (NON-DISTINCT PART)	5,960,531		5,960,531	75
76	03950	BLANK				76
76.97	07697	CARDIAC REHABILITATION	773,868	-129,242	644,626	76.97
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	69,591,916	-1,165,473	68,426,443	90
91	09100	EMERGENCY	19,501,486	-457,053	19,044,433	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	11,375,172	-1,259	11,373,913	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
116	11600	HOSPICE	4,877,185	-171,327	4,705,858	116
118		SUBTOTALS (SUM OF LINES 1-117)	983,433,510	-39,276,590	944,156,920	118
NONREIMBURSABLE COST CENTERS						
191	19100	RESEARCH		38,217,380	38,217,380	191
193.01	19301	NON-ALLOWABLE COST	50,906,956		50,906,956	193.01
200		TOTAL (SUM OF LINES 118-199)	1,034,340,466	-1,059,210	1,033,281,256	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 NURSERY RECLASS	A	NURSERY	43	3,144,460	403,804	1
2						2
500 TOTAL RECLASSIFICATIONS				3,144,460	403,804	500
CODE LETTER - A						
1 IMPLANT DEVICE RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	72		43,579,158	1
500 TOTAL RECLASSIFICATIONS					43,579,158	500
CODE LETTER - D						
1 INTEREST EXPENSE RECLASS	E	ADMINISTRATIVE & GENERAL	5		7,963,417	1
500 TOTAL RECLASSIFICATIONS					7,963,417	500
CODE LETTER - E						
1 PROVIDER BASED RECLASS	G	CLINIC	90	21,666,463	11,895,646	1
500 TOTAL RECLASSIFICATIONS				21,666,463	11,895,646	500
CODE LETTER - G						
1 TEACHING PHYSICIAN RECLASS (I & R)	H	I&R SRVCS-OTHER PRGM COSTS A	22	2,426,414	355,957	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
500 TOTAL RECLASSIFICATIONS				2,426,414	355,957	500
CODE LETTER - H						
1 ADMIN PHYSICIAN RECLASS (I & R)	I	ADMINISTRATIVE & GENERAL	5	8,563,872	1,256,320	1
500 TOTAL RECLASSIFICATIONS				8,563,872	1,256,320	500
CODE LETTER - I						
1 GROUP STIPEND RECLASS	J	LABORATORY	60	3,785,804		1
2						2
500 TOTAL RECLASSIFICATIONS				3,785,804		500
CODE LETTER - J						
1 PHARMACY RECLASS	K	DRUGS CHARGED TO PATIENTS	73		85,282,898	1
500 TOTAL RECLASSIFICATIONS					85,282,898	500
CODE LETTER - K						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 MEDICAL SUPPLIES RECLASS	L	MEDICAL SUPPLIES CHRGED TO PA	71		65,351,231
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
500 TOTAL RECLASSIFICATIONS					65,351,231
CODE LETTER - L					500
1 PHYSICIAN SALARY RECLASS	M	NON-ALLOWABLE COST	193.01	2,845,951	
2					
3					
4					
5					
500 TOTAL RECLASSIFICATIONS				2,845,951	500
CODE LETTER - M					
GRAND TOTAL (INCREASES)				42,432,964	216,088,431

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 NURSERY RECLASS	A	ADULTS & PEDIATRICS	30	2,027,038	221,360	1
2		DELIVERY ROOM & LABOR ROOM	52	1,117,422	182,444	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				3,144,460	403,804	500
1 IMPLANT DEVICE RECLASS	D	MEDICAL SUPPLIES CHRGED TO PA	71		43,579,158	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					43,579,158	500
1 INTEREST EXPENSE RECLASS	E	INTEREST EXPENSE	113		7,963,417	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					7,963,417	500
1 PROVIDER BASED RECLASS	G	ADMINISTRATIVE & GENERAL	5	21,666,463	11,895,646	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				21,666,463	11,895,646	500
1 TEACHING PHYSICIAN RECLASS (I & R)	H	ADMINISTRATIVE & GENERAL	5	97,098	14,244	1
2		ADULTS & PEDIATRICS	30	7,509	1,102	2
3		RADIOLOGY-DIAGNOSTIC	54	275,674	40,441	3
4		RADIOLOGY-THERAPEUTIC	55	113,088	16,590	4
5		RADIOISOTOPE	56	55,846	8,193	5
6		LABORATORY	60	1,789,144	262,467	6
7		VASCULAR LAB	60.01	4,461	654	7
8		PHYSICAL THERAPY	66	38,976	5,718	8
9		ELECTROCARDIOLOGY	69	5,018	739	9
10		CARDIAC REHABILITATION	76.97	2,096	307	10
11		CLINIC	90	35,294	5,178	11
12		EMERGENCY	91	2,210	324	12
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				2,426,414	355,957	500
1 ADMIN PHYSICIAN RECLASS (I & R)	I	I&R SRVCES-OTHER PRGM COSTS A	22	8,563,872	1,256,320	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				8,563,872	1,256,320	500
1 GROUP STIPEND RECLASS	J	I&R SRVCES-OTHER PRGM COSTS A	22	118,331		1
2		NON-ALLOWABLE COST	193.01	3,667,473		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				3,785,804		500
1 PHARMACY RECLASS	K	PHARMACY	15		85,282,898	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					85,282,898	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 MEDICAL SUPPLIES RECLASS	L	CENTRAL SERVICES & SUPPLY	14		823,187	1
2		I&R SRVCES-OTHER PRGM COSTS A	22		92	2
3		PARAMED ED PRGM-PHARMACY RESI	23		52	3
4		ADULTS & PEDIATRICS	30		332,075	4
5		INTENSIVE CARE UNIT	31		194,361	5
6		INFANT SPECIAL CARE UNIT (ISC	31.01		10,081	6
7		CORONARY CARE UNIT	32		14,010	7
8		SUBPROVIDER - IPF	40		374	8
9		SUBPROVIDER - IRF	41		2,194	9
10		OPERATING ROOM	50		42,237,810	10
11		RECOVERY ROOM	51		22,621	11
12		DELIVERY ROOM & LABOR ROOM	52		216,763	12
13		ANESTHESIOLOGY	53		135,407	13
14		RADIOLOGY-DIAGNOSTIC	54		4,558,847	14
15		RADIOLOGY-THERAPEUTIC	55		7,992	15
16		RADIOISOTOPE	56		299	16
17		COMPUTED TOMOGRAPHY (CT) SCAN	57		419,004	17
18		MAGNETIC RESONANCE IMAGING (M	58		720,269	18
19		CARDIAC CATHETERIZATION	59		5,539,432	19
20		LABORATORY	60		1,622,042	20
21		BLOOD STORING, PROCESSING & T	63		1,551,605	21
22		INTRAVENOUS THERAPY	64		357,678	22
23		RESPIRATORY THERAPY	65		9,379	23
24		PHYSICAL THERAPY	66		236,361	24
25		OCCUPATIONAL THERAPY	67		10,318	25
26		SPEECH PATHOLOGY	68		1,265	26
27		ELECTROCARDIOLOGY	69		4,413,435	27
28		ELECTROENCEPHALOGRAPHY	70		56	28
29		RENAL DIALYSIS	74		18,352	29
30		ASC (NON-DISTINCT PART)	75		16,651	30
31		CARDIAC REHABILITATION	76.97		3	31
32		CLINIC	90		1,378,209	32
33		EMERGENCY	91		324,515	33
34		HOME HEALTH AGENCY	101		124,621	34
35		HOSPICE	116		46,060	35
36		NON-ALLOWABLE COST	193.01		5,811	36
500 TOTAL RECLASSIFICATIONS					65,351,231	500
CODE LETTER - L						
1 PHYSICIAN SALARY RECLASS	M	ADMINISTRATIVE & GENERAL	5	404,424		1
2		CARDIAC CATHETERIZATION	59	1,700		2
3		CLINIC	90	48,850		3
4		EMERGENCY	91	26,820		4
5		I&R SRVCES-OTHER PRGM COSTS A	22	2,364,157		5
500 TOTAL RECLASSIFICATIONS				2,845,951		500
CODE LETTER - M						
GRAND TOTAL (DECREASES)				42,432,964	216,088,431	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	30,066,482	450,000		450,000	2,273	30,514,209	
2 LAND IMPROVEMENTS	18,459,721	75,536		75,536	123,592	18,411,665	1,134,137
3 BUILDINGS AND FIXTURES	1,003,885,326	56,344,406		56,344,406	17,079,175	1,043,150,557	124,564,659
4 BUILDING IMPROVEMENTS	37,212,310	3,455,221		3,455,221	510,612	40,156,919	9,419,486
5 FIXED EQUIPMENT	403,945,574	46,317,517		46,317,517	75,946,557	374,316,534	162,834,782
6 MOVABLE EQUIPMENT							
7 HIT DESIGNATED ASSETS	58,718,099					58,718,099	40,104,448
8 SUBTOTAL (SUM OF LINES 1-7)	1,552,287,512	106,642,680		106,642,680	93,662,209	1,565,267,983	338,057,512
9 RECONCILING ITEMS							
10 TOTAL (LINE 7 MINUS LINE 9)	1,552,287,512	106,642,680		106,642,680	93,662,209	1,565,267,983	338,057,512

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	49,662,330						49,662,330
2 CAP REL COSTS-MVBLE EQUIP	45,334,980						45,334,980
3 TOTAL (SUM OF LINES 1-2)	94,997,310						94,997,310

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER	TOTAL
			(COL. 1 - COL. 2)	RATIO (SEE INSTR.)			CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	1,132,233,350		1,132,233,350	0.723348				1
2 CAP REL COSTS-MVBLE EQUIP	433,034,633		433,034,633	0.276652				2
3 TOTAL (SUM OF LINES 1-2)	1,565,267,983		1,565,267,983	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	48,753,697						48,753,697
2 CAP REL COSTS-MVBLE EQUIP	45,334,980						45,334,980
3 TOTAL	94,088,677						94,088,677

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-169,351	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,047,573			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-7,130,214	PHARMACY	15	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				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				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				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 PHYSICIAN ASSISTANT SALARY	A	-360,408	EMERGENCY	91	33
33.01 PHYSICIAN ASSISTANT SALARY	A	-5,262,720	I&R SRVCES-OTHER PRGM COSTS APP	22	33.01
33.02 PHYSICIAN ASSISTANT SALARY	A	-254,226	RADIOLOGY-DIAGNOSTIC	54	33.02
33.03 PHYSICIAN ASSISTANT SALARY	A	-3,000	ADMINISTRATIVE & GENERAL	5	33.03
34 PARKING LOT REVENUE OFFSET	B	-908,633	CAP REL COSTS-BLDG & FIXT	1	9 34
34.01 PARKING LOT REVENUE OFFSET	B	-531,239	OPERATION OF PLANT	7	34.01
35					35
36 LOBBYING DUES EXPENSE	A	-81,390	ADMINISTRATIVE & GENERAL	5	36
37					37
38 DIETARY REVENUE OFFSET	B	-139,903	DIETARY	10	38
39 RESEARCH INSTITUTE EXPENSE	A	38,217,380	RESEARCH	191	39
40 TUITION REVENUE OFFSET	B	-72,446	PARAMED ED PRGM-MEDICAL TECH	23.01	40
40.01 TUITION REVENUE OFFSET	B	-632,897	PARAMED ED PRGM-SCHOOL OF ANEST	23.02	40.01
40.02 TUITION REVENUE OFFSET	B	-52,065	EMERGENCY	91	40.02
40.03 TUITION REVENUE OFFSET	B	-4,636	CLINIC	90	40.03
41 MISCELLANEOUS REVENUE OFFSET	B	-47,068	ADMINISTRATIVE & GENERAL	5	41
41.01 MISCELLANEOUS REVENUE OFFSET	B	-9,000	MAGNETIC RESONANCE IMAGING (MRI)	58	41.01
41.02 MISCELLANEOUS REVENUE OFFSET	B	-166,635	ADULTS & PEDIATRICS	30	41.02
41.03 MISCELLANEOUS REVENUE OFFSET	B	-40	LABORATORY	60	41.03
41.04 MISCELLANEOUS REVENUE OFFSET	B	-128,112	CARDIAC REHABILITATION	76.97	41.04
41.05 MISCELLANEOUS REVENUE OFFSET	B	-87,793	PHYSICAL THERAPY	66	41.05
41.06 MISCELLANEOUS REVENUE OFFSET	B	-783	HOME HEALTH AGENCY	101	41.06
41.07 MISCELLANEOUS REVENUE OFFSET	B	-34,022	ELECTROCARDIOLOGY	69	41.07
41.08 MISCELLANEOUS REVENUE OFFSET	B	-669,936	CLINIC	90	41.08
41.09 MISCELLANEOUS REVENUE OFFSET	B	-33,460	SUBPROVIDER - IPF	40	41.09
41.10 MISCELLANEOUS REVENUE OFFSET	B	-171,327	HOSPICE	116	41.10
41.12 MISCELLANEOUS REVENUE OFFSET	B	-36,907	EMERGENCY	91	41.12
42 NON-ALLOWABLE CORPORATE EXPENSES	A	-13,145	EMPLOYEE BENEFITS	4	42
42.01 NON-ALLOWABLE CORPORATE EXPENSES	A	-4,135,147	ADMINISTRATIVE & GENERAL	5	42.01

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		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
42.02 NON-ALLOWABLE CORPORATE EXPENSES	A	-229,011	PHARMACY		15	42.02
42.03 NON-ALLOWABLE CORPORATE EXPENSES	A	-75	MEDICAL RECORDS & LIBRARY		16	42.03
42.04 NON-ALLOWABLE CORPORATE EXPENSES	A	-18,329	I&R SRVCES-OTHER PRGM COSTS APP		22	42.04
42.05 NON-ALLOWABLE CORPORATE EXPENSES	A	-756	PARAMED ED PRGM-PHARMACY RESIDE		23	42.05
42.06 NON-ALLOWABLE CORPORATE EXPENSES	A	-5,501	ADULTS & PEDIATRICS		30	42.06
42.07 NON-ALLOWABLE CORPORATE EXPENSES	A	-186	DELIVERY ROOM & LABOR ROOM		52	42.07
42.08 NON-ALLOWABLE CORPORATE EXPENSES	A	-15,154	RADIOLOGY-DIAGNOSTIC		54	42.08
42.09 NON-ALLOWABLE CORPORATE EXPENSES	A	-175	RADIOLOGY-THERAPEUTIC		55	42.09
42.10 NON-ALLOWABLE CORPORATE EXPENSES	A	-4,094	MAGNETIC RESONANCE IMAGING (MRI		58	42.10
42.11 NON-ALLOWABLE CORPORATE EXPENSES	A	-1,182	LABORATORY		60	42.11
42.12 NON-ALLOWABLE CORPORATE EXPENSES	A	-943	PHYSICAL THERAPY		66	42.12
42.13 NON-ALLOWABLE CORPORATE EXPENSES	A	-534	CARDIAC REHABILITATION		76.97	42.13
42.14 NON-ALLOWABLE CORPORATE EXPENSES	A	-133,080	CLINIC		90	42.14
42.15 NON-ALLOWABLE CORPORATE EXPENSES	A	-476	HOME HEALTH AGENCY		101	42.15
43 I AND R RCE DISALLOWANCE	A	-5,610,754	ADMINISTRATIVE & GENERAL		5	43
43.01 I AND R RCE DISALLOWANCE	A	-3,912,969	I&R SRVCES-OTHER PRGM COSTS APP		22	43.01
44						44
44.01 DEPT CHAIR ENDOWMENT REVENUE OFFSE	B	-1,268,231	I&R SRVCES-OTHER PRGM COSTS APP		22	44.01
44.02 DEPT CHAIR ENDOWMENT REVENUE OFFSE	B	-16,620	LABORATORY		60	44.02
44.03 DEPT CHAIR ENDOWMENT REVENUE OFFSE	B	-71,592	RADIOLOGY-DIAGNOSTIC		54	44.03
44.04 DEPT CHAIR ENDOWMENT REVENUE OFFSE	B	-56,982	RADIOLOGY-THERAPEUTIC		55	44.04
45						45
46 RENTAL REVENUE OFFSET	B	-323,389	CLINIC		90	46
47 CAFETERIA REVENUE OFFSET	B	-3,422,481	CAFETERIA		11	47
48						48
49						49
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,059,210				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						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	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					
7					
8					
9					
10					

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2		3	4	5	6	7	8	9	
1	4	EMPLOYEE BENEFITS	57,365		57,365	165,600	473	37,658	1,883	1
2	5	ADMINISTRATIVE & GENERAL	75,897		75,897	177,200	671	57,164	2,858	2
3	5	ADMINISTRATIVE & GENERAL	59,441		59,441	165,600	590	46,973	2,349	3
4	5	ADMINISTRATIVE & GENERAL	3,010		3,010	208,000	21	2,100	105	4
5	5	ADMINISTRATIVE & GENERAL	15,337		15,337	196,400	132	12,464	623	5
6	5	ADMINISTRATIVE & GENERAL	5,332		5,332	200,300	28	2,696	135	6
7	30	ADULTS & PEDIATRICS	17,220		17,220	138,700	50	3,334	167	7
8	54	RADIOLOGY-DIAGNOSTIC	833,063		833,063	225,300	3,402	368,495	18,425	8
9	55	RADIOLOGY-THERAPEUTIC	302,710		302,710	225,300	1,024	110,917	5,546	9
10	56	RADIOISOTOPE	215,619		215,619	177,200	593	50,519	2,526	10
11	60	LABORATORY	109,072		109,072	177,200	385	32,799	1,640	11
12	60	LABORATORY	4,341,181		4,341,181	215,700	22,824	2,366,893	118,345	12
13	60.01	VASCULAR LAB	6,141		6,141	208,000	22	2,200	110	13
14	66	PHYSICAL THERAPY	73,781		73,781	177,200	413	35,184	1,759	14
15	69	ELECTROCARDIOLOGY	29,210		29,210	165,600	127	10,111	506	15
16	76.97	CARDIAC REHABILITATION	2,981		2,981	177,200	28	2,385	119	16
17	90	CLINIC	28,294		28,294	140,600	291	19,671	984	17
18	90	CLINIC	99,970		99,970	154,100	1,001	74,161	3,708	18
19	91	EMERGENCY	17,073		17,073	208,000	94	9,400	470	19
200		TOTAL	6,292,697		6,292,697		32,169	3,245,124	162,258	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. 10	11		12	13	14	15	16	17	18	
1	4	EMPLOYEE BENEFITS	AGGREGATE				37,658	19,707	19,707	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE				57,164	18,733	18,733	2
3	5	ADMINISTRATIVE & GENERAL	AGGREGATE				46,973	12,468	12,468	3
4	5	ADMINISTRATIVE & GENERAL	AGGREGATE				2,100	910	910	4
5	5	ADMINISTRATIVE & GENERAL	AGGREGATE				12,464	2,873	2,873	5
6	5	ADMINISTRATIVE & GENERAL	AGGREGATE				2,696	2,636	2,636	6
7	30	ADULTS & PEDIATRICS	AGGREGATE				3,334	13,886	13,886	7
8	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				368,495	464,568	464,568	8
9	55	RADIOLOGY-THERAPEUTIC	AGGREGATE				110,917	191,793	191,793	9
10	56	RADIOISOTOPE	AGGREGATE				50,519	165,100	165,100	10
11	60	LABORATORY	AGGREGATE				32,799	76,273	76,273	11
12	60	LABORATORY	AGGREGATE				2,366,893	1,974,288	1,974,288	12
13	60.01	VASCULAR LAB	AGGREGATE				2,200	3,941	3,941	13
14	66	PHYSICAL THERAPY	AGGREGATE				35,184	38,597	38,597	14
15	69	ELECTROCARDIOLOGY	AGGREGATE				10,111	19,099	19,099	15
16	76.97	CARDIAC REHABILITATION	AGGREGATE				2,385	596	596	16
17	90	CLINIC	AGGREGATE				19,671	8,623	8,623	17
18	90	CLINIC	AGGREGATE				74,161	25,809	25,809	18
19	91	EMERGENCY	AGGREGATE				9,400	7,673	7,673	19
200		TOTAL					3,245,124	3,047,573	3,047,573	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	48,753,697	48,753,697				1
2 CAP REL COSTS-MVBLE EQUIP	45,334,980		45,334,980			2
4 EMPLOYEE BENEFITS	18,027,969	515,801	112,122	18,655,892		4
5 ADMINISTRATIVE & GENERAL	165,747,372	13,859,777	19,494,298	3,530,381	202,631,828	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	40,095,925	14,511,784	272,688	17,226	54,897,623	7
8 LAUNDRY & LINEN SERVICE	4,074,029	91,208			4,165,237	8
9 HOUSEKEEPING	11,563,229	312,268	30,520		11,906,017	9
10 DIETARY	10,718,698	545,328	87,045	10,017	11,361,088	10
11 CAFETERIA	766,394	424,964	24,510		1,215,868	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,051,204	132,835	73,033	404,687	11,661,759	13
14 CENTRAL SERVICES & SUPPLY	10,854,092			146,058	11,000,150	14
15 PHARMACY	8,384,702			574,995	8,959,697	15
16 MEDICAL RECORDS & LIBRARY	5,845,858	236,497	30,524	183,506	6,296,385	16
17 SOCIAL SERVICE	4,227,300	71,254	154	141,577	4,440,285	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	25,378,284	771,561	130,579	998,590	27,279,014	22
23 PARAMED ED PRGM-PHARMACY RESIDENCY	496,635	3,034		17,050	516,719	23
23.01 PARAMED ED PRGM-MEDICAL TECH		14,022		90	16,059	23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA		1,365		21,192	22,557	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	59,293,883	3,041,097	1,940,615	2,091,917	66,367,512	30
31 INTENSIVE CARE UNIT	15,104,000	608,492	930,425	532,150	17,175,067	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	10,257,908	163,962	357,684	370,857	11,150,411	31.01
32 CORONARY CARE UNIT	5,324,552	200,769	46,916	190,914	5,763,151	32
40 SUBPROVIDER - IPF	5,725,672	292,618	132,290	215,974	6,366,554	40
41 SUBPROVIDER - IRF	2,220,606	142,980	4,507	80,788	2,448,881	41
43 NURSERY	3,548,264	44,104		152,094	3,744,462	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,962,030	966,449	4,829,644	688,715	30,446,838	50
51 RECOVERY ROOM	3,807,167	131,200	139,319	138,361	4,216,047	51
52 DELIVERY ROOM & LABOR ROOM	8,382,875	602,206	277,899	276,895	9,539,875	52
53 ANESTHESIOLOGY	3,487,627	55,059	321,308	48,253	3,912,247	53
54 RADIOLOGY-DIAGNOSTIC	25,463,775	1,297,879	3,623,271	836,462	31,221,387	54
55 RADIOLOGY-THERAPEUTIC	5,270,482	369,400	1,506,228	189,581	7,335,691	55
56 RADIOISOTOPE	4,690,428	201,848	249,623	119,945	5,261,844	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,041,191	110,825	1,003,697	139,089	6,294,802	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,561,607	299,999	2,262,879	126,514	7,250,999	58
59 CARDIAC CATHETERIZATION	2,681,725	256,991	662,300	80,139	3,681,155	59
60 LABORATORY	38,843,224	821,783	848,097	859,487	41,372,591	60
60.01 VASCULAR LAB	1,458,103	37,616	55,973	48,791	1,600,483	60.01
63 BLOOD STORING, PROCESSING & TRANS.	2,072,164	46,346	33,441	54,523	2,206,474	63
64 INTRAVENOUS THERAPY	2,559,739	8,191	4,876	77,569	2,650,375	64
65 RESPIRATORY THERAPY	6,749,114	78,164	87,635	199,990	7,114,903	65
66 PHYSICAL THERAPY	17,005,730	421,930	51,557	620,374	18,099,591	66
67 OCCUPATIONAL THERAPY	2,473,442	45,722		92,501	2,611,665	67
68 SPEECH PATHOLOGY	745,919	5,764	147	27,914	779,744	68
69 ELECTROCARDIOLOGY	4,853,995	206,263	573,850	174,390	5,808,498	69
70 ELECTROENCEPHALOGRAPHY	1,266,890	57,940	174,263	42,555	1,541,648	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,772,073	191,601	151,021		22,114,695	71
72 IMPL. DEV. CHARGED TO PATIENT	43,579,158	292,247	230,347		44,101,752	72
73 DRUGS CHARGED TO PATIENTS	85,282,898	222,745	76,892		85,582,535	73
74 RENAL DIALYSIS	5,194,507	192,562	96,349	83,418	5,566,836	74
75 ASC (NON-DISTINCT PART)	5,960,531	380,287	31,485	208,799	6,581,102	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	644,626	90,955	26,485	28,040	790,106	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	68,426,443	2,264,446	1,868,679	1,917,899	74,477,467	90
91 EMERGENCY	19,044,433	817,958	637,185	672,359	21,171,935	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	11,373,913	166,052	15,368	296,795	11,852,128	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	4,705,858	66,333	4,097	97,281	4,873,569	116
118 SUBTOTALS (SUM OF LINES 1-117)	944,156,920	46,692,481	43,511,915	17,828,559	939,445,306	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	38,217,380	469,860	1,644,506		40,331,746	191
193.01 NON-ALLOWABLE COST	50,906,956	1,591,356	178,559	827,333	53,504,204	193.01

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:16

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,033,281,256	48,753,697	45,334,980	18,655,892	1,033,281,256	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	5	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	202,631,828					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,391,946	68,289,569				7
8 LAUNDRY & LINEN SERVICE	1,016,085	313,524	5,494,846			8
9 HOUSEKEEPING	2,904,401	1,073,407	11,697	15,895,522		9
10 DIETARY	2,771,469	1,874,537	5,130	445,375	16,457,599	10
11 CAFETERIA	296,604	1,460,793		347,072		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,844,816	456,614		108,488		13
14 CENTRAL SERVICES & SUPPLY	2,683,421					14
15 PHARMACY	2,185,664					15
16 MEDICAL RECORDS & LIBRARY	1,535,965	812,948		193,150		16
17 SOCIAL SERVICE	1,083,181	244,933		58,194		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	6,654,552	2,652,205		630,142	72,151	22
23 PARAMED ED PRGM-PHARMACY RESIDENCY	126,050	10,428		2,478		23
23.01 PARAMED ED PRGM-MEDICAL TECH	3,917	48,199		11,452		23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA	5,503	4,692		1,115		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,189,956	10,453,625	1,614,224	2,483,696	10,743,733	30
31 INTENSIVE CARE UNIT	4,189,755	2,091,663	237,485	496,962	864,256	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	2,720,076	563,612	69,260	133,910	18,192	31.01
32 CORONARY CARE UNIT	1,405,886	690,134	197,571	163,970	837,465	32
40 SUBPROVIDER - IPF	1,553,083	1,005,859	122,257	238,984	1,073,911	40
41 SUBPROVIDER - IRF	597,390	491,488	121,898	116,774	494,552	41
43 NURSERY	913,439	151,606		36,020		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,427,323	3,322,122	258,828	789,309	25,931	50
51 RECOVERY ROOM	1,028,479	450,994	145,241	107,153		51
52 DELIVERY ROOM & LABOR ROOM	2,327,195	2,070,055	216,143	491,828	757,171	52
53 ANESTHESIOLOGY	954,369	189,261		44,967		53
54 RADIOLOGY-DIAGNOSTIC	7,616,270	4,461,396	274,937	1,059,991	64,600	54
55 RADIOLOGY-THERAPEUTIC	1,789,498	1,269,794	89,987	301,693	14,403	55
56 RADIOISOTOPE	1,283,595	693,842	59,564	164,851	6,100	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,535,579	380,955	19,342	90,512		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,768,838	1,031,233	51,612	245,013		58
59 CARDIAC CATHETERIZATION	897,996	883,393	121,693	209,887	33,294	59
60 LABORATORY	10,092,595	2,824,840	20,522	671,159	14,484	60
60.01 VASCULAR LAB	390,428	129,302	82,291	30,721		60.01
63 BLOOD STORING, PROCESSING & TRANS.	538,256	159,311	2,565	37,851		63
64 INTRAVENOUS THERAPY	646,543	28,155	2,565	6,689		64
65 RESPIRATORY THERAPY	1,735,638	268,685		63,837	376	65
66 PHYSICAL THERAPY	4,415,287	1,450,365	63,052	344,595	10,561	66
67 OCCUPATIONAL THERAPY	637,100	157,167	75,571	37,342		67
68 SPEECH PATHOLOGY	190,214	19,812		4,707		68
69 ELECTROCARDIOLOGY	1,416,948	709,020	102,762	168,457	8,733	69
70 ELECTROENCEPHALOGRAPHY	376,076	199,167	62,283	47,321		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,394,747	658,620	60,487	156,483		71
72 IMPL. DEV. CHARGED TO PATIENT	10,758,358	1,004,585	92,296	238,681		72
73 DRUGS CHARGED TO PATIENTS	20,877,230	765,676		181,918		73
74 RENAL DIALYSIS	1,357,996	661,922	123,847	157,267	32,381	74
75 ASC (NON-DISTINCT PART)	1,605,420	1,307,217	311,722	310,584	232,631	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	192,742	312,655	9,491	74,284	511	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	18,168,331	7,783,924	445,779	1,849,397	827,603	90
91 EMERGENCY	5,164,767	2,811,690	422,744	668,035	324,560	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	2,891,256	570,796		135,616		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	1,188,878	228,017		54,175		116
118 SUBTOTALS (SUM OF LINES 1-117)	179,741,111	61,204,238	5,494,846	14,212,105	16,457,599	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	9,838,687	1,615,121		383,740		191
193.01 NON-ALLOWABLE COST	13,052,030	5,470,210		1,299,677		193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	202,631,828	68,289,569	5,494,846	15,895,522	16,457,599	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	3,320,337					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	90,802	15,162,479				13
14 CENTRAL SERVICES & SUPPLY			13,683,571			14
15 PHARMACY				11,145,361		15
16 MEDICAL RECORDS & LIBRARY	57,032	11,341			8,906,821	16
17 SOCIAL SERVICE	31,733					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	140,471	147,429		447		22
23 PARAMED ED PRGM-PHARMACY RESIDENCY	5,603					23
23.01 PARAMED ED PRGM-MEDICAL TECH	384					23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA	2,713					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	597,818	4,865,148		3,847	667,907	30
31 INTENSIVE CARE UNIT	114,943	1,315,518		755	149,267	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	75,160	997,979		1,034	144,321	31.01
32 CORONARY CARE UNIT	48,518	430,946		330	50,348	32
40 SUBPROVIDER - IPF	53,590	294,857		1	58,617	40
41 SUBPROVIDER - IRF	22,402	158,769		12	23,673	41
43 NURSERY					22,826	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	149,921	1,213,452		4,883	665,030	50
51 RECOVERY ROOM	24,708	340,220		392	131,020	51
52 DELIVERY ROOM & LABOR ROOM	73,944	839,210		870	148,139	52
53 ANESTHESIOLOGY	12,792	68,044		94,329	101,003	53
54 RADIOLOGY-DIAGNOSTIC	206,776	272,176		7,659	564,251	54
55 RADIOLOGY-THERAPEUTIC	31,389	45,363		27	186,611	55
56 RADIOISOTOPE	24,479			8,974	130,716	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	31,097			7,573	601,482	57
58 MAGNETIC RESONANCE IMAGING (MRI)	28,247	11,341			388,124	58
59 CARDIAC CATHETERIZATION	16,849	147,429		1,291	183,623	59
60 LABORATORY	218,228	22,681		393	1,014,293	60
60.01 VASCULAR LAB	10,730			41	62,847	60.01
63 BLOOD STORING, PROCESSING & TRANS.	13,451			4,378	27,977	63
64 INTRAVENOUS THERAPY	13,977	204,132		1,444	19,376	64
65 RESPIRATORY THERAPY	51,474			926	119,750	65
66 PHYSICAL THERAPY	146,880	11,341		1,515	190,748	66
67 OCCUPATIONAL THERAPY	20,762				31,107	67
68 SPEECH PATHOLOGY	6,579				11,244	68
69 ELECTROCARDIOLOGY	42,806	136,088		2,340	280,451	69
70 ELECTROENCEPHALOGRAPHY	9,716				24,793	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	25,148		4,558,746	3	313,508	71
72 IMPL. DEV. CHARGED TO PATIENT	38,357		9,124,825	5	478,624	72
73 DRUGS CHARGED TO PATIENTS	117,607			10,724,692	921,176	73
74 RENAL DIALYSIS	20,674	124,747		96,982	63,978	74
75 ASC (NON-DISTINCT PART)	44,165	498,990		503	44,258	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	6,299	45,363		3	5,870	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	219,392	1,304,177		36,466	505,588	90
91 EMERGENCY	146,155	1,100,045		7,233	498,781	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	69,489	362,902		94,137	51,345	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	19,895	124,747		39,029	24,149	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,083,155	15,094,435	13,683,571	11,142,514	8,906,821	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	109,002			2,448		191
193.01 NON-ALLOWABLE COST	128,180	68,044		399		193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,320,337	15,162,479	13,683,571	11,145,361	8,906,821	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED EDUCATION MED TECH	PARAMED EDUCATION ANESTHESIA	
	17	22	23	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	5,858,326					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		37,576,411				22
23 PARAMED ED PRGM-PHARMACY RESIDENCY			661,278			23
23.01 PARAMED ED PRGM-MEDICAL TECH				80,011		23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA					36,580	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,548,569	22,937,320				30
31 INTENSIVE CARE UNIT	468,679					31
31.01 INFANT SPECIAL CARE UNIT (ISCU)		162,753				31.01
32 CORONARY CARE UNIT	278,439					32
40 SUBPROVIDER - IPF		848,486				40
41 SUBPROVIDER - IRF	263,954					41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,327,060				50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY		1,885,765			36,580	53
54 RADIOLOGY-DIAGNOSTIC		1,074,170				54
55 RADIOLOGY-THERAPEUTIC	6,438	91,142				55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY		2,458,655		80,011		60
60.01 VASCULAR LAB						60.01
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		342,866				69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			661,278			73
74 RENAL DIALYSIS	341,209	47,741				74
75 ASC (NON-DISTINCT PART)	8,369					75
76 BLANK						76
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	925,126	959,158				90
91 EMERGENCY	17,543	2,441,295				91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	5,858,326	37,576,411	661,278	80,011	36,580	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH						191
193.01 NON-ALLOWABLE COST						193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,858,326	37,576,411	661,278	80,011	36,580	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-PHARMACY RESIDENCY				23
23.01 PARAMED ED PRGM-MEDICAL TECH				23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA				23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	140,473,355	-22,937,320	117,536,035	30
31 INTENSIVE CARE UNIT	27,104,350		27,104,350	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	16,036,708	-162,753	15,873,955	31.01
32 CORONARY CARE UNIT	9,866,758		9,866,758	32
40 SUBPROVIDER - IPF	11,616,199	-848,486	10,767,713	40
41 SUBPROVIDER - IRF	4,739,793		4,739,793	41
43 NURSERY	4,868,353		4,868,353	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	48,630,697	-4,327,060	44,303,637	50
51 RECOVERY ROOM	6,444,254		6,444,254	51
52 DELIVERY ROOM & LABOR ROOM	16,464,430		16,464,430	52
53 ANESTHESIOLOGY	7,299,357	-1,885,765	5,413,592	53
54 RADIOLOGY-DIAGNOSTIC	46,823,613	-1,074,170	45,749,443	54
55 RADIOLOGY-THERAPEUTIC	11,162,036	-91,142	11,070,894	55
56 RADIOISOTOPE	7,633,965		7,633,965	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,961,342		8,961,342	57
58 MAGNETIC RESONANCE IMAGING (MRI)	10,775,407		10,775,407	58
59 CARDIAC CATHETERIZATION	6,176,610		6,176,610	59
60 LABORATORY	58,790,452	-2,458,655	56,331,797	60
60.01 VASCULAR LAB	2,306,843		2,306,843	60.01
63 BLOOD STORING, PROCESSING & TRANS.	2,990,263		2,990,263	63
64 INTRAVENOUS THERAPY	3,573,256		3,573,256	64
65 RESPIRATORY THERAPY	9,355,589		9,355,589	65
66 PHYSICAL THERAPY	24,733,935		24,733,935	66
67 OCCUPATIONAL THERAPY	3,570,714		3,570,714	67
68 SPEECH PATHOLOGY	1,012,300		1,012,300	68
69 ELECTROCARDIOLOGY	9,018,969	-342,866	8,676,103	69
70 ELECTROENCEPHALOGRAPHY	2,261,004		2,261,004	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	33,282,437		33,282,437	71
72 IMPL. DEV. CHARGED TO PATIENT	65,837,483		65,837,483	72
73 DRUGS CHARGED TO PATIENTS	119,832,112		119,832,112	73
74 RENAL DIALYSIS	8,595,580	-926,285	7,669,295	74
75 ASC (NON-DISTINCT PART)	10,944,961		10,944,961	75
76 BLANK				76
76.97 CARDIAC REHABILITATION	1,437,324		1,437,324	76.97
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	107,502,408	-959,158	106,543,250	90
91 EMERGENCY	34,774,783	-2,441,295	32,333,488	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
101 HOME HEALTH AGENCY	16,027,669		16,027,669	101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
116 HOSPICE	6,552,459		6,552,459	116
118 SUBTOTALS (SUM OF LINES 1-117)	907,477,768	-38,454,955	869,022,813	118
NONREIMBURSABLE COST CENTERS				
191 RESEARCH	52,280,744		52,280,744	191
193.01 NON-ALLOWABLE COST	73,522,744		73,522,744	193.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	1,033,281,256	-38,454,955	994,826,301	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		515,801	112,122	627,923	627,923	4
5 ADMINISTRATIVE & GENERAL		13,859,777	19,494,298	33,354,075	118,830	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		14,511,784	272,688	14,784,472	580	7
8 LAUNDRY & LINEN SERVICE		91,208		91,208		8
9 HOUSEKEEPING		312,268	30,520	342,788		9
10 DIETARY		545,328	87,045	632,373	337	10
11 CAFETERIA		424,964	24,510	449,474		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		132,835	73,033	205,868	13,621	13
14 CENTRAL SERVICES & SUPPLY					4,916	14
15 PHARMACY					19,353	15
16 MEDICAL RECORDS & LIBRARY		236,497	30,524	267,021	6,176	16
17 SOCIAL SERVICE		71,254	154	71,408	4,765	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		771,561	130,579	902,140	33,610	22
23 PARAMED ED PRGM-PHARMACY RESIDENCY		3,034		3,034	574	23
23.01 PARAMED ED PRGM-MEDICAL TECH		14,022	90	14,112	66	23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA		1,365		1,365	713	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,041,097	1,940,615	4,981,712	70,410	30
31 INTENSIVE CARE UNIT		608,492	930,425	1,538,917	17,911	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)		163,962	357,684	521,646	12,482	31.01
32 CORONARY CARE UNIT		200,769	46,916	247,685	6,426	32
40 SUBPROVIDER - IPF		292,618	132,290	424,908	7,269	40
41 SUBPROVIDER - IRF		142,980	4,507	147,487	2,719	41
43 NURSERY		44,104		44,104	5,119	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		966,449	4,829,644	5,796,093	23,181	50
51 RECOVERY ROOM		131,200	139,319	270,519	4,657	51
52 DELIVERY ROOM & LABOR ROOM		602,206	277,899	880,105	9,320	52
53 ANESTHESIOLOGY		55,059	321,308	376,367	1,624	53
54 RADIOLOGY-DIAGNOSTIC		1,297,879	3,623,271	4,921,150	28,154	54
55 RADIOLOGY-THERAPEUTIC		369,400	1,506,228	1,875,628	6,381	55
56 RADIOISOTOPE		201,848	249,623	451,471	4,037	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		110,825	1,003,697	1,114,522	4,681	57
58 MAGNETIC RESONANCE IMAGING (MRI)		299,999	2,262,879	2,562,878	4,258	58
59 CARDIAC CATHETERIZATION		256,991	662,300	919,291	2,697	59
60 LABORATORY		821,783	848,097	1,669,880	28,929	60
60.01 VASCULAR LAB		37,616	55,973	93,589	1,642	60.01
63 BLOOD STORING, PROCESSING & TRANS.		46,346	33,441	79,787	1,835	63
64 INTRAVENOUS THERAPY		8,191	4,876	13,067	2,611	64
65 RESPIRATORY THERAPY		78,164	87,635	165,799	6,731	65
66 PHYSICAL THERAPY		421,930	51,557	473,487	20,880	66
67 OCCUPATIONAL THERAPY		45,722		45,722	3,113	67
68 SPEECH PATHOLOGY		5,764	147	5,911	940	68
69 ELECTROCARDIOLOGY		206,263	573,850	780,113	5,870	69
70 ELECTROENCEPHALOGRAPHY		57,940	174,263	232,203	1,432	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		191,601	151,021	342,622		71
72 IMPL. DEV. CHARGED TO PATIENT		292,247	230,347	522,594		72
73 DRUGS CHARGED TO PATIENTS		222,745	76,892	299,637		73
74 RENAL DIALYSIS		192,562	96,349	288,911	2,808	74
75 ASC (NON-DISTINCT PART)		380,287	31,485	411,772	7,028	75
76 BLANK						76
76.97 CARDIAC REHABILITATION		90,955	26,485	117,440	944	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		2,264,446	1,868,679	4,133,125	64,553	90
91 EMERGENCY		817,958	637,185	1,455,143	22,630	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		166,052	15,368	181,420	9,990	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		66,333	4,097	70,430	3,274	116
118 SUBTOTALS (SUM OF LINES 1-117)		46,692,481	43,511,915	90,204,396	600,077	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH		469,860	1,644,506	2,114,366		191
193.01 NON-ALLOWABLE COST		1,591,356	178,559	1,769,915	27,846	193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		48,753,697	45,334,980	94,088,677	627,923	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	5	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	33,472,905					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,212,210	16,997,262				7
8 LAUNDRY & LINEN SERVICE	167,847	78,036	337,091			8
9 HOUSEKEEPING	479,777	267,171	718	1,090,454		9
10 DIETARY	457,818	466,572	315	30,553	1,587,968	10
11 CAFETERIA	48,996	363,591		23,810		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	469,934	113,651		7,442		13
14 CENTRAL SERVICES & SUPPLY	443,273					14
15 PHARMACY	361,049					15
16 MEDICAL RECORDS & LIBRARY	253,725	202,343		13,250		16
17 SOCIAL SERVICE	178,930	60,964		3,992		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	1,099,262	660,133		43,229	6,962	22
23 PARAMED ED PRGM-PHARMACY RESIDENCY	20,822	2,595		170		23
23.01 PARAMED ED PRGM-MEDICAL TECH	647	11,997		786		23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA	909	1,168		76		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,674,412	2,601,907	99,028	170,384	1,036,645	30
31 INTENSIVE CARE UNIT	692,104	520,615	14,569	34,092	83,391	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	449,328	140,283	4,249	9,186	1,755	31.01
32 CORONARY CARE UNIT	232,238	171,774	12,120	11,249	80,806	32
40 SUBPROVIDER - IPF	256,553	250,358	7,500	16,395	103,620	40
41 SUBPROVIDER - IRF	98,683	122,331	7,478	8,011	47,719	41
43 NURSERY	150,891	37,735		2,471		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,226,916	826,876	15,878	54,148	2,502	50
51 RECOVERY ROOM	169,894	112,252	8,910	7,351		51
52 DELIVERY ROOM & LABOR ROOM	384,428	515,236	13,260	33,740	73,058	52
53 ANESTHESIOLOGY	157,652	47,107		3,085		53
54 RADIOLOGY-DIAGNOSTIC	1,258,128	1,110,441	16,867	72,717	6,233	54
55 RADIOLOGY-THERAPEUTIC	295,606	316,051	5,520	20,697	1,390	55
56 RADIOISOTOPE	212,037	172,697	3,654	11,309	589	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	253,662	94,820	1,187	6,209		57
58 MAGNETIC RESONANCE IMAGING (MRI)	292,194	256,674	3,166	16,808		58
59 CARDIAC CATHETERIZATION	148,340	219,876	7,465	14,399	3,213	59
60 LABORATORY	1,667,191	703,102	1,259	46,042	1,398	60
60.01 VASCULAR LAB	64,495	32,183	5,048	2,108		60.01
63 BLOOD STORING, PROCESSING & TRANS.	88,914	39,652	157	2,597		63
64 INTRAVENOUS THERAPY	106,802	7,008	157	459		64
65 RESPIRATORY THERAPY	286,709	66,876		4,379	36	65
66 PHYSICAL THERAPY	729,359	360,996	3,868	23,640	1,019	66
67 OCCUPATIONAL THERAPY	105,242	39,119	4,636	2,562		67
68 SPEECH PATHOLOGY	31,421	4,931		323		68
69 ELECTROCARDIOLOGY	234,065	176,475	6,304	11,556	843	69
70 ELECTROENCEPHALOGRAPHY	62,124	49,573	3,821	3,246		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	891,156	163,930	3,711	10,735		71
72 IMPL. DEV. CHARGED TO PATIENT	1,777,168	250,041	5,662	16,374		72
73 DRUGS CHARGED TO PATIENTS	3,448,944	190,577		12,480		73
74 RENAL DIALYSIS	224,327	164,752	7,598	10,789	3,124	74
75 ASC (NON-DISTINCT PART)	265,199	325,366	19,123	21,306	22,446	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	31,839	77,820	582	5,096	49	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,001,218	1,937,417	27,347	126,871	79,854	90
91 EMERGENCY	853,165	699,829	25,934	45,828	31,316	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	477,605	142,071		9,303		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	196,390	56,753		3,716		116
118 SUBTOTALS (SUM OF LINES 1-117)	29,691,598	15,233,725	337,091	974,969	1,587,968	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	1,625,248	402,003		26,325		191
193.01 NON-ALLOWABLE COST	2,156,059	1,361,534		89,160		193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	33,472,905	16,997,262	337,091	1,090,454	1,587,968	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	885,871					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	24,226	834,742				13
14 CENTRAL SERVICES & SUPPLY			448,189			14
15 PHARMACY				380,402		15
16 MEDICAL RECORDS & LIBRARY	15,216	624			758,355	16
17 SOCIAL SERVICE	8,466					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	37,478	8,116		15		22
23 PARAMED ED PRGM-PHARMACY RESIDENCY	1,495					23
23.01 PARAMED ED PRGM-MEDICAL TECH	102					23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA	724					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	159,498	267,844		131	56,936	30
31 INTENSIVE CARE UNIT	30,667	72,423		26	12,724	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	20,053	54,942		35	12,303	31.01
32 CORONARY CARE UNIT	12,945	23,725		11	4,292	32
40 SUBPROVIDER - IPF	14,298	16,233			4,997	40
41 SUBPROVIDER - IRF	5,977	8,741			2,018	41
43 NURSERY					1,946	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,999	66,804		167	56,690	50
51 RECOVERY ROOM	6,592	18,730		13	11,169	51
52 DELIVERY ROOM & LABOR ROOM	19,728	46,201		30	12,628	52
53 ANESTHESIOLOGY	3,413	3,746		3,219	8,610	53
54 RADIOLOGY-DIAGNOSTIC	55,169	14,984		261	48,099	54
55 RADIOLOGY-THERAPEUTIC	8,375	2,497		1	15,908	55
56 RADIOISOTOPE	6,531			306	11,143	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,297			258	51,273	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,536	624			33,086	58
59 CARDIAC CATHETERIZATION	4,495	8,116		44	15,653	59
60 LABORATORY	58,224	1,249		13	85,555	60
60.01 VASCULAR LAB	2,863			1	5,357	60.01
63 BLOOD STORING, PROCESSING & TRANS.	3,589			149	2,385	63
64 INTRAVENOUS THERAPY	3,729	11,238		49	1,652	64
65 RESPIRATORY THERAPY	13,733			32	10,208	65
66 PHYSICAL THERAPY	39,188	624		52	16,260	66
67 OCCUPATIONAL THERAPY	5,539				2,652	67
68 SPEECH PATHOLOGY	1,755				958	68
69 ELECTROCARDIOLOGY	11,421	7,492		80	23,907	69
70 ELECTROENCEPHALOGRAPHY	2,592				2,114	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,709		149,313		26,725	71
72 IMPL. DEV. CHARGED TO PATIENT	10,234		298,876		40,800	72
73 DRUGS CHARGED TO PATIENTS	31,378			366,047	78,526	73
74 RENAL DIALYSIS	5,516	6,868		3,310	5,454	74
75 ASC (NON-DISTINCT PART)	11,783	27,471		17	3,773	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	1,681	2,497			500	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	58,534	71,799		1,245	43,099	90
91 EMERGENCY	38,994	60,561		247	42,519	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	18,540	19,979		3,213	4,377	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	5,308	6,868		1,332	2,059	116
118 SUBTOTALS (SUM OF LINES 1-117)	822,590	830,996	448,189	380,304	758,355	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	29,082			84		191
193.01 NON-ALLOWABLE COST	34,199	3,746		14		193.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	885,871	834,742	448,189	380,402	758,355	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED EDUCATION MED TECH	PARAMED EDUCATION ANESTHESIA	
	17	22	23	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	328,525					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		2,790,945				22
23 PARAMED ED PRGM-PHARMACY RESIDENCY			28,690			23
23.01 PARAMED ED PRGM-MEDICAL TECH				27,710		23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA					4,955	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	198,999					30
31 INTENSIVE CARE UNIT	26,283					31
31.01 INFANT SPECIAL CARE UNIT (ISCU)						31.01
32 CORONARY CARE UNIT	15,614					32
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	14,802					41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC	361					55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 VASCULAR LAB						60.01
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	19,134					74
75 ASC (NON-DISTINCT PART)	469					75
76 BLANK						76
76.97 CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	51,879					90
91 EMERGENCY	984					91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	328,525					118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH						191
193.01 NON-ALLOWABLE COST						193.01
200 CROSS FOOT ADJUSTMENTS		2,790,945	28,690	27,710	4,955	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	328,525	2,790,945	28,690	27,710	4,955	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-PHARMACY RESIDENCY				23
23.01 PARAMED ED PRGM-MEDICAL TECH				23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA				23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	12,317,906		12,317,906	30
31 INTENSIVE CARE UNIT	3,043,722		3,043,722	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	1,226,262		1,226,262	31.01
32 CORONARY CARE UNIT	818,885		818,885	32
40 SUBPROVIDER - IPF	1,102,131		1,102,131	40
41 SUBPROVIDER - IRF	465,966		465,966	41
43 NURSERY	242,266		242,266	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	8,109,254		8,109,254	50
51 RECOVERY ROOM	610,087		610,087	51
52 DELIVERY ROOM & LABOR ROOM	1,987,734		1,987,734	52
53 ANESTHESIOLOGY	604,823		604,823	53
54 RADIOLOGY-DIAGNOSTIC	7,532,203		7,532,203	54
55 RADIOLOGY-THERAPEUTIC	2,548,415		2,548,415	55
56 RADIOISOTOPE	873,774		873,774	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,534,909		1,534,909	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,177,224		3,177,224	58
59 CARDIAC CATHETERIZATION	1,343,589		1,343,589	59
60 LABORATORY	4,262,842		4,262,842	60
60.01 VASCULAR LAB	207,286		207,286	60.01
63 BLOOD STORING, PROCESSING & TRANS.	219,065		219,065	63
64 INTRAVENOUS THERAPY	146,772		146,772	64
65 RESPIRATORY THERAPY	554,503		554,503	65
66 PHYSICAL THERAPY	1,669,373		1,669,373	66
67 OCCUPATIONAL THERAPY	208,585		208,585	67
68 SPEECH PATHOLOGY	46,239		46,239	68
69 ELECTROCARDIOLOGY	1,258,126		1,258,126	69
70 ELECTROENCEPHALOGRAPHY	357,105		357,105	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,594,901		1,594,901	71
72 IMPL. DEV. CHARGED TO PATIENT	2,921,749		2,921,749	72
73 DRUGS CHARGED TO PATIENTS	4,427,589		4,427,589	73
74 RENAL DIALYSIS	742,591		742,591	74
75 ASC (NON-DISTINCT PART)	1,115,753		1,115,753	75
76 BLANK				76
76.97 CARDIAC REHABILITATION	238,448		238,448	76.97
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	9,596,941		9,596,941	90
91 EMERGENCY	3,277,150		3,277,150	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
101 HOME HEALTH AGENCY	866,498		866,498	101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
116 HOSPICE	346,130		346,130	116
118 SUBTOTALS (SUM OF LINES 1-117)	81,596,796		81,596,796	118
NONREIMBURSABLE COST CENTERS				
191 RESEARCH	4,197,108		4,197,108	191
193.01 NON-ALLOWABLE COST	5,442,473		5,442,473	193.01
200 CROSS FOOT ADJUSTMENTS	2,852,300		2,852,300	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	94,088,677		94,088,677	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPR. EXPENSE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,892,889					1
2 CAP REL COSTS-MVBLE EQUIP		47,041,386				2
4 EMPLOYEE BENEFITS	30,606	116,342	385,696,781			4
5 ADMINISTRATIVE & GENERAL	822,395	20,228,048	72,985,909	-202,631,828	830,649,428	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	861,083	282,952	356,128		54,897,623	7
8 LAUNDRY & LINEN SERVICE	5,412				4,165,237	8
9 HOUSEKEEPING	18,529	31,669			11,906,017	9
10 DIETARY	32,358	90,321	207,098		11,361,088	10
11 CAFETERIA	25,216	25,433			1,215,868	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,882	75,782	8,366,657		11,661,759	13
14 CENTRAL SERVICES & SUPPLY			3,019,667		11,000,150	14
15 PHARMACY			11,887,682		8,959,697	15
16 MEDICAL RECORDS & LIBRARY	14,033	31,673	3,793,875		6,296,385	16
17 SOCIAL SERVICE	4,228	160	2,927,016		4,440,285	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	45,782	135,494	20,645,240		27,279,014	22
23 PARAMED ED PRGM-PHARMACY RESIDENCY	180		352,503		516,719	23
23.01 PARAMED ED PRGM-MEDICAL TECH	832	93	40,244		16,059	23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA	81		438,126		22,557	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	180,449	2,013,661	43,249,130		66,367,512	30
31 INTENSIVE CARE UNIT	36,106	965,447	11,001,888		17,175,067	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	9,729	371,147	7,667,247		11,150,411	31.01
32 CORONARY CARE UNIT	11,913	48,682	3,947,031		5,763,151	32
40 SUBPROVIDER - IPF	17,363	137,269	4,465,124		6,366,554	40
41 SUBPROVIDER - IRF	8,484	4,677	1,670,241		2,448,881	41
43 NURSERY	2,617		3,144,460		3,744,462	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	57,346	5,011,434	14,238,777		30,446,838	50
51 RECOVERY ROOM	7,785	144,563	2,860,528		4,216,047	51
52 DELIVERY ROOM & LABOR ROOM	35,733	288,359	5,724,644		9,539,875	52
53 ANESTHESIOLOGY	3,267	333,402	997,608		3,912,247	53
54 RADIOLOGY-DIAGNOSTIC	77,012	3,759,652	17,293,352		31,221,387	54
55 RADIOLOGY-THERAPEUTIC	21,919	1,562,923	3,919,482		7,335,691	55
56 RADIOISOTOPE	11,977	259,019	2,479,791		5,261,844	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,576	1,041,477	2,875,578		6,294,802	57
58 MAGNETIC RESONANCE IMAGING (MRI)	17,801	2,348,055	2,615,610		7,250,999	58
59 CARDIAC CATHETERIZATION	15,249	687,229	1,656,825		3,681,155	59
60 LABORATORY	48,762	880,020	17,769,369		41,372,591	60
60.01 VASCULAR LAB	2,232	58,080	1,008,722		1,600,483	60.01
63 BLOOD STORING, PROCESSING & TRANS.	2,750	34,700	1,127,233		2,206,474	63
64 INTRAVENOUS THERAPY	486	5,060	1,603,686		2,650,375	64
65 RESPIRATORY THERAPY	4,638	90,934	4,134,674		7,114,903	65
66 PHYSICAL THERAPY	25,036	53,498	12,825,856		18,099,591	66
67 OCCUPATIONAL THERAPY	2,713		1,912,411		2,611,665	67
68 SPEECH PATHOLOGY	342	153	577,110		779,744	68
69 ELECTROCARDIOLOGY	12,239	595,450	3,605,401		5,808,498	69
70 ELECTROENCEPHALOGRAPHY	3,438	180,822	879,804		1,541,648	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	11,369	156,706			22,114,695	71
72 IMPL. DEV. CHARGED TO PATIENT	17,341	239,017			44,101,752	72
73 DRUGS CHARGED TO PATIENTS	13,217	79,786			85,582,535	73
74 RENAL DIALYSIS	11,426	99,976	1,724,611		5,566,836	74
75 ASC (NON-DISTINCT PART)	22,565	32,670	4,316,797		6,581,102	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	5,397	27,482	579,711		790,106	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	134,365	1,939,017	39,651,418		74,477,467	90
91 EMERGENCY	48,535	661,169	13,900,618		21,171,935	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	9,853	15,946	6,136,062		11,852,128	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,936	4,251	2,011,231		4,873,569	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,770,583	45,149,700	368,592,175	-202,631,828	736,813,478	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	27,880	1,706,406			40,331,746	191
193.01 NON-ALLOWABLE COST	94,426	185,280	17,104,606		53,504,204	193.01

PROVIDER CCN: 14-0010 NORTSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPR. EXPENSE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	48,753,697	45,334,980	18,655,892		202,631,828	202
203 UNIT COST MULT-WS B PT I	16.852944	0.963725	0.048369		0.243944	203
204 COST TO BE ALLOC PER B PT II			627,923		33,472,905	204
205 UNIT COST MULT-WS B PT II			0.001628		0.040297	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	PAID	
	FEET	POUNDS OF	FEET	SERVED	HOURS	
	7	LAUNDRY	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	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT	1,178,805				7
8	LAUNDRY & LINEN SERVICE	5,412	107,104			8
9	HOUSEKEEPING	18,529	228	1,154,864		9
10	DIETARY	32,358	100	32,358	612,445	10
11	CAFETERIA	25,216		25,216		11
12	MAINTENANCE OF PERSONNEL				8,997,026	12
13	NURSING ADMINISTRATION	7,882		7,882	246,045	13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	14,033		14,033	154,537	16
17	SOCIAL SERVICE	4,228		4,228	85,985	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	45,782		45,782	2,685	22
23	PARAMED ED PRGM-PHARMACY RESIDENCY	180		180	15,181	23
23.01	PARAMED ED PRGM-MEDICAL TECH	832		832	1,040	23.01
23.02	PARAMED ED PRGM-SCHOOL OF ANESTHESIA	81		81	7,350	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	180,449	31,464	180,449	399,812	30
31	INTENSIVE CARE UNIT	36,106	4,629	36,106	32,162	31
31.01	INFANT SPECIAL CARE UNIT (ISCU)	9,729	1,350	9,729	677	31.01
32	CORONARY CARE UNIT	11,913	3,851	11,913	31,165	32
40	SUBPROVIDER - IPF	17,363	2,383	17,363	39,964	40
41	SUBPROVIDER - IRF	8,484	2,376	8,484	18,404	41
43	NURSERY	2,617		2,617		43
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	57,346	5,045	57,346	965	50
51	RECOVERY ROOM	7,785	2,831	7,785		51
52	DELIVERY ROOM & LABOR ROOM	35,733	4,213	35,733	28,177	52
53	ANESTHESIOLOGY	3,267		3,267		53
54	RADIOLOGY-DIAGNOSTIC	77,012	5,359	77,012	2,404	54
55	RADIOLOGY-THERAPEUTIC	21,919	1,754	21,919	536	55
56	RADIOISOTOPE	11,977	1,161	11,977	227	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	6,576	377	6,576		57
58	MAGNETIC RESONANCE IMAGING (MRI)	17,801	1,006	17,801		58
59	CARDIAC CATHETERIZATION	15,249	2,372	15,249	1,239	59
60	LABORATORY	48,762	400	48,762	539	60
60.01	VASCULAR LAB	2,232	1,604	2,232		60.01
63	BLOOD STORING, PROCESSING & TRANS.	2,750	50	2,750		63
64	INTRAVENOUS THERAPY	486	50	486		64
65	RESPIRATORY THERAPY	4,638		4,638	14	65
66	PHYSICAL THERAPY	25,036	1,229	25,036	393	66
67	OCCUPATIONAL THERAPY	2,713	1,473	2,713		67
68	SPEECH PATHOLOGY	342		342		68
69	ELECTROCARDIOLOGY	12,239	2,003	12,239	325	69
70	ELECTROENCEPHALOGRAPHY	3,438	1,214	3,438		70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,369	1,179	11,369		71
72	IMPL. DEV. CHARGED TO PATIENT	17,341	1,799	17,341		72
73	DRUGS CHARGED TO PATIENTS	13,217		13,217		73
74	RENAL DIALYSIS	11,426	2,414	11,426	1,205	74
75	ASC (NON-DISTINCT PART)	22,565	6,076	22,565	8,657	75
76	BLANK					76
76.97	CARDIAC REHABILITATION	5,397	185	5,397	19	76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	134,365	8,689	134,365	30,798	90
91	EMERGENCY	48,535	8,240	48,535	12,078	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	9,853		9,853		101
SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	3,936		3,936		116
118	SUBTOTALS (SUM OF LINES 1-117)	1,056,499	107,104	1,032,558	612,445	118
NONREIMBURSABLE COST CENTERS						
191	RESEARCH	27,880		27,880		191
193.01	NON-ALLOWABLE COST	94,426		94,426		193.01

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA		
	OF PLANT	& LINEN	KEEPING				
	SQUARE	SERVICE	SQUARE	MEALS	PAID		
	FEET	POUNDS OF	FEET	SERVED	HOURS		
	7	LAUNDRY	8	10	11		
200	CROSS FOOT ADJUSTMENTS					200	
201	NEGATIVE COST CENTER					201	
202	COST TO BE ALLOC PER B PT I	68,289,569	5,494,846	15,895,522	16,457,599	3,320,337	202
203	UNIT COST MULT-WS B PT I	57.931184	51.303836	13.763977	26.871962	0.369048	203
204	COST TO BE ALLOC PER B PT II	16,997,262	337,091	1,090,454	1,587,968	885,871	204
205	UNIT COST MULT-WS B PT II	14.419062	3.147324	0.944227	2.592834	0.098463	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
	13	14	15	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 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,337					13
14 CENTRAL SERVICES & SUPPLY		65,351,231				14
15 PHARMACY			88,628,057			15
16 MEDICAL RECORDS & LIBRARY	1			2,761,059,014		16
17 SOCIAL SERVICE					36,399	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	13		3,554			22
23 PARAMED ED PRGM-PHARMACY RESIDENCY						23
23.01 PARAMED ED PRGM-MEDICAL TECH						23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	429		30,593	207,038,772	22,048	30
31 INTENSIVE CARE UNIT	116		6,004	46,270,083	2,912	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	88		8,219	44,736,884		31.01
32 CORONARY CARE UNIT	38		2,624	15,607,027	1,730	32
40 SUBPROVIDER - IPF	26		9	18,170,267		40
41 SUBPROVIDER - IRF	14		98	7,338,278	1,640	41
43 NURSERY				7,075,482		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	107		38,826	206,147,045		50
51 RECOVERY ROOM	30		3,114	40,613,900		51
52 DELIVERY ROOM & LABOR ROOM	74		6,916	45,920,294		52
53 ANESTHESIOLOGY	6		750,106	31,309,030		53
54 RADIOLOGY-DIAGNOSTIC	24		60,902	174,907,177		54
55 RADIOLOGY-THERAPEUTIC	4		214	57,845,876	40	55
56 RADIOISOTOPE			71,361	40,519,505		56
57 COMPUTED TOMOGRAPHY (CT) SCAN			60,224	186,448,196		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1			120,311,227		58
59 CARDIAC CATHETERIZATION	13		10,269	56,919,847		59
60 LABORATORY	2		3,123	314,521,705		60
60.01 VASCULAR LAB			325	19,481,282		60.01
63 BLOOD STORING, PROCESSING & TRANS.			34,812	8,672,383		63
64 INTRAVENOUS THERAPY	18		11,482	6,006,059		64
65 RESPIRATORY THERAPY			7,362	37,120,165		65
66 PHYSICAL THERAPY	1		12,050	59,128,464		66
67 OCCUPATIONAL THERAPY				9,642,439		67
68 SPEECH PATHOLOGY				3,485,430		68
69 ELECTROCARDIOLOGY	12		18,611	86,934,512		69
70 ELECTROENCEPHALOGRAPHY				7,685,504		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		21,772,073	24	97,181,758		71
72 IMPL. DEV. CHARGED TO PATIENT		43,579,158	36	148,364,613		72
73 DRUGS CHARGED TO PATIENTS			85,282,898	285,547,381		73
74 RENAL DIALYSIS	11		771,203	19,832,087	2,120	74
75 ASC (NON-DISTINCT PART)	44		3,996	13,719,185	52	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	4		25	1,819,703		76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	115		289,975	156,722,963	5,748	90
91 EMERGENCY	97		57,519	154,612,770	109	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	32		748,584	15,915,886		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	11		310,359	7,485,835		116
118 SUBTOTALS (SUM OF LINES 1-117)	1,331	65,351,231	88,605,417	2,761,059,014	36,399	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH			19,468			191
193.01 NON-ALLOWABLE COST	6		3,172			193.01

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

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VERSION: 2011.10
 03/22/2012 14:16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	15,162,479	13,683,571	11,145,361	8,906,821	5,858,326	202
203 UNIT COST MULT-WS B PT I	11,340.672401	0.209385	0.125754	0.003226	160.947444	203
204 COST TO BE ALLOC PER B PT II	834,742	448,189	380,402	758,355	328,525	204
205 UNIT COST MULT-WS B PT II	624.339566	0.006858	0.004292	0.000275	9.025660	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED MED TECH ASSIGNED TIME 23.01	PARAMED EDUCATION ANESTHESIA ASSIGNED TIME 23.02	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	17,316				22
23 PARAMED ED PRGM-PHARMACY RESIDENCY		100			23
23.01 PARAMED ED PRGM-MEDICAL TECH			100		23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANESTHESIA				100	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	10,570				30
31 INTENSIVE CARE UNIT					31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	75				31.01
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF	391				40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,994				50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY	869			100	53
54 RADIOLOGY-DIAGNOSTIC	495				54
55 RADIOLOGY-THERAPEUTIC	42				55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MRI)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY	1,133		100		60
60.01 VASCULAR LAB					60.01
63 BLOOD STORING, PROCESSING & TRANS.					63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	158				69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS		100			73
74 RENAL DIALYSIS	22				74
75 ASC (NON-DISTINCT PART)					75
76 BLANK					76
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	442				90
91 EMERGENCY	1,125				91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)	17,316	100	100	100	118
NONREIMBURSABLE COST CENTERS					
191 RESEARCH					191
193.01 NON-ALLOWABLE COST					193.01

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
 03/22/2012 14:16

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED EDUCATION MED TECH ASSIGNED TIME 23.01	PARAMED EDUCATION ANESTHESIA ASSIGNED TIME 23.02	
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	37,576,411	661,278	80,011	36,580	202
203	UNIT COST MULT-WS B PT I	2,170.039905	6,612.780000	800.110000	365.800000	203
204	COST TO BE ALLOC PER B PT II	2,790,945	28,690	27,710	4,955	204
205	UNIT COST MULT-WS B PT II	161.177235	286.900000	277.100000	49.550000	205

POST STEP DOWN ADJUSTMENTS

----- WORKSHEET B -----

WORKSHEET B-2

DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	
1 EXCLUDE EPO FROM RENAL FACILITY	1	74	-381,455	1
2				2
3 EXCLUDE ARANESP FROM RENAL FACILITY	1	74	-497,089	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	117,536,035		117,536,035	13,886	117,549,921	30
31 INTENSIVE CARE UNIT	27,104,350		27,104,350		27,104,350	31
31.01 INFANT SPECIAL CARE UNIT (I	15,873,955		15,873,955		15,873,955	31.01
32 CORONARY CARE UNIT	9,866,758		9,866,758		9,866,758	32
40 SUBPROVIDER - IPF	10,767,713		10,767,713		10,767,713	40
41 SUBPROVIDER - IRF	4,739,793		4,739,793		4,739,793	41
43 NURSERY	4,868,353		4,868,353		4,868,353	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,303,637		44,303,637		44,303,637	50
51 RECOVERY ROOM	6,444,254		6,444,254		6,444,254	51
52 DELIVERY ROOM & LABOR ROOM	16,464,430		16,464,430		16,464,430	52
53 ANESTHESIOLOGY	5,413,592		5,413,592		5,413,592	53
54 RADIOLOGY-DIAGNOSTIC	45,749,443		45,749,443	464,568	46,214,011	54
55 RADIOLOGY-THERAPEUTIC	11,070,894		11,070,894	191,793	11,262,687	55
56 RADIOISOTOPE	7,633,965		7,633,965	165,100	7,799,065	56
57 COMPUTED TOMOGRAPHY (CT) SC	8,961,342		8,961,342		8,961,342	57
58 MAGNETIC RESONANCE IMAGING	10,775,407		10,775,407		10,775,407	58
59 CARDIAC CATHETERIZATION	6,176,610		6,176,610		6,176,610	59
60 LABORATORY	56,331,797		56,331,797	2,050,561	58,382,358	60
60.01 VASCULAR LAB	2,306,843		2,306,843	3,941	2,310,784	60.01
63 BLOOD STORING, PROCESSING &	2,990,263		2,990,263		2,990,263	63
64 INTRAVENOUS THERAPY	3,573,256		3,573,256		3,573,256	64
65 RESPIRATORY THERAPY	9,355,589		9,355,589		9,355,589	65
66 PHYSICAL THERAPY	24,733,935		24,733,935	38,597	24,772,532	66
67 OCCUPATIONAL THERAPY	3,570,714		3,570,714		3,570,714	67
68 SPEECH PATHOLOGY	1,012,300		1,012,300		1,012,300	68
69 ELECTROCARDIOLOGY	8,676,103		8,676,103	19,099	8,695,202	69
70 ELECTROENCEPHALOGRAPHY	2,261,004		2,261,004		2,261,004	70
71 MEDICAL SUPPLIES CHRGED TO	33,282,437		33,282,437		33,282,437	71
72 IMPL. DEV. CHARGED TO PATIE	65,837,483		65,837,483		65,837,483	72
73 DRUGS CHARGED TO PATIENTS	119,832,112		119,832,112		119,832,112	73
74 RENAL DIALYSIS	7,669,295		7,669,295		7,669,295	74
75 ASC (NON-DISTINCT PART)	10,944,961		10,944,961		10,944,961	75
76 BLANK						76
76.97 CARDIAC REHABILITATION	1,437,324		1,437,324	596	1,437,920	76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	106,543,250		106,543,250	34,432	106,577,682	90
91 EMERGENCY	32,333,488		32,333,488	7,673	32,341,161	91
92 OBSERVATION BEDS	14,860,415		14,860,415		14,860,415	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	16,027,669		16,027,669		16,027,669	101
113 INTEREST EXPENSE						113
116 HOSPICE	6,552,459		6,552,459		6,552,459	116
200 SUBTOTAL (SEE INSTRUCTIONS)	883,883,228		883,883,228	2,990,246	886,873,474	200
201 LESS OBSERVATION BEDS	14,860,415		14,860,415		14,860,415	201
202 TOTAL (SEE INSTRUCTIONS)	869,022,813		869,022,813		872,013,059	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	182,601,444		182,601,444			30
31 INTENSIVE CARE UNIT	46,270,083		46,270,083			31
31.01 INFANT SPECIAL CARE UNIT (I	44,736,884		44,736,884			31.01
32 CORONARY CARE UNIT	15,607,027		15,607,027			32
40 SUBPROVIDER - IPF	18,170,267		18,170,267			40
41 SUBPROVIDER - IRF	7,338,278		7,338,278			41
43 NURSERY	7,075,482		7,075,482			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	106,006,459	100,140,586	206,147,045	0.214913	0.214913	0.214913 50
51 RECOVERY ROOM	20,010,970	20,602,930	40,613,900	0.158671	0.158671	0.158671 51
52 DELIVERY ROOM & LABOR ROOM	41,825,740	4,094,554	45,920,294	0.358544	0.358544	0.358544 52
53 ANESTHESIOLOGY	13,668,708	17,640,322	31,309,030	0.172908	0.172908	0.172908 53
54 RADIOLOGY-DIAGNOSTIC	39,827,890	135,079,287	174,907,177	0.261564	0.261564	0.264220 54
55 RADIOLOGY-THERAPEUTIC	2,454,276	55,391,600	57,845,876	0.191386	0.191386	0.194702 55
56 RADIOISOTOPE	4,554,904	35,964,601	40,519,505	0.188402	0.188402	0.192477 56
57 COMPUTED TOMOGRAPHY (CT) SC	52,981,391	133,466,805	186,448,196	0.048063	0.048063	0.048063 57
58 MAGNETIC RESONANCE IMAGING	16,927,127	103,384,100	120,311,227	0.089563	0.089563	0.089563 58
59 CARDIAC CATHETERIZATION	29,382,892	27,536,955	56,919,847	0.108514	0.108514	0.108514 59
60 LABORATORY	135,582,569	178,939,136	314,521,705	0.179103	0.179103	0.185623 60
60.01 VASCULAR LAB	8,607,269	10,874,013	19,481,282	0.118413	0.118413	0.118616 60.01
63 BLOOD STORING, PROCESSING &	6,592,660	2,079,723	8,672,383	0.344803	0.344803	0.344803 63
64 INTRAVENOUS THERAPY	5,837,096	168,963	6,006,059	0.594942	0.594942	0.594942 64
65 RESPIRATORY THERAPY	34,060,554	3,059,611	37,120,165	0.252035	0.252035	0.252035 65
66 PHYSICAL THERAPY	14,656,444	44,472,020	59,128,464	0.418308	0.418308	0.418961 66
67 OCCUPATIONAL THERAPY	8,213,885	1,428,554	9,642,439	0.370312	0.370312	0.370312 67
68 SPEECH PATHOLOGY	2,973,718	511,712	3,485,430	0.290438	0.290438	0.290438 68
69 ELECTROCARDIOLOGY	28,102,999	58,831,513	86,934,512	0.099800	0.099800	0.100020 69
70 ELECTROENCEPHALOGRAPHY	3,956,988	3,728,516	7,685,504	0.294191	0.294191	0.294191 70
71 MEDICAL SUPPLIES CHRGD TO	58,243,270	38,938,488	97,181,758	0.342476	0.342476	0.342476 71
72 IMPL. DEV. CHARGED TO PATIE	105,598,527	42,766,086	148,364,613	0.443755	0.443755	0.443755 72
73 DRUGS CHARGED TO PATIENTS	92,383,951	193,163,430	285,547,381	0.419658	0.419658	0.419658 73
74 RENAL DIALYSIS	3,966,396	15,865,691	19,832,087	0.386711	0.386711	0.386711 74
75 ASC (NON-DISTINCT PART)	278,122	13,441,063	13,719,185	0.797785	0.797785	0.797785 75
76 BLANK						76
76.97 CARDIAC REHABILITATION	954	1,818,749	1,819,703	0.789867	0.789867	0.790195 76.97
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,762,056	149,960,907	156,722,963	0.679819	0.679819	0.680039 90
91 EMERGENCY	57,673,297	96,939,473	154,612,770	0.209126	0.209126	0.209175 91
92 OBSERVATION BEDS		24,437,328	24,437,328	0.608103	0.608103	0.608103 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		15,915,886	15,915,886			101
113 INTEREST EXPENSE						113
116 HOSPICE		7,485,835	7,485,835			116
200 SUBTOTAL (SEE INSTRUCTIONS)	1,222,930,577	1,538,128,437	2,761,059,014			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,222,930,577	1,538,128,437	2,761,059,014			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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	12,317,906		12,317,906	127,566	96.56	55,824	5,390,365	30
31 INTENSIVE CARE UNIT	3,043,722		3,043,722	13,849	219.78	8,390	1,843,954	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	1,226,262		1,226,262	13,819	88.74			31.01
32 CORONARY CARE UNIT	818,885		818,885	7,765	105.46	5,170	545,228	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	1,102,131		1,102,131	10,761	102.42	3,383	346,487	40
41 SUBPROVIDER - IRF	465,966		465,966	5,588	83.39	3,250	271,018	41
42 SUBPROVIDER I								42
43 NURSERY	242,266		242,266	10,235	23.67			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	19,217,138		19,217,138	189,583		76,017	8,397,052	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0010) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,109,254	206,147,045	0.039337	43,152,746	1,697,500	50
51	RECOVERY ROOM	610,087	40,613,900	0.015022	8,481,278	127,406	51
52	DELIVERY ROOM & LABOR ROOM	1,987,734	45,920,294	0.043287	157,317	6,810	52
53	ANESTHESIOLOGY	604,823	31,309,030	0.019318	4,902,118	94,699	53
54	RADIOLOGY-DIAGNOSTIC	7,532,203	174,907,177	0.043064	21,105,892	908,904	54
55	RADIOLOGY-THERAPEUTIC	2,548,415	57,845,876	0.044055	1,048,282	46,182	55
56	RADIOISOTOPE	873,774	40,519,505	0.021564	2,898,195	62,497	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,534,909	186,448,196	0.008232	29,603,084	243,693	57
58	MAGNETIC RESONANCE IMAGING (M	3,177,224	120,311,227	0.026408	8,745,757	230,958	58
59	CARDIAC CATHETERIZATION	1,343,589	56,919,847	0.023605	17,465,927	412,283	59
60	LABORATORY	4,262,842	314,521,705	0.013553	74,734,017	1,012,870	60
60.01	VASCULAR LAB	207,286	19,481,282	0.010640	4,841,067	51,509	60.01
63	BLOOD STORING, PROCESSING & T	219,065	8,672,383	0.025260	3,116,127	78,713	63
64	INTRAVENOUS THERAPY	146,772	6,006,059	0.024437	3,373,669	82,442	64
65	RESPIRATORY THERAPY	554,503	37,120,165	0.014938	15,779,264	235,711	65
66	PHYSICAL THERAPY	1,669,373	59,128,464	0.028233	7,801,784	220,268	66
67	OCCUPATIONAL THERAPY	208,585	9,642,439	0.021632	3,545,543	76,697	67
68	SPEECH PATHOLOGY	46,239	3,485,430	0.013266	1,608,101	21,333	68
69	ELECTROCARDIOLOGY	1,258,126	86,934,512	0.014472	18,305,352	264,915	69
70	ELECTROENCEPHALOGRAPHY	357,105	7,685,504	0.046465	1,560,997	72,532	70
71	MEDICAL SUPPLIES CHRGD TO PA	1,594,901	97,181,758	0.016412	28,911,581	474,497	71
72	IMPL. DEV. CHARGED TO PATIENT	2,921,749	148,364,613	0.019693	51,409,578	1,012,409	72
73	DRUGS CHARGED TO PATIENTS	4,427,589	285,547,381	0.015506	45,010,009	697,925	73
74	RENAL DIALYSIS	742,591	19,832,087	0.037444	2,543,397	95,235	74
75	ASC (NON-DISTINCT PART)	1,115,753	13,719,185	0.081328	153,976	12,523	75
76	BLANK						76
76.97	CARDIAC REHABILITATION	238,448	1,819,703	0.131037	808	106	76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,596,941	156,722,963	0.061235	4,051,541	248,096	90
91	EMERGENCY	3,277,150	154,612,770	0.021196	32,110,001	680,604	91
92	OBSERVATION BEDS	1,557,186	24,437,328	0.063722			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	62,724,216	2,415,857,828	2,415,857,828	436,417,408	9,169,317	200

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:16

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
31.01 INFANT SPECIAL CARE UNIT (ISC)					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS	127,566		55,824		31
31 INTENSIVE CARE UNIT	13,849		8,390		31.01
31.01 INFANT SPECIAL CARE UNIT (ISC)	13,819				
32 CORONARY CARE UNIT	7,765		5,170		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	10,761		3,383		40
41 SUBPROVIDER - IRF	5,588		3,250		41
42 SUBPROVIDER I					42
43 NURSERY	10,235				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	189,583		76,017		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0010)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY		36,580		36,580	53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY		80,011		80,011	60
60.01	VASCULAR LAB					60.01
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS		661,278		661,278	73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	BLANK					76
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		777,869		777,869	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0010)	[] 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	206,147,045			43,152,746	22,440,526	50
51	RECOVERY ROOM	40,613,900			8,481,278	3,722,735	51
52	DELIVERY ROOM & LABOR ROOM	45,920,294			157,317	60,064	52
53	ANESTHESIOLOGY	31,309,030	0.001168	0.001168	4,902,118	5,165,081	6,033
54	RADIOLOGY-DIAGNOSTIC	174,907,177			21,105,892	33,880,315	54
55	RADIOLOGY-THERAPEUTIC	57,845,876			1,048,282	23,455,639	55
56	RADIOISOTOPE	40,519,505			2,898,195	15,751,140	56
57	COMPUTED TOMOGRAPHY (CT) SCA	186,448,196			29,603,084	48,382,495	57
58	MAGNETIC RESONANCE IMAGING (	120,311,227			8,745,757	26,175,912	58
59	CARDIAC CATHETERIZATION	56,919,847			17,465,927	14,127,734	59
60	LABORATORY	314,521,705	0.000254	0.000254	74,734,017	10,942,810	2,779
60.01	VASCULAR LAB	19,481,282			4,841,067	4,993,932	60.01
63	BLOOD STORING, PROCESSING &	8,672,383			3,116,127	948,026	63
64	INTRAVENOUS THERAPY	6,006,059			3,373,669	56,050	64
65	RESPIRATORY THERAPY	37,120,165			15,779,264	1,313,801	65
66	PHYSICAL THERAPY	59,128,464			7,801,784	13,149,211	66
67	OCCUPATIONAL THERAPY	9,642,439			3,545,543	644,352	67
68	SPEECH PATHOLOGY	3,485,430			1,608,101	309,765	68
69	ELECTROCARDIOLOGY	86,934,512			18,305,352	23,984,170	69
70	ELECTROENCEPHALOGRAPHY	7,685,504			1,560,997	1,343,436	70
71	MEDICAL SUPPLIES CHRGD TO P	97,181,758			28,911,581	14,421,326	71
72	IMPL. DEV. CHARGED TO PATIEN	148,364,613			51,409,578	20,553,737	72
73	DRUGS CHARGED TO PATIENTS	285,547,381	0.002316	0.002316	45,010,009	70,708,190	163,760
74	RENAL DIALYSIS	19,832,087			2,543,397	1,440,379	74
75	ASC (NON-DISTINCT PART)	13,719,185			153,976	3,882,653	75
76	BLANK						76
76.97	CARDIAC REHABILITATION	1,819,703			808	975,715	76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	156,722,963			4,051,541	66,123,542	90
91	EMERGENCY	154,612,770			32,110,001	22,672,902	91
92	OBSERVATION BEDS	24,437,328				10,350,685	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	2,415,857,828			436,417,408	128,951 461,976,323	172,572 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0010) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.214913	22,440,526			4,822,761			50
51 RECOVERY ROOM	0.158671	3,722,735			590,690			51
52 DELIVERY ROOM & LABOR ROOM	0.358544	60,064			21,536			52
53 ANESTHESIOLOGY	0.172908	5,165,081			893,084			53
54 RADIOLOGY-DIAGNOSTIC	0.261564	33,880,315			8,861,871			54
55 RADIOLOGY-THERAPEUTIC	0.191386	23,455,639			4,489,081			55
56 RADIOISOTOPE	0.188402	15,751,140			2,967,546			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063	48,382,495			2,325,408			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563	26,175,912			2,344,393			58
59 CARDIAC CATHETERIZATION	0.108514	14,127,734			1,533,057			59
60 LABORATORY	0.179103	10,942,810	4,981		1,959,890	892		60
60.01 VASCULAR LAB	0.118413	4,993,932			591,346			60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803	948,026	9,482		326,882	3,269		63
64 INTRAVENOUS THERAPY	0.594942	56,050			33,346			64
65 RESPIRATORY THERAPY	0.252035	1,313,801			331,124			65
66 PHYSICAL THERAPY	0.418308	13,149,211			5,500,420			66
67 OCCUPATIONAL THERAPY	0.370312	644,352			238,611			67
68 SPEECH PATHOLOGY	0.290438	309,765			89,968			68
69 ELECTROCARDIOLOGY	0.099800	23,984,170			2,393,620			69
70 ELECTROENCEPHALOGRAPHY	0.294191	1,343,436			395,227			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.342476	14,421,326			4,938,958			71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755	20,553,737			9,120,824			72
73 DRUGS CHARGED TO PATIENTS	0.419658	70,708,190	27,818	551,154	29,673,258	11,674	231,296	73
74 RENAL DIALYSIS	0.386711	1,440,379			557,010			74
75 ASC (NON-DISTINCT PART)	0.797785	3,882,653			3,097,522			75
76 BLANK								76
76.97 CARDIAC REHABILITATION	0.789867	975,715			770,685			76.97
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.679819	66,123,542			44,952,040			90
91 EMERGENCY	0.209126	22,672,902			4,741,493			91
92 OBSERVATION BEDS	0.608103	10,350,685			6,294,283			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		461,976,323	42,281	551,154	144,855,934	15,835	231,296	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		461,976,323	42,281	551,154	144,855,934	15,835	231,296	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S010) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,109,254	206,147,045	0.039337				50
51	RECOVERY ROOM	610,087	40,613,900	0.015022				51
52	DELIVERY ROOM & LABOR ROOM	1,987,734	45,920,294	0.043287				52
53	ANESTHESIOLOGY	604,823	31,309,030	0.019318	158,228	3,057		53
54	RADIOLOGY-DIAGNOSTIC	7,532,203	174,907,177	0.043064	39,974	1,721		54
55	RADIOLOGY-THERAPEUTIC	2,548,415	57,845,876	0.044055				55
56	RADIOISOTOPE	873,774	40,519,505	0.021564	10,032	216		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,534,909	186,448,196	0.008232	86,371	711		57
58	MAGNETIC RESONANCE IMAGING (M	3,177,224	120,311,227	0.026408	56,827	1,501		58
59	CARDIAC CATHETERIZATION	1,343,589	56,919,847	0.023605				59
60	LABORATORY	4,262,842	314,521,705	0.013553	774,460	10,496		60
60.01	VASCULAR LAB	207,286	19,481,282	0.010640	16,684	178		60.01
63	BLOOD STORING, PROCESSING & T	219,065	8,672,383	0.025260	1,911	48		63
64	INTRAVENOUS THERAPY	146,772	6,006,059	0.024437	234	6		64
65	RESPIRATORY THERAPY	554,503	37,120,165	0.014938	13,282	198		65
66	PHYSICAL THERAPY	1,669,373	59,128,464	0.028233	32,286	912		66
67	OCCUPATIONAL THERAPY	208,585	9,642,439	0.021632	3,332	72		67
68	SPEECH PATHOLOGY	46,239	3,485,430	0.013266	1,428	19		68
69	ELECTROCARDIOLOGY	1,258,126	86,934,512	0.014472	63,689	922		69
70	ELECTROENCEPHALOGRAPHY	357,105	7,685,504	0.046465	5,875	273		70
71	MEDICAL SUPPLIES CHRGD TO PA	1,594,901	97,181,758	0.016412	15,964	262		71
72	IMPL. DEV. CHARGED TO PATIENT	2,921,749	148,364,613	0.019693				72
73	DRUGS CHARGED TO PATIENTS	4,427,589	285,547,381	0.015506	823,403	12,768		73
74	RENAL DIALYSIS	742,591	19,832,087	0.037444				74
75	ASC (NON-DISTINCT PART)	1,115,753	13,719,185	0.081328				75
76	BLANK							76
76.97	CARDIAC REHABILITATION	238,448	1,819,703	0.131037				76.97
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,596,941	156,722,963	0.061235	126,669	7,757		90
91	EMERGENCY	3,277,150	154,612,770	0.021196	457,172	9,690		91
92	OBSERVATION BEDS	1,557,186	24,437,328	0.063722				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	62,724,216	2,415,857,828	2,415,857,828	2,687,821	50,807		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S010)	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY		36,580		36,580	53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY		80,011		80,011	60
60.01	VASCULAR LAB					60.01
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS		661,278		661,278	73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	BLANK					76
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		777,869		777,869	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S010)	[] SNF		[] TEFRA			
BOXES	[] TITLE XIX	[] IRF	[] NF					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	206,147,045					50	
51	RECOVERY ROOM	40,613,900					51	
52	DELIVERY ROOM & LABOR ROOM	45,920,294					52	
53	ANESTHESIOLOGY	31,309,030	0.001168	0.001168	158,228	185	53	
54	RADIOLOGY-DIAGNOSTIC	174,907,177			39,974	1,578	54	
55	RADIOLOGY-THERAPEUTIC	57,845,876					55	
56	RADIOISOTOPE	40,519,505			10,032	3,585	56	
57	COMPUTED TOMOGRAPHY (CT) SCA	186,448,196			86,371	8,378	57	
58	MAGNETIC RESONANCE IMAGING (	120,311,227			56,827		58
59	CARDIAC CATHETERIZATION	56,919,847					59	
60	LABORATORY	314,521,705	0.000254	0.000254	774,460	197	60	
60.01	VASCULAR LAB	19,481,282			16,684	4,556	60.01	
63	BLOOD STORING, PROCESSING &	8,672,383			1,911		63	
64	INTRAVENOUS THERAPY	6,006,059			234		64	
65	RESPIRATORY THERAPY	37,120,165			13,282	622	65	
66	PHYSICAL THERAPY	59,128,464			32,286		66	
67	OCCUPATIONAL THERAPY	9,642,439			3,332		67	
68	SPEECH PATHOLOGY	3,485,430			1,428		68	
69	ELECTROCARDIOLOGY	86,934,512			63,689	7,108	69	
70	ELECTROENCEPHALOGRAPHY	7,685,504			5,875		70	
71	MEDICAL SUPPLIES CHRGED TO P	97,181,758			15,964	842	71	
72	IMPL. DEV. CHARGED TO PATIEN	148,364,613					72	
73	DRUGS CHARGED TO PATIENTS	285,547,381	0.002316	0.002316	823,403	1,907	73	
74	RENAL DIALYSIS	19,832,087					74	
75	ASC (NON-DISTINCT PART)	13,719,185					75	
76	BLANK						76	
76.97	CARDIAC REHABILITATION	1,819,703					76.97	
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	156,722,963			126,669	17,139	90	
91	EMERGENCY	154,612,770			457,172		91	
92	OBSERVATION BEDS	24,437,328					92	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	2,415,857,828			2,687,821	2,289	43,808	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S010) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.214913							50
51 RECOVERY ROOM	0.158671							51
52 DELIVERY ROOM & LABOR ROOM	0.358544							52
53 ANESTHESIOLOGY	0.172908							53
54 RADIOLOGY-DIAGNOSTIC	0.261564	1,578			413			54
55 RADIOLOGY-THERAPEUTIC	0.191386							55
56 RADIOISOTOPE	0.188402	3,585			675			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063	8,378			403			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563							58
59 CARDIAC CATHETERIZATION	0.108514							59
60 LABORATORY	0.179103							60
60.01 VASCULAR LAB	0.118413	4,556			539			60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803							63
64 INTRAVENOUS THERAPY	0.594942							64
65 RESPIRATORY THERAPY	0.252035	622			157			65
66 PHYSICAL THERAPY	0.418308							66
67 OCCUPATIONAL THERAPY	0.370312							67
68 SPEECH PATHOLOGY	0.290438							68
69 ELECTROCARDIOLOGY	0.099800	7,108			709			69
70 ELECTROENCEPHALOGRAPHY	0.294191							70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.342476	842			288			71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755							72
73 DRUGS CHARGED TO PATIENTS	0.419658							73
74 RENAL DIALYSIS	0.386711							74
75 ASC (NON-DISTINCT PART)	0.797785							75
76 BLANK								76
76.97 CARDIAC REHABILITATION	0.789867							76.97
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.679819	17,139			11,651			90
91 EMERGENCY	0.209126							91
92 OBSERVATION BEDS	0.608103							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		43,808			14,835			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		43,808			14,835			202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T010)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
					1	2	3	4	5	
					ANCILLARY SERVICE COST CENTERS					
50					8,109,254	206,147,045	0.039337	16,790	660	50
51					610,087	40,613,900	0.015022	4,868	73	51
52					1,987,734	45,920,294	0.043287			52
53					604,823	31,309,030	0.019318	9,104	176	53
54					7,532,203	174,907,177	0.043064	157,198	6,770	54
55					2,548,415	57,845,876	0.044055	114,094	5,026	55
56					873,774	40,519,505	0.021564	24,837	536	56
57					1,534,909	186,448,196	0.008232	191,491	1,576	57
58					3,177,224	120,311,227	0.026408	111,707	2,950	58
59					1,343,589	56,919,847	0.023605			59
60					4,262,842	314,521,705	0.013553	807,760	10,948	60
60.01					207,286	19,481,282	0.010640	114,144	1,214	60.01
63					219,065	8,672,383	0.025260	9,827	248	63
64					146,772	6,006,059	0.024437	33,795	826	64
65					554,503	37,120,165	0.014938	157,457	2,352	65
66					1,669,373	59,128,464	0.028233	1,386,867	39,155	66
67					208,585	9,642,439	0.021632	1,320,565	28,566	67
68					46,239	3,485,430	0.013266	512,725	6,802	68
69					1,258,126	86,934,512	0.014472	67,228	973	69
70					357,105	7,685,504	0.046465	13,392	622	70
71					1,594,901	97,181,758	0.016412	112,769	1,851	71
72					2,921,749	148,364,613	0.019693	7,096	140	72
73					4,427,589	285,547,381	0.015506	1,111,373	17,233	73
74					742,591	19,832,087	0.037444	154,421	5,782	74
75					1,115,753	13,719,185	0.081328			75
76										76
76.97					238,448	1,819,703	0.131037			76.97
					OUTPATIENT SERVICE COST CENTERS					
90					9,596,941	156,722,963	0.061235	14,592	894	90
91					3,277,150	154,612,770	0.021196	7,774	165	91
92					1,557,186	24,437,328	0.063722			92
					OTHER REIMBURSABLE COST CENTERS					
200					62,724,216	2,415,857,828	2,415,857,828	6,461,874	135,538	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[XX] IRF (14-T010)	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY		36,580		36,580	53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY		80,011		80,011	60
60.01	VASCULAR LAB					60.01
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS		661,278		661,278	73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	BLANK					76
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		777,869		777,869	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T010)	[] 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	206,147,045			16,790		50
51	RECOVERY ROOM	40,613,900			4,868		51
52	DELIVERY ROOM & LABOR ROOM	45,920,294					52
53	ANESTHESIOLOGY	31,309,030	0.001168	0.001168	9,104	11	53
54	RADIOLOGY-DIAGNOSTIC	174,907,177			157,198		54
55	RADIOLOGY-THERAPEUTIC	57,845,876			114,094	1,646	55
56	RADIOISOTOPE	40,519,505			24,837		56
57	COMPUTED TOMOGRAPHY (CT) SCA	186,448,196			191,491		57
58	MAGNETIC RESONANCE IMAGING (	120,311,227			111,707		58
59	CARDIAC CATHETERIZATION	56,919,847					59
60	LABORATORY	314,521,705	0.000254	0.000254	807,760	205	60
60.01	VASCULAR LAB	19,481,282			114,144	2,032	60.01
63	BLOOD STORING, PROCESSING &	8,672,383			9,827		63
64	INTRAVENOUS THERAPY	6,006,059			33,795		64
65	RESPIRATORY THERAPY	37,120,165			157,457	90	65
66	PHYSICAL THERAPY	59,128,464			1,386,867		66
67	OCCUPATIONAL THERAPY	9,642,439			1,320,565		67
68	SPEECH PATHOLOGY	3,485,430			512,725		68
69	ELECTROCARDIOLOGY	86,934,512			67,228		69
70	ELECTROENCEPHALOGRAPHY	7,685,504			13,392		70
71	MEDICAL SUPPLIES CHRGED TO P	97,181,758			112,769		71
72	IMPL. DEV. CHARGED TO PATIEN	148,364,613			7,096		72
73	DRUGS CHARGED TO PATIENTS	285,547,381	0.002316	0.002316	1,111,373	2,574	3 73
74	RENAL DIALYSIS	19,832,087			154,421		74
75	ASC (NON-DISTINCT PART)	13,719,185					75
76	BLANK						76
76.97	CARDIAC REHABILITATION	1,819,703					76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	156,722,963			14,592		90
91	EMERGENCY	154,612,770			7,774	1,751	91
92	OBSERVATION BEDS	24,437,328				1,705	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	2,415,857,828			6,461,874	2,790	8,551 3 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T010) [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.214913							50
51 RECOVERY ROOM	0.158671							51
52 DELIVERY ROOM & LABOR ROOM	0.358544							52
53 ANESTHESIOLOGY	0.172908							53
54 RADIOLOGY-DIAGNOSTIC	0.261564	1,646			431			54
55 RADIOLOGY-THERAPEUTIC	0.191386							55
56 RADIOISOTOPE	0.188402							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563							58
59 CARDIAC CATHETERIZATION	0.108514							59
60 LABORATORY	0.179103							60
60.01 VASCULAR LAB	0.118413	2,032			241			60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803							63
64 INTRAVENOUS THERAPY	0.594942							64
65 RESPIRATORY THERAPY	0.252035	90			23			65
66 PHYSICAL THERAPY	0.418308							66
67 OCCUPATIONAL THERAPY	0.370312							67
68 SPEECH PATHOLOGY	0.290438							68
69 ELECTROCARDIOLOGY	0.099800							69
70 ELECTROENCEPHALOGRAPHY	0.294191							70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.342476							71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755							72
73 DRUGS CHARGED TO PATIENTS	0.419658	1,327			557			73
74 RENAL DIALYSIS	0.386711							74
75 ASC (NON-DISTINCT PART)	0.797785							75
76 BLANK								76
76.97 CARDIAC REHABILITATION	0.789867							76.97
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.679819							90
91 EMERGENCY	0.209126	1,751			366			91
92 OBSERVATION BEDS	0.608103	1,705			1,037			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		8,551			2,655			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		8,551			2,655			202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5855)			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN						SCHOOL	MEDICAL	COST	COST
	ANESTHETIST		HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY		36,580		36,580	53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY		80,011		80,011	60
60.01	VASCULAR LAB					60.01
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS		661,278		661,278	73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	BLANK					76
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		777,869		777,869	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-5855)		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES (COL. 10)	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	206,147,045				50
51	RECOVERY ROOM	40,613,900				51
52	DELIVERY ROOM & LABOR ROOM	45,920,294				52
53	ANESTHESIOLOGY	31,309,030	0.001168	0.001168		53
54	RADIOLOGY-DIAGNOSTIC	174,907,177				54
55	RADIOLOGY-THERAPEUTIC	57,845,876				55
56	RADIOISOTOPE	40,519,505				56
57	COMPUTED TOMOGRAPHY (CT) SCA	186,448,196				57
58	MAGNETIC RESONANCE IMAGING (	120,311,227				58
59	CARDIAC CATHETERIZATION	56,919,847				59
60	LABORATORY	314,521,705	0.000254	0.000254		60
60.01	VASCULAR LAB	19,481,282				60.01
63	BLOOD STORING, PROCESSING &	8,672,383				63
64	INTRAVENOUS THERAPY	6,006,059				64
65	RESPIRATORY THERAPY	37,120,165				65
66	PHYSICAL THERAPY	59,128,464				66
67	OCCUPATIONAL THERAPY	9,642,439				67
68	SPEECH PATHOLOGY	3,485,430				68
69	ELECTROCARDIOLOGY	86,934,512				69
70	ELECTROENCEPHALOGRAPHY	7,685,504				70
71	MEDICAL SUPPLIES CHRGED TO P	97,181,758				71
72	IMPL. DEV. CHARGED TO PATIEN	148,364,613				72
73	DRUGS CHARGED TO PATIENTS	285,547,381	0.002316	0.002316		73
74	RENAL DIALYSIS	19,832,087				74
75	ASC (NON-DISTINCT PART)	13,719,185				75
76	BLANK					76
76.97	CARDIAC REHABILITATION	1,819,703				76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	156,722,963				90
91	EMERGENCY	154,612,770				91
92	OBSERVATION BEDS	24,437,328				92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	2,415,857,828				200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								
ADULTS & PEDIATRICS	12,317,906		12,317,906	127,566	96.56	8,779	847,700	30
31 INTENSIVE CARE UNIT	3,043,722		3,043,722	13,849	219.78	805	176,923	31
31.01 INFANT SPECIAL CARE UNIT (ISCU)	1,226,262		1,226,262	13,819	88.74	5,838	518,064	31.01
32 CORONARY CARE UNIT	818,885		818,885	7,765	105.46	669	70,553	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	1,102,131		1,102,131	10,761	102.42	781	79,990	40
41 SUBPROVIDER - IRF	465,966		465,966	5,588	83.39	323	26,935	41
42 SUBPROVIDER I								42
43 NURSERY	242,266		242,266	10,235	23.67	1,375	32,546	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	19,217,138		19,217,138	189,583		18,570	1,752,711	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0010) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,109,254	206,147,045	0.039337	3,645,624	143,408	50
51	RECOVERY ROOM	610,087	40,613,900	0.015022	587,307	8,823	51
52	DELIVERY ROOM & LABOR ROOM	1,987,734	45,920,294	0.043287	9,546,054	413,220	52
53	ANESTHESIOLOGY	604,823	31,309,030	0.019318	749,972	14,488	53
54	RADIOLOGY-DIAGNOSTIC	7,532,203	174,907,177	0.043064	2,627,265	113,141	54
55	RADIOLOGY-THERAPEUTIC	2,548,415	57,845,876	0.044055	104,316	4,596	55
56	RADIOISOTOPE	873,774	40,519,505	0.021564	208,680	4,500	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,534,909	186,448,196	0.008232	2,756,339	22,690	57
58	MAGNETIC RESONANCE IMAGING (M	3,177,224	120,311,227	0.026408	1,010,340	26,681	58
59	CARDIAC CATHETERIZATION	1,343,589	56,919,847	0.023605	1,399,515	33,036	59
60	LABORATORY	4,262,842	314,521,705	0.013553	9,307,153	126,140	60
60.01	VASCULAR LAB	207,286	19,481,282	0.010640	387,585	4,124	60.01
63	BLOOD STORING, PROCESSING & T	219,065	8,672,383	0.025260	643,231	16,248	63
64	INTRAVENOUS THERAPY	146,772	6,006,059	0.024437	323,289	7,900	64
65	RESPIRATORY THERAPY	554,503	37,120,165	0.014938	5,445,299	81,342	65
66	PHYSICAL THERAPY	1,669,373	59,128,464	0.028233	472,009	13,326	66
67	OCCUPATIONAL THERAPY	208,585	9,642,439	0.021632	351,723	7,608	67
68	SPEECH PATHOLOGY	46,239	3,485,430	0.013266	77,986	1,035	68
69	ELECTROCARDIOLOGY	1,258,126	86,934,512	0.014472	1,403,727	20,315	69
70	ELECTROENCEPHALOGRAPHY	357,105	7,685,504	0.046465	190,776	8,864	70
71	MEDICAL SUPPLIES CHRGD TO PA	1,594,901	97,181,758	0.016412	2,954,935	48,496	71
72	IMPL. DEV. CHARGED TO PATIENT	2,921,749	148,364,613	0.019693	2,586,496	50,936	72
73	DRUGS CHARGED TO PATIENTS	4,427,589	285,547,381	0.015506	6,921,564	107,326	73
74	RENAL DIALYSIS	742,591	19,832,087	0.037444	366,936	13,740	74
75	ASC (NON-DISTINCT PART)	1,115,753	13,719,185	0.081328	1,570	128	75
76	BLANK						76
76.97	CARDIAC REHABILITATION	238,448	1,819,703	0.131037			76.97
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,596,941	156,722,963	0.061235	268,001	16,411	90
91	EMERGENCY	3,277,150	154,612,770	0.021196	3,293,697	69,813	91
92	OBSERVATION BEDS	1,556,852	24,437,328	0.063708			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	62,723,882	2,415,857,828	2,415,857,828	57,631,389	1,378,335	200

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:16

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 INFANT SPECIAL CARE UNIT (ISC)					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS	127,566		8,779		30
31 INTENSIVE CARE UNIT	13,849		805		31
31.01 INFANT SPECIAL CARE UNIT (ISC)	13,819		5,838		31.01
32 CORONARY CARE UNIT	7,765		669		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	10,761		781		40
41 SUBPROVIDER - IRF	5,588		323		41
42 SUBPROVIDER I					42
43 NURSERY	10,235		1,375		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	189,583		18,570		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0010)	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY		36,580		36,580	53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY		80,011		80,011	60
60.01	VASCULAR LAB					60.01
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS		661,278		661,278	73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76	BLANK					76
76.97	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		777,869		777,869	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0010) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM			3,645,624			50
51						RECOVERY ROOM			587,307			51
52						DELIVERY ROOM & LABOR ROOM			9,546,054			52
53			0.001168	0.001168		ANESTHESIOLOGY			749,972	876		53
54						RADIOLOGY-DIAGNOSTIC			2,627,265			54
55						RADIOLOGY-THERAPEUTIC			104,316			55
56						RADIOISOTOPE			208,680			56
57						COMPUTED TOMOGRAPHY (CT) SCA			2,756,339			57
58						MAGNETIC RESONANCE IMAGING (			1,010,340			58
59						CARDIAC CATHETERIZATION			1,399,515			59
60			0.000254	0.000254		LABORATORY			9,307,153	2,364		60
60.01						VASCULAR LAB			387,585			60.01
63						BLOOD STORING, PROCESSING &			643,231			63
64						INTRAVENOUS THERAPY			323,289			64
65						RESPIRATORY THERAPY			5,445,299			65
66						PHYSICAL THERAPY			472,009			66
67						OCCUPATIONAL THERAPY			351,723			67
68						SPEECH PATHOLOGY			77,986			68
69						ELECTROCARDIOLOGY			1,403,727			69
70						ELECTROENCEPHALOGRAPHY			190,776			70
71						MEDICAL SUPPLIES CHRGED TO P			2,954,935			71
72						IMPL. DEV. CHARGED TO PATIEN			2,586,496			72
73			0.002316	0.002316		DRUGS CHARGED TO PATIENTS			6,921,564	16,030		73
74						RENAL DIALYSIS			366,936			74
75						ASC (NON-DISTINCT PART)			1,570			75
76						BLANK						76
76.97						CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC			268,001			90
91						EMERGENCY			3,293,697			91
92						OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)			57,631,389	19,270		200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0010)	[]	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)	127,566	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	127,566	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	127,566	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)	55,824	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)	117,549,921	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	117,549,921	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	182,601,444	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	182,601,444	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.643751	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)	1,431.43	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)	117,549,921	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0010) [] 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) 921.48 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 51,440,700 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) 51,440,700 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	27,104,350	13,849	1,957.13	8,390	16,420,321	43
43.01 INFANT SPECIAL CARE UNIT (ISC)	15,873,955	13,819	1,148.71			43.01
44 CORONARY CARE UNIT	9,866,758	7,765	1,270.67	5,170	6,569,364	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)					112,990,107	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					187,420,492	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 7,779,547 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 9,298,268 51
 52 TOTAL PROGRAM EXCLUDABLE COST 17,077,815 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 170,342,677 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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 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 INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (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) 16,123 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 921.48 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 14,857,022 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	12,317,906	117,549,921	0.104789	14,857,022	1,556,852	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S010)	[]	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)	10,761	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,761	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,761	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,383	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)	10,767,713	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	10,767,713	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,170,267	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,170,267	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.592601	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)	1,688.53	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)	10,767,713	37							

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S010)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,000.62 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,385,097 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)	3,385,097 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	755,034 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,140,131 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	346,487 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	53,096 51
52	TOTAL PROGRAM EXCLUDABLE COST	399,583 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,740,548 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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	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 INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T010)	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,588	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,588	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,588	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,250	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)	4,739,793	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	4,739,793	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,338,278	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,338,278	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.645900	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)	1,313.22	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)	4,739,793	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T010)			[]	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)	848.21 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,756,683 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,756,683 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,129,425 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,886,108 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	271,018 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	138,328 51
52	TOTAL PROGRAM EXCLUDABLE COST	409,346 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,476,762 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 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	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 INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)	4 87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)	848.21 88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	3,393 89

		ROUTINE COST (FROM LINE 27)	COL. 1 + COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	LINE 27)	COL. 2	LINE 89)	(SEE INSTR.)	
	1	2	3	4	5	
90	CAPITAL-RELATED COST	465,966	4,739,793	0.098309	3,393	334 90
91	NURSING SCHOOL COST					91
92	ALLIED HEALTH COST					92
93	ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1
PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5855)			[]	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)	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	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)	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)	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	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input checked="" type="checkbox"/>	SNF (14-5855)			<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF			<input type="checkbox"/>	OTHER

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

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0010) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA []
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	127,566 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	127,566 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	127,566 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)	8,779 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)	10,235 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,375 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)	117,536,035 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	117,536,035 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	182,601,444 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	182,601,444 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.643675 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)	1,431.43 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)	117,536,035 37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0010) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 921.37 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,088,707 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) 8,088,707 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	4,868,353	10,235	475.66	1,375	654,033 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	27,104,350	13,849	1,957.13	805	1,575,490 43
43.01 INFANT SPECIAL CARE UNIT (ISC)	15,873,955	13,819	1,148.71	5,838	6,706,169 43.01
44 CORONARY CARE UNIT	9,866,758	7,765	1,270.67	669	850,078 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)					15,674,871 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					33,549,348 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,645,786 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,397,605 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,043,391 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY 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 O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 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 INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (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) 16,123 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] 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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		100,169,089			30
31 INTENSIVE CARE UNIT		27,574,275			31
31.01 INFANT SPECIAL CARE UNIT (ISCU)					31.01
32 CORONARY CARE UNIT		10,146,355			32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.214913	43,152,746	9,274,086		50
51 RECOVERY ROOM	0.158671	8,481,278	1,345,733		51
52 DELIVERY ROOM & LABOR ROOM	0.358544	157,317	56,405		52
53 ANESTHESIOLOGY	0.172908	4,902,118	847,615		53
54 RADIOLOGY-DIAGNOSTIC	0.264220	21,105,892	5,576,599		54
55 RADIOLOGY-THERAPEUTIC	0.194702	1,048,282	204,103		55
56 RADIOISOTOPE	0.192477	2,898,195	557,836		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063	29,603,084	1,422,813		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563	8,745,757	783,296		58
59 CARDIAC CATHETERIZATION	0.108514	17,465,927	1,895,298		59
60 LABORATORY	0.185623	74,734,017	13,872,352		60
60.01 VASCULAR LAB	0.118616	4,841,067	574,228		60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803	3,116,127	1,074,450		63
64 INTRAVENOUS THERAPY	0.594942	3,373,669	2,007,137		64
65 RESPIRATORY THERAPY	0.252035	15,779,264	3,976,927		65
66 PHYSICAL THERAPY	0.418961	7,801,784	3,268,643		66
67 OCCUPATIONAL THERAPY	0.370312	3,545,543	1,312,957		67
68 SPEECH PATHOLOGY	0.290438	1,608,101	467,054		68
69 ELECTROCARDIOLOGY	0.100020	18,305,352	1,830,901		69
70 ELECTROENCEPHALOGRAPHY	0.294191	1,560,997	459,231		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.342476	28,911,581	9,901,523		71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755	51,409,578	22,813,257		72
73 DRUGS CHARGED TO PATIENTS	0.419658	45,010,009	18,888,810		73
74 RENAL DIALYSIS	0.386711	2,543,397	983,560		74
75 ASC (NON-DISTINCT PART)	0.797785	153,976	122,840		75
76 BLANK					76
76.97 CARDIAC REHABILITATION	0.790195	808	638		76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.680039	4,051,541	2,755,206		90
91 EMERGENCY	0.209175	32,110,001	6,716,609		91
92 OBSERVATION BEDS	0.608103				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		436,417,408	112,990,107		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		436,417,408			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S010) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT		INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
		PROGRAM CHARGES 2			
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 INFANT SPECIAL CARE UNIT (ISCU)					31.01
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF		6,009,836			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.214913				50
51 RECOVERY ROOM	0.158671				51
52 DELIVERY ROOM & LABOR ROOM	0.358544				52
53 ANESTHESIOLOGY	0.172908	158,228	27,359		53
54 RADIOLOGY-DIAGNOSTIC	0.264220	39,974	10,562		54
55 RADIOLOGY-THERAPEUTIC	0.194702				55
56 RADIOISOTOPE	0.192477	10,032	1,931		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063	86,371	4,151		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563	56,827	5,090		58
59 CARDIAC CATHETERIZATION	0.108514				59
60 LABORATORY	0.185623	774,460	143,758		60
60.01 VASCULAR LAB	0.118616	16,684	1,979		60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803	1,911	659		63
64 INTRAVENOUS THERAPY	0.594942	234	139		64
65 RESPIRATORY THERAPY	0.252035	13,282	3,348		65
66 PHYSICAL THERAPY	0.418961	32,286	13,527		66
67 OCCUPATIONAL THERAPY	0.370312	3,332	1,234		67
68 SPEECH PATHOLOGY	0.290438	1,428	415		68
69 ELECTROCARDIOLOGY	0.100020	63,689	6,370		69
70 ELECTROENCEPHALOGRAPHY	0.294191	5,875	1,728		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.342476	15,964	5,467		71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755				72
73 DRUGS CHARGED TO PATIENTS	0.419658	823,403	345,548		73
74 RENAL DIALYSIS	0.386711				74
75 ASC (NON-DISTINCT PART)	0.797785				75
76 BLANK					76
76.97 CARDIAC REHABILITATION	0.790195				76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.680039	126,669	86,140		90
91 EMERGENCY	0.209175	457,172	95,629		91
92 OBSERVATION BEDS	0.608103				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,687,821	755,034		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,687,821			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	IRF (14-T010)	[]	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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 INFANT SPECIAL CARE UNIT (ISCU)					31.01
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		4,191,430			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.214913	16,790	3,608		50
51 RECOVERY ROOM	0.158671	4,868	772		51
52 DELIVERY ROOM & LABOR ROOM	0.358544				52
53 ANESTHESIOLOGY	0.172908	9,104	1,574		53
54 RADIOLOGY-DIAGNOSTIC	0.264220	157,198	41,535		54
55 RADIOLOGY-THERAPEUTIC	0.194702	114,094	22,214		55
56 RADIOISOTOPE	0.192477	24,837	4,781		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063	191,491	9,204		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563	111,707	10,005		58
59 CARDIAC CATHETERIZATION	0.108514				59
60 LABORATORY	0.185623	807,760	149,939		60
60.01 VASCULAR LAB	0.118616	114,144	13,539		60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803	9,827	3,388		63
64 INTRAVENOUS THERAPY	0.594942	33,795	20,106		64
65 RESPIRATORY THERAPY	0.252035	157,457	39,685		65
66 PHYSICAL THERAPY	0.418961	1,386,867	581,043		66
67 OCCUPATIONAL THERAPY	0.370312	1,320,565	489,021		67
68 SPEECH PATHOLOGY	0.290438	512,725	148,915		68
69 ELECTROCARDIOLOGY	0.100020	67,228	6,724		69
70 ELECTROENCEPHALOGRAPHY	0.294191	13,392	3,940		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.342476	112,769	38,621		71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755	7,096	3,149		72
73 DRUGS CHARGED TO PATIENTS	0.419658	1,111,373	466,397		73
74 RENAL DIALYSIS	0.386711	154,421	59,716		74
75 ASC (NON-DISTINCT PART)	0.797785				75
76 BLANK					76
76.97 CARDIAC REHABILITATION	0.790195				76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.680039	14,592	9,923		90
91 EMERGENCY	0.209175	7,774	1,626		91
92 OBSERVATION BEDS	0.608103				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,461,874	2,129,425		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,461,874			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5855)	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
31.01 INFANT SPECIAL CARE UNIT (ISCU)			31.01
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.214913		50
51 RECOVERY ROOM	0.158671		51
52 DELIVERY ROOM & LABOR ROOM	0.358544		52
53 ANESTHESIOLOGY	0.172908		53
54 RADIOLOGY-DIAGNOSTIC	0.261564		54
55 RADIOLOGY-THERAPEUTIC	0.191386		55
56 RADIOISOTOPE	0.188402		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563		58
59 CARDIAC CATHETERIZATION	0.108514		59
60 LABORATORY	0.179103		60
60.01 VASCULAR LAB	0.118413		60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803		63
64 INTRAVENOUS THERAPY	0.594942		64
65 RESPIRATORY THERAPY	0.252035		65
66 PHYSICAL THERAPY	0.418308		66
67 OCCUPATIONAL THERAPY	0.370312		67
68 SPEECH PATHOLOGY	0.290438		68
69 ELECTROCARDIOLOGY	0.099800		69
70 ELECTROENCEPHALOGRAPHY	0.294191		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.342476		71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755		72
73 DRUGS CHARGED TO PATIENTS	0.419658		73
74 RENAL DIALYSIS	0.386711		74
75 ASC (NON-DISTINCT PART)	0.797785		75
76 BLANK			76
76.97 CARDIAC REHABILITATION	0.789867		76.97
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.679819		90
91 EMERGENCY	0.209126		91
92 OBSERVATION BEDS	0.608103		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	4	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		11,845,604			30
31 INTENSIVE CARE UNIT		2,624,595			31
31.01 INFANT SPECIAL CARE UNIT (ISCU)		18,065,787			31.01
32 CORONARY CARE UNIT		1,321,668			32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.214913	3,645,624	783,492		50
51 RECOVERY ROOM	0.158671	587,307	93,189		51
52 DELIVERY ROOM & LABOR ROOM	0.358544	9,546,054	3,422,680		52
53 ANESTHESIOLOGY	0.172908	749,972	129,676		53
54 RADIOLOGY-DIAGNOSTIC	0.261564	2,627,265	687,198		54
55 RADIOLOGY-THERAPEUTIC	0.191386	104,316	19,965		55
56 RADIOISOTOPE	0.188402	208,680	39,316		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048063	2,756,339	132,478		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.089563	1,010,340	90,489		58
59 CARDIAC CATHETERIZATION	0.108514	1,399,515	151,867		59
60 LABORATORY	0.179103	9,307,153	1,666,939		60
60.01 VASCULAR LAB	0.118413	387,585	45,895		60.01
63 BLOOD STORING, PROCESSING & TRA	0.344803	643,231	221,788		63
64 INTRAVENOUS THERAPY	0.594942	323,289	192,338		64
65 RESPIRATORY THERAPY	0.252035	5,445,299	1,372,406		65
66 PHYSICAL THERAPY	0.418308	472,009	197,445		66
67 OCCUPATIONAL THERAPY	0.370312	351,723	130,247		67
68 SPEECH PATHOLOGY	0.290438	77,986	22,650		68
69 ELECTROCARDIOLOGY	0.099800	1,403,727	140,092		69
70 ELECTROENCEPHALOGRAPHY	0.294191	190,776	56,125		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.342476	2,954,935	1,011,994		71
72 IMPL. DEV. CHARGED TO PATIENT	0.443755	2,586,496	1,147,771		72
73 DRUGS CHARGED TO PATIENTS	0.419658	6,921,564	2,904,690		73
74 RENAL DIALYSIS	0.386711	366,936	141,898		74
75 ASC (NON-DISTINCT PART)	0.797785	1,570	1,253		75
76 BLANK					76
76.97 CARDIAC REHABILITATION	0.789867				76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.679819	268,001	182,192		90
91 EMERGENCY	0.209126	3,293,697	688,798		91
92 OBSERVATION BEDS	0.608103				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		57,631,389	15,674,871		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		57,631,389			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK HOSPITAL (14-0010)
 APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	119,742,680	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,981,030	2
3	MANAGED CARE SIMULATED PAYMENTS	3,738,093	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	555.83	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	145.75	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	1.00	8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	146.75	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	167.25	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	148.75	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	147.75	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	147.74	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	148.08	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	148.08	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.266412	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.284230	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.266412	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	16,733,250	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	20.50	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	16,733,250	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	14,459	40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	6	41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	0.04	42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	35	43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	483.15	45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	140,456,960	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	140,456,960	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	11,567,151	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0010)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	4,926,323	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	128,951	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	157,079,385	59
60	PRIMARY PAYER PAYMENTS	89,768	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	156,989,617	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	11,714,057	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	326,675	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,136,004	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	795,203	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	802,600	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	145,744,088	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	145,744,088	71
72	INTERIM PAYMENTS	146,228,832	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-484,744	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0010) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	247,131	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	144,683,362	2
3	PPS PAYMENTS	107,619,952	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	1,289,113	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	172,572	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	247,131	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	593,435	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	593,435	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	593,435	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	346,304	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	247,131	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	109,081,637	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	4,628	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	24,417,358	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	84,906,782	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	3,640,585	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	88,547,367	30
31	PRIMARY PAYER PAYMENTS	11,416	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	88,535,951	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,431,885	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,002,320	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,150,171	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	89,538,271	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	1,015	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	89,537,256	40
41	INTERIM PAYMENTS	88,831,333	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	705,923	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF (14-S010) IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	14,835	2
3	PPS PAYMENTS	8,787	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	8,787	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,157	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	6,630	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	6,630	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	6,630	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	6,630	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	6,630	40
41	INTERIM PAYMENTS	6,630	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [XX] IRF (14-T010)
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	2,652	2
3	PPS PAYMENTS	1,360	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	3	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	1,363	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	332	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,031	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	1,031	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,031	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	1,031	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	1,031	40
41	INTERIM PAYMENTS	1,027	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	4	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
 [] SUB (OTHER) [XX] SNF (14-5855)

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-0010) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		146,228,832		88,831,333	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		146,228,832		88,831,333	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S010) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,844,389		6,630	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,844,389		6,630	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T010) [] 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		3,632,298		1,027	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,632,298		1,027	4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/22/2012 14:16

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0010) [] CAH
APPLICABLE BOX

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	32,820	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	69,384	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,181	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	146,876	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,761,059,014	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	68,740,520	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	3,183,119	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	3,321,120	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-138,001	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S010)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,677,240	1
2	NET IPF PPS OUTLIER PAYMENT	231,976	2
3	NET IPF PPS ECT PAYMENT	92,987	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	9.86	4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	3.91	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	3.91	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	29.482192	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	0.066237	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	177,332	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,179,535	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,179,535	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,179,535	18
19	DEDUCTIBLES	202,036	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,977,499	20
21	COINSURANCE	80,400	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,897,099	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	138,889	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	97,222	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	123,707	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,994,321	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2,289	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,996,610	31
32	INTERIM PAYMENTS	2,844,389	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	152,221	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T010)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,274,544	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.016000	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	24,065	3
4	OUTLIER PAYMENTS	239,595	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.81	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.298630	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,538,204	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	3,538,204	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,538,204	19
20	DEDUCTIBLES	22,527	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,515,677	21
22	COINSURANCE	34,286	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,481,391	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	2,210	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,547	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2,056	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,482,938	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2,790	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,485,728	32
33	INTERIM PAYMENTS	3,632,298	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-146,570	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0010) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	33,549,348 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	33,549,348 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	33,549,348 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	57,631,389 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	57,631,389 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	57,631,389 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	24,082,041 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	33,549,348 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	33,549,348 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	33,549,348 31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	33,549,348 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	33,549,348 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	33,549,348 40
41	INTERIM PAYMENTS	33,549,348 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	154.90	1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	1.00	4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	155.90	5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	171.15	6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	155.90	7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	86.66	77.68	164.34
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	78.94	70.76	149.70
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.00	10
11	TOTAL WEIGHTED FTE COUNT	78.94	72.76	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	80.49	69.69	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	74.76	74.95	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	78.06	72.47	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	78.06	72.47	17
18	PER RESIDENT AMOUNT	122,211.58	115,860.14	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	9,539,836	8,396,384	17,936,220
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			15.25
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			17,936,220
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	76,017	2,262	26
27	TOTAL INPATIENT DAYS	163,221	163,221	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.465731	0.013859	28
29	PROGRAM DIRECT GME AMOUNT	8,353,454	248,578	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		35,124	30
31	NET PROGRAM DIRECT GME AMOUNT		8,566,908	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			19,832,087
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			4,774,432
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			196,446,731
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			89,768
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			196,356,963
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			145,120,555
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			11,416
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			145,109,139
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			341,466,102
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.575041
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.424959
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			8,566,908
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,926,323
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,640,585

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	INPATIENT PART A	MANAGED CARE	
27	TOTAL INPATIENT DAYS	17,194	526	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	163,221	163,221	27
29	PROGRAM DIRECT GME AMOUNT	0.105342	0.003223	28
30	REDUCTION FOR NURSING/ALLIED HEALTH			29
31	NET PROGRAM DIRECT GME AMOUNT			30
32	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			31
33	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
34	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
35	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
36	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
37	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
PART A REASONABLE COST				
38	REASONABLE COST (SEE INSTRUCTIONS)			37
39	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
40	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
41	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
42	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
43	REASONABLE COST (SEE INSTRUCTIONS)			42
44	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
45	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
46	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
47	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
48	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
49	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
50	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
51	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	25,842,574			1
2	TEMPORARY INVESTMENTS	63,568,627			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	186,736,825			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-41,815,553			6
7	INVENTORY	15,892,040			7
8	PREPAID EXPENSES	19,913,044			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	270,137,557			11
FIXED ASSETS					
12	LAND	30,514,209			12
13	LAND IMPROVEMENTS	18,411,665			13
14	ACCUMULATED DEPRECIATION	-9,134,435			14
15	BUILDINGS	1,052,678,930			15
16	ACCUMULATED DEPRECIATION	-473,891,983			16
17	LEASEHOLD IMPROVEMENTS	40,212,325			17
18	ACCUMULATED AMORTIZATION	-17,980,280			18
19	FIXED EQUIPMENT	367,836,445			19
20	ACCUMULATED DEPRECIATION	-261,748,784			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS	58,718,099			27
28	ACCUMULATED DEPRECIATION	-49,792,862			28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	755,823,329			30
OTHER ASSETS					
31	INVESTMENTS	1,323,728,814			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	153,721,617			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,477,450,431			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	2,503,411,317			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	62,370,270			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	318,300,651			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	380,670,921			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	806,187,588			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	806,187,588			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	1,186,858,509			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,316,552,808			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)	1,316,552,808			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	2,503,411,317			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		1,353,403,574							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		49,037,096							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		1,402,440,670							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTR TEMP RESTR FOR USE									5
6 NET REALIZED GAINS ON INV	6,852,754								6
7 TRFS TO PROP & EQUIP	373,763								7
8 UNREALIZED INCOME									8
9 OTHERS									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		7,226,517							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		1,409,667,187							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNREALIZED INCOME	4,408,180								13
14 TRANSFER TO ENDOWMENT									14
15 NET REALIZED GAIN ON INVEST									15
16 OTHERS	40,687,270								16
17 PENSION ADJUSTMENT	48,018,929								17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		93,114,379							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		1,316,552,808							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	189,676,926		189,676,926	1
2 SUBPROVIDER IPF	18,170,267		18,170,267	2
3 SUBPROVIDER IRF	7,338,278		7,338,278	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	215,185,471		215,185,471	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	46,270,083		46,270,083	11
11.01 INFANT SPECIAL CARE UNIT (ISCU)	44,736,884		44,736,884	11.01
12 CORONARY CARE UNIT	15,607,027		15,607,027	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	106,613,994		106,613,994	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	321,799,465		321,799,465	17
18 ANCILLARY SERVICES	872,779,978	1,671,840,594	2,544,620,572	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		15,915,886	15,915,886	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE		7,485,835	7,485,835	26
27 OTHER PATIENT REVENUES		36,386,441	36,386,441	27
27.01 ELIMINATION ENTRY		-1,745,863	-1,745,863	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,194,579,443	1,729,882,893	2,924,462,336	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		1,034,340,466	29
30 ADD (SPECIFY)			30
31 BAD DEBT	38,003,048		31
32 RESEARCH EXPENSES	38,217,380		32
33 FOUNDATION EXPENSES	9,962,062		33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		86,182,490	36
37 DEDUCT (SPECIFY)			37
38 INDIRECT OPERATING EXPENSES	-9,415,493		38
39 ELIMINATION	-6,735,726		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-16,151,219		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		1,104,371,737	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	2,924,462,336	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,862,757,700	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	1,061,704,636	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	1,104,371,737	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-42,667,101	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,817,490	6
7	INCOME FROM INVESTMENTS	17,973,271	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	1,439,872	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	4,465,938	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	7,130,215	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	942,568	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	548,345	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	20,252,543	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (ALL OTHER)	29,952,208	24
24.01	OTHER (RESEARCH/FOUNDATION PRGM REVENUE)	44,371,001	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	132,893,451	25
26	TOTAL (LINE 5 PLUS LINE 25)	90,226,350	26
27	OTHER EXPENSES (INTERCOMPANY TRANSFER)	9,834,115	27
27.01	OTHER EXPENSES (NON-OPERATING INCOME)	31,355,139	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	41,189,254	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	49,037,096	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7001

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)			192,638			4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	2,399,082	632,107		473,437	96,367	5
6 SKILLED NURSING CARE	1,970,128	531,247				6
7 PHYSICAL THERAPY	1,512,419	407,826				7
8 OCCUPATIONAL THERAPY	88,575	23,884				8
9 SPEECH PATHOLOGY	40,454	10,909				9
10 MEDICAL SOCIAL SERVICES	42,424	11,440				10
11 HOME HEALTH AIDE	44,051	11,878				11
12 SUPPLIES (SEE INSTRUCTIONS)				278,955		12
13 DRUGS				748,584		13
14 DME	38,928	10,497		1,933,963		14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	6,136,061	1,639,788	192,638	3,434,939	96,367	11,499,793

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7001

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4		192,638		192,638	4
5	-124,621	3,476,372	-1,259	3,475,113	5
6		2,501,375		2,501,375	6
7		1,920,245		1,920,245	7
8		112,459		112,459	8
9		51,363		51,363	9
10		53,864		53,864	10
11		55,929		55,929	11
12		278,955		278,955	12
13		748,584		748,584	13
14		1,983,388		1,983,388	14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-124,621	11,375,172	-1,259	11,373,913	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7001

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	192,638				192,638				6
7	ADMINISTRATIVE AND GENERAL								7
8	3,475,113					3,475,113	3,475,113		8
9	HHA REIMBURSABLE SERVICES								9
10	2,501,375				92,025	2,593,400	1,140,977	3,734,377	10
11	1,920,245				85,471	2,005,716	882,425	2,888,141	11
12	112,459				6,020	118,479	52,125	170,604	12
13	51,363				2,297	53,660	23,608	77,268	13
14	53,864				1,433	55,297	24,328	79,625	14
15	55,929				5,392	61,321	26,978	88,299	15
16	278,955					278,955	122,728	401,683	16
17	748,584					748,584	329,343	1,077,927	17
18	1,983,388					1,983,388	872,601	2,855,989	18
19	HHA NONREIMBURSABLE SERVICES								19
20	HOME DIALYSIS AIDE SERVICES								20
21	RESPIRATORY THERAPY								21
22	PRIVATE DUTY NURSING								22
23	CLINIC								23
24	HEALTH PROMOTION ACTIVITIES								24
25	DAY CARE PROGRAM								25
26	HOME DELIVERED MEALS PROGRAM								26
27	HOMEMAKER SERVICE								27
28	ALL OTHERS								28
29	11,373,913				192,638	11,373,913		11,373,913	29
30	TOTAL (SUM OF LINES 1-23)								30

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDGS & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP						3
4	PLANT OPERATION & MAINTENANCE		7,706,162				4
5	TRANSPORTATION (SEE INSTR.)			32,798			5
6	ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES				-3,475,113	7,898,800	6
7	SKILLED NURSING CARE		2,501,375	15,668		2,593,400	7
8	PHYSICAL THERAPY		1,920,245	14,552		2,005,716	8
9	OCCUPATIONAL THERAPY		112,459	1,025		118,479	9
10	SPEECH PATHOLOGY		51,363	391		53,660	10
11	MEDICAL SOCIAL SERVICES		53,864	244		55,297	11
12	HOME HEALTH AIDE		55,930	918		61,321	12
13	SUPPLIES (SEE INSTRUCTIONS)		278,955			278,955	13
14	DRUGS		748,584			748,584	14
15	DME		1,983,387			1,983,388	15
16	HHA NONREIMBURSABLE SERVICES						16
17	HOME DIALYSIS AIDE SERVICES						17
18	RESPIRATORY THERAPY						18
19	PRIVATE DUTY NURSING						19
20	CLINIC						20
21	HEALTH PROMOTION ACTIVITIES						21
22	DAY CARE PROGRAM						22
23	HOME DELIVERED MEALS PROGRAM						23
24	HOMEMAKER SERVICE						24
25	ALL OTHERS						25
26	TELEMEDICINE						26
23.50	TELEMEDICINE						23.50
24	TOTAL (SUM OF LINES 1-23)		7,706,162	32,798	-3,475,113	7,898,800	24
25	COST TO BE ALLOC (PER W/S H)			192,638		3,475,113	25
26	UNIT COST MULTIPLIER			5.873468		0.439955	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7001

WORKSHEET H-2
 PART I

HHA COST CENTER	PARAMED EDUCATION MED TECH 23.01	PARAMED EDUCATION ANESTHESIA 23.02	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			1,879,158		1,879,158			1
2 SKILLED NURSING CARE			4,645,356		4,645,356	616,977	5,262,333	2
3 PHYSICAL THERAPY			3,592,686		3,592,686	477,170	4,069,856	3
4 OCCUPATIONAL THERAPY			212,222		212,222	28,187	240,409	4
5 SPEECH PATHOLOGY			96,117		96,117	12,766	108,883	5
6 MEDICAL SOCIAL SERVICES			99,049		99,049	13,155	112,204	6
7 HOME HEALTH AIDE			109,839		109,839	14,588	124,427	7
8 SUPPLIES			499,671		499,671	66,365	566,036	8
9 DRUGS			1,340,881		1,340,881	178,092	1,518,973	9
10 DME			3,552,690		3,552,690	471,858	4,024,548	10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
20 TOTAL (SUM OF LINES 1-19)			16,027,669		16,027,669	1,879,158	16,027,669	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.						0.132817		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPR. EXPENSE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	9,853	15,946		6,136,062		478,215		9,853	1
2 SKILLED NURSING CARE						3,734,377			2
3 PHYSICAL THERAPY						2,888,141			3
4 OCCUPATIONAL THERAPY						170,604			4
5 SPEECH PATHOLOGY						77,268			5
6 MEDICAL SOCIAL SERVICES						79,625			6
7 HOME HEALTH AIDE						88,299			7
8 SUPPLIES						401,683			8
9 DRUGS						1,077,927			9
10 DME						2,855,989			10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	9,853	15,946		6,136,062		11,852,128		9,853	20
21 TOTAL COST TO BE ALLOCATED	166,052	15,368		296,795		2,891,256		570,796	21
22 UNIT COST MULTIPLIER	16.852938								22
22 UNIT COST MULTIPLIER		0.963753		0.048369		0.243944		57.931188	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA PAID HOURS 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	
1 ADMINISTRATIVE AND GENERAL		9,853		188,292		32		748,584	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		9,853		188,292		32		748,584	20
21 TOTAL COST TO BE ALLOCATED		135,616		69,489		362,902		94,137	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		13.763930		0.369049		11,340.687500		0.125753	22

PROVIDER CCN: 14-0010 NORTHSHORE UNIVERSITY HEALTHSY
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/22/2012 14:16

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7001

WORKSHEET H-2
PART II

HHA COST CENTER	PARAMED EDUCATION ANESTHESIA ASSIGNED TIME	
	23.02	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE		2
3 PHYSICAL THERAPY		3
4 OCCUPATIONAL THERAPY		4
5 SPEECH PATHOLOGY		5
6 MEDICAL SOCIAL SERVICES		6
7 HOME HEALTH AIDE		7
8 SUPPLIES		8
9 DRUGS		9
10 DME		10
11 HOME DIALYSIS AIDE SERVICES		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIES		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGRAM		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
19.50 TELEMEDICINE		19.50
20 TOTAL (SUM OF LINES 1-19)		20
21 TOTAL COST TO BE ALLOCATED		21
22 UNIT COST MULTIPLIER		22
22 UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7001

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	(COLS. 1+2) 3	4	(COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	5,262,333		5,262,333	25,734	204.49	1
2	PHYSICAL THERAPY	3	4,069,856		4,069,856	21,445	189.78	2
3	OCCUPATIONAL THERAPY	4	240,409		240,409	1,438	167.18	3
4	SPEECH PATHOLOGY	5	108,883		108,883	550	197.97	4
5	MEDICAL SOCIAL SERVICES	6	112,204		112,204	343	327.13	5
6	HOME HEALTH AIDE	7	124,427		124,427	1,045	119.07	6
7	TOTAL (SUM OF LINES 1-6)		9,918,112		9,918,112	50,555		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	(COLS. 1+2) 3	4	5	
15	COST OF MEDICAL SUPPLIES	8	566,036		566,036			15
16	COST OF DRUGS	9	1,518,973		1,518,973			16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7001

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS 9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	10,436	5,232		2,134,058	1,069,892		3,203,950
2 PHYSICAL THERAPY	9,218	5,334		1,749,392	1,012,287		2,761,679
3 OCCUPATIONAL THERAPY	693	332		115,856	55,504		171,360
4 SPEECH PATHOLOGY	293	98		58,005	19,401		77,406
5 MEDICAL SOCIAL SERVICES	117	127		38,274	41,546		79,820
6 HOME HEALTH AIDE	515	403		61,321	47,985		109,306
7 TOTAL (SUM OF LINES 1-6)	21,272	11,526		4,156,906	2,246,615		6,403,521

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	16974	8,148	4,327	8
8.01 SKILLED NURSING CARE	29404	2,288	905	8.01
9 PHYSICAL THERAPY	16974	7,120	4,400	9
9.01 PHYSICAL THERAPY	29404	2,098	934	9.01
10 OCCUPATIONAL THERAPY	16974	609	272	10
10.01 OCCUPATIONAL THERAPY	29404	84	60	10.01
11 SPEECH PATHOLOGY	16974	254	83	11
11.01 SPEECH PATHOLOGY	29404	39	15	11.01
12 MEDICAL SOCIAL SERVICES	16974	92	104	12
12.01 MEDICAL SOCIAL SERVICES	29404	25	23	12.01
13 HOME HEALTH AIDE	16974	461	369	13
13.01 HOME HEALTH AIDE	29404	54	34	13.01
14 TOTAL (SUM OF LINES 8-13)		21,272	11,526	14

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

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

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.418308		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.370312		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.290438		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.342476		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.419658		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7001

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART B -----		
	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	PART A 1	2	3
1 REASONABLE COST OF PART A & PART B SERVICES			
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)			1
3 TOTAL CHARGES	6,492,105		2
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	6,492,105		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	6,492,105		7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			8
10 PRIMARY PAYER PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A	PART B	
	SERVICES 1	SERVICES 2	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	4,253,825	2,349,969	11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,647		12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	135,963	112,342	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	59,844	53,911	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	620		15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
18 TOTAL OTHER PAYMENTS			17
19 DME PAYMENTS			18
20 OXYGEN PAYMENTS			19
21 PROSTHETIC AND ORTHOTIC PAYMENTS			20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	4,451,899	2,516,222	22
24 EXCESS REASONABLE COST (FROM LINE 8)			23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	4,451,899	2,516,222	24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
27 NET COST (LINE 24 MINUS LINE 25)	4,451,899	2,516,222	26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	4,451,899	2,516,222	29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	4,451,899	2,516,222	31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	4,451,899	2,516,222	32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7001

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,451,899		2,516,222	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99				3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		4,451,899		2,516,222	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				
	PROVIDER .02				
	TO .02				
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2300

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	926,949	HOURS OF SERVICE	39,547.00	19.01	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	654,902	HOURS OF SERVICE	45,099.00	21.68	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS	65,100	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	77,660	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,724,611				9
10 EMPLOYEE BENEFITS	449,064	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	757,840	REQUISITIONS			14
15 DRUGS	770,883	REQUISITIONS			15
16 OTHER	1,492,109	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	5,194,507				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	192,562	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	96,349	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	83,418	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,357,996	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	819,189	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY	-781,562	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	706,836	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	7,669,295				27
28 LABORATORY		CHARGES			28
28.01 VASCULAR LAB		CHARGES			28.01
29 RESPIRATORY THERAPY		CHARGES			29
30 BLANK		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
31 TOTAL COSTS (SUM OF LINES 27-30)	7,669,295				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2300

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE			
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS		
	1	2	3	4	5	6		
1	TOTAL RENAL DEPT COSTS	1,011,751	96,349	926,949	654,902	532,482	-10,679	1
	MAINTENANCE							
2	HEMODIALYSIS	1,011,751	96,349	926,949	654,902	532,482	-10,679	2
3	INTERMITTENT PERITONEAL TRAINING							3
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD							6
7	CCPD							7
	HOME							
8	HEMODIALYSIS							8
9	INTERMITTENT PERITONEAL							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS							12
13	METHOD II HOME PATIENT							13
14	EPO (INCL IN RENAL DEPT)						381,455	14
15	ARANESP (INCL IN RENAL DEPT)						497,089	15
16	OTHER							16
17	TOTAL (SUM OF LINES 2-16)	1,011,751	96,349	926,949	654,902	532,482	-10,679	17
18	MEDICAL EDUC PGM COSTS							18
19	TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2300

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:		[XX] RENAL DIALYSIS DEPARTMENT		[] HOME PROGRAM DIALYSIS			
		MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	757,840		3,969,594	3,699,701	7,669,295	1
2	HEMODIALYSIS	757,840		3,969,594	3,699,701	7,669,295	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
8	HOME HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS						12
13	METHOD II HOME PATIENT						13
14	EPO (INCL IN RENAL DEPT)						14
15	ARANESP (INCL IN RENAL DEPT)						15
16	OTHER						16
17	TOTAL (SUM OF LINES 2-16)	757,840		3,969,594	3,699,701	7,669,295	17
18	MEDICAL EDUC PGM COSTS						18
19	TOTAL RENAL COSTS (LINES 17+18)					7,669,295	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2300

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNS (HOURS) 3	SALARY OTHER (HOURS) 4	EMPLOYEE BENEFITS (SALARY) 5	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2				
1 TOTAL RENAL DEPT COSTS MAINTENANCE	1,011,751	96,349	926,949	654,902	532,482	1
2 HEMODIALYSIS	11,426	100.00	39,547.00	50,033.00	1,724,611	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS						12
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	11,426	100.00	39,547.00	50,033.00	1,724,611	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	88.548136	963.490000	23.439174	13.089401	0.308755	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2300

WORKSHEET I-3
 (CONTINUED)

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

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	-10,679	757,840		3,969,594	3,699,701	1
2 HEMODIALYSIS	771,203	18,352				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS						12
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	771,203	18,352			3,969,594	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	-0.013847	41.294682			0.932010	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2300

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST 1-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	14,129	7,669,295	542.81	11,645	6,321,022	2,114,797	181.61	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD	2,955			419		233,482	557.24	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	14,129	7,669,295		11,645	6,321,022	2,348,279		11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2300

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	6,321,022	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	2,348,279	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	105	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	469,659	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	469,764	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	1,878,539	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	3,972,719	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		11

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1522

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)	
	1	2	3	4	5	6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF			72,568			72,568	4
5 VOLUNTEER SERVICE COORDINATION	50,932	13,666				64,598	5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	305,049	81,851			94,474	481,374	6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES	436,575	117,142				553,717	9
10 NURSING CARE	916,181	245,830				1,162,011	10
11 NURSING CARE-CONTINUOUS HOME CARE							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	161,819	43,419				205,238	15
16 SPIRITUAL COUNSELING	82,714	22,194				104,908	16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HOME HEALTH AIDE AND HOMEMAKER							19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE							20
21 OTHER	4,742	1,272		1,632,843		1,638,857	21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					310,359	310,359	22
23 ANALGESICS							23
24 SEDATIVES/HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					212,523	212,523	26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES				49,593		49,593	30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							31
32 RADIATION THERAPY							32
33 CHEMOTHERAPY							33
34 OTHER							34
HOSPICE NONREIMBURSABLE SERVICE							
35 BEREAVEMENT PROGRAM COSTS	53,219	14,280				67,499	35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 TOTAL (SUM OF LINES 1-38)	2,011,231	539,654	72,568	1,682,436	617,356	4,923,245	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1522

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5		72,568		72,568	5
6		64,598		64,598	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39					39
GENERAL SERVICE COST CENTER					
CAPITAL RELATED COSTS-BLDG AND FIXT.					
CAPITAL RELATED COSTS-MOVABLE EQUIP.					
PLANT OPERATION AND MAINTENANCE					
TRANSPORTATION - STAFF					
VOLUNTEER SERVICE COORDINATION					
ADMINISTRATIVE AND GENERAL	-46,060	435,314	-171,327	263,987	
INPATIENT CARE SERVICE					
INPATIENT - GENERAL CARE					
INPATIENT - RESPITE CARE					
VISITING SERVICES					
PHYSICIAN SERVICES		553,717		553,717	
NURSING CARE		1,162,011		1,162,011	
NURSING CARE-CONTINUOUS HOME CARE					
PHYSICAL THERAPY					
OCCUPATIONAL THERAPY					
SPEECH/LANGUAGE PATHOLOGY					
MEDICAL SOCIAL SERVICES		205,238		205,238	
SPIRITUAL COUNSELING		104,908		104,908	
DIETARY COUNSELING					
COUNSELING - OTHER					
HOME HEALTH AIDE AND HOMEMAKER					
HH AIDE & HOMEMAKER-CONT. HOME CARE					
OTHER		1,638,857		1,638,857	
OTHER HOSPICE SERVICE COSTS					
DRUGS, BIOLOGICAL & INFUSION THERAPY		310,359		310,359	
ANALGESICS					
SEDATIVES/HYPNOTICS					
OTHER - SPECIFY					
DURABLE MEDICAL EQUIPMENT/OXYGEN		212,523		212,523	
PATIENT TRANSPORTATION					
IMAGING SERVICES					
LABS AND DIAGNOSTICS					
MEDICAL SUPPLIES		49,593		49,593	
OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					
RADIATION THERAPY					
CHEMOTHERAPY					
OTHER					
HOSPICE NONREIMBURSABLE SERVICE					
BEREAVEMENT PROGRAM COSTS		67,499		67,499	
VOLUNTEER PROGRAM COSTS					
FUNDRAISING					
OTHER PROGRAM COSTS					
TOTAL (SUM OF LINES 1-38)	-92,120	4,877,185	-342,654	4,705,858	

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1522

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									
2									
3									
4									
5									
6	96,552			93,056	115,441			50,932	305,049
7									
8									
9								436,575	436,575
10					838,303		77,878		916,181
11									
12									
13									
14									
15			161,819						161,819
16								82,714	82,714
17									
18									
19									
20									
21								4,742	4,742
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35								53,219	53,219
36									
37									
38									
39	96,552		161,819	93,056	953,744		77,878	628,182	2,011,231

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1522

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36
37										37
38										38
39										39
GENERAL SERVICE COST CENTER										
CAP REL COSTS-BLDG AND FIXT.										
CAP REL COSTS-MOVABLE EQUIP.										
PLANT OPERATION & MAINT.										
TRANSPORTATION - STAFF										
VOLUNTEER SERVICE COORD.										
ADMINISTRATIVE AND GENERAL	25,907			24,969	30,975			13,666	13,666	5
INPATIENT CARE SERVICE										
INPATIENT - GENERAL CARE										
INPATIENT - RESPITE CARE										
VISITING SERVICES										
PHYSICIAN SERVICES										
NURSING CARE					224,934		20,896	117,142	117,142	9
NURSING CARE-CONT.HOME CARE										
PHYSICAL THERAPY										
OCCUPATIONAL THERAPY										
SPEECH/LANGUAGE PATHOLOGY										
MEDICAL SOCIAL SERVICES			43,419							43,419
SPIRITUAL COUNSELING								22,194	22,194	16
DIETARY COUNSELING										
COUNSELING - OTHER										
HH AIDE AND HOME MAKER										
HH AIDE & HMKR-CONT.HME CARE										
OTHER								1,272	1,272	21
OTHER HOSPICE SERVICE COSTS										
DRUGS, BIOL. & INFUS. THER.										
ANALGESICS										
SEDATIVES / HYPNOTICS										
OTHER - SPECIFY										
DURABLE MED. EQUIP./OXYGEN										
PATIENT TRANSPORTATION										
IMAGING SERVICES										
LABS AND DIAGNOSTICS										
MEDICAL SUPPLIES										
OUTPAT.SERV.(INCL.E/R DEPT.)										
RADIATION THERAPY										
CHEMOTHERAPY										
OTHER										
HOSPICE NONREIMBURSABLE SERVICE										
BEREAVEMENT PROGRAM COSTS								14,280	14,280	35
VOLUNTEER PROGRAM COSTS										
FUNDRAISING										
OTHER PROGRAM COSTS										
TOTAL (SUM OF LINES 1-38)	25,907		43,419	24,969	255,909		20,896	168,554	539,654	39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE NO.: 14-1522

WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER							1,632,843	1,632,843 21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES							49,593	49,593 30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)							1,682,436	1,682,436 39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1522

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDGCOSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7	
	0	1	2	3	4	5	5A	6	7	
1										1
2										2
3										3
4		72,568			72,568					4
5		64,598				64,598				5
6		263,987					263,987	263,987		6
7										7
8										8
9		553,717			9,334	8,309	571,360	33,956	605,316	9
10		1,162,011			19,589	17,438	1,199,038	71,260	1,270,298	10
11										11
12										12
13										13
14										14
15		205,238			3,460	3,080	211,778	12,586	224,364	15
16		104,908			1,769	1,574	108,251	6,433	114,684	16
17										17
18										18
19										19
20										20
21		1,638,857			101	90	1,639,048	97,414	1,736,462	21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30		49,593			836	744	51,173	3,041	54,214	30
31										31
32										32
33										33
34										34
35										35
36		67,499			1,138	1,013	69,650	4,139	73,789	36
37										37
38										38
39		4,705,858			72,568	64,598	4,705,858		4,705,858	39

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPO- RTATION (MILEAGE) 4	VOLUNTEER SERV. CO- ORDINATOR (HOURS) 5	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF				72,568				4
5 VOLUNTEER SERVICE COORD.					64,597			5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-263,987	4,441,871	6
7 INPATIENT - GENERAL CARE								7
8 INPATIENT - RESPITE CARE VISITING SERVICES								8
9 PHYSICIAN SERVICES				9,334	8,309		571,360	9
10 NURSING CARE				19,589	17,438		1,199,038	10
11 NURSING CARE-CONTINUOUS HOME								11
12 PHYSICAL THERAPY								12
13 OCCUPATIONAL THERAPY								13
14 SPEECH/LANGUAGE PATHOLOGY								14
15 MEDICAL SOCIAL SERVICES				3,460	3,080		211,778	15
16 SPIRITUAL COUNSELING				1,769	1,574		108,251	16
17 DIETARY COUNSELING								17
18 COUNSELING - OTHER								18
19 HH AIDE AND HOMEMAKER								19
20 HH AIDE & HMKR-CONT. HOME CA								20
21 OTHER				101	90		1,639,048	21
OTHER HOSPICE SERVICE COSTS								
22 DRUGS, BIOL. & INFUS. THER.				5,232	4,657		320,248	22
23 ANALGESICS								23
24 SEDATIVES / HYPNOTICS								24
25 OTHER - SPECIFY								25
26 DURABLE MED. EQUIP./OXYGEN				3,583	3,189		219,295	26
27 PATIENT TRANSPORTATION								27
28 IMAGING SERVICES								28
29 LABS AND DIAGNOSTICS								29
30 MEDICAL SUPPLIES				836	744		51,173	30
31 OUTPAT.SERV.(INCL.E/R DEPT.)								31
32 RADIATION THERAPY								32
33 CHEMOTHERAPY								33
34 OTHER				27,526	24,503		52,030	34
HOSPICE NONREIMBURSABLE SERVICE								
35 BEREAVEMENT PROGRAM COSTS				1,138	1,013		69,650	35
36 VOLUNTEER PROGRAM COSTS								36
37 FUNDRAISING								37
38 OTHER PROGRAM COSTS								38
39 COST TO BE ALLOCATED				72,568	64,598		263,987	39
40 UNIT COST MULTIPLIER				1.000000	1.000015		0.059431	40

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION MED TECH 23.01	PARAMED EDUCATION ANESTHESIA 23.02	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL			698,635		698,635			1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES			752,979		752,979	89,866	842,845	4
5 NURSING CARE			1,580,180		1,580,180	188,590	1,768,770	5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			279,096		279,096	33,309	312,405	10
11 SPIRITUAL COUNSELING			142,660		142,660	17,026	159,686	11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER			2,160,062		2,160,062	257,794	2,417,856	16
17 DRUGS,BIOLOGICALS & INFUSIO			422,047		422,047	50,370	472,417	17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN			289,003		289,003	34,492	323,495	21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES			67,439		67,439	8,049	75,488	25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER			68,569		68,569	8,184	76,753	29
30 BEREAVEMENT PROGRAM COSTS			91,789		91,789	10,955	102,744	30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			6,552,459		6,552,459		6,552,459	34
35 UNIT COST MULTIPLIER						0.119347		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPR. EXPENSE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	3,936	4,251		2,011,231		167,711		3,936	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES						605,316			4
5 NURSING CARE						1,270,298			5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE						224,364			10
11 SPIRITUAL COUNSELING						114,684			11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER						1,736,462			16
17 DRUGS,BIOLOGICALS & INFUSIO						339,281			17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN						232,328			21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES						54,214			25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER						55,122			29
30 BEREAVEMENT PROGRAM COSTS						73,789			30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	3,936	4,251		2,011,231		4,873,569		3,936	34
35 TOTAL COST TO BE ALLOCATED	66,333	4,097		97,281		1,188,878		228,017	35
36 UNIT COST MULTIPLIER	16.852896	0.963773		0.048369		0.243944		57.931148	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA PAID HOURS 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	
1 ADMINISTRATIVE AND GENERAL		3,936		53,908		11		310,359	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE									5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE									10
11 SPIRITUAL COUNSELING									11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)		3,936		53,908		11		310,359	34
35 TOTAL COST TO BE ALLOCATED		54,175		19,895		124,747		39,029	35
36 UNIT COST MULTIPLIER		13.763974		0.369055		11,340.6363		0.125754	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	PARAMED EDUCATION MED TECH ASSIGNED TIME 23.01
1 ADMINISTRATIVE AND GENERAL	7,485,835							1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	7,485,835							34
35 TOTAL COST TO BE ALLOCATED	24,149							35
36 UNIT COST MULTIPLIER	0.003226							36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1522

WORKSHEET K-5
PART II

HOSPICE COST CENTER	PARAMED EDUCATION ANESTHESIA ASSIGNED TIME	
	23.02	
1 ADMINISTRATIVE AND GENERAL		1
2 INPATIENT - GENERAL CARE		2
3 INPATIENT - RESPITE CARE		3
4 PHYSICIAN SERVICES		4
5 NURSING CARE		5
6 NURSING CARE-CONTINUOUS HOM		6
7 PHYSICAL THERAPY		7
8 OCCUPATIONAL THERAPY		8
9 SPEECH/LANGUAGE PATHOLOGY		9
10 MEDICAL SOCIAL SERV. - DIRE		10
11 SPIRITUAL COUNSELING		11
12 DIETARY COUNSELING		12
13 COUNSELING - OTHER		13
14 HOME HLTH AIDE & HOMEMAKERS		14
15 HH AIDE & HMKR-CONT. HOME C		15
16 OTHER		16
17 DRUGS,BIOLOGICALS & INFUSIO		17
18 ANALGESICS		18
19 SEDATIVES / HYPNOTICS		19
20 OTHER - SPECIFY		20
21 DURABLE MED. EQUIP./OXYGEN		21
22 PATIENT TRANSPORTATION		22
23 IMAGING SERVICES		23
24 LABS AND DIAGNOSTICS		24
25 MEDICAL SUPPLIES		25
26 OUTPAT. SERV.(INCL.E/R DEPT		26
27 RADIATION THERAPY		27
28 CHEMOTHERAPY		28
29 OTHER		29
30 BEREAVEMENT PROGRAM COSTS		30
31 VOLUNTEER PROGRAM COSTS		31
32 FUNDRAISING		32
33 OTHER PROGRAM COSTS		33
34 TOTALS (SUM OF LINES 1-33)		34
35 TOTAL COST TO BE ALLOCATED		35
36 UNIT COST MULTIPLIER		36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1522

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.418308		1
2	OCCUPATIONAL THERAPY	67	0.370312		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.290438		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.419658		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.179103		6
6.01	VASCULAR LAB	60.01	0.118413		6.01
7	MEDICAL SUPPLIES	71	0.342476		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55	0.191386		9
10	BLANK	76			10
10.97	CARDIAC REHABILITATION	76.97	0.789867		10.97
11	TOTALS (SUM OF LINES 1-10)				11

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1522

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (SEE INSTRUCTIONS)				6,552,459	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				24,279	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				269.88	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	20,564				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,549,812				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		1,575			6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		425,061			7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			2,140		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			577,543		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-001) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	9,734,339	1
2	CAPITAL DRG OUTLIER PAYMENTS	493,367	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	402.40	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	148.08	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1094	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	1,064,937	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0197	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1176	8
9	SUM OF LINES 7 AND 8	0.1373	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0282	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	274,508	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	11,567,151	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-PHARMACY RESID					23
23.01 PARAMED ED PRGM-MEDICAL TECH					23.01
23.02 PARAMED ED PRGM-SCHOOL OF ANES					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 INFANT SPECIAL CARE UNIT (ISCU					31.01
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
60.01 VASCULAR LAB					60.01
63 BLOOD STORING, PROCESSING & TR					63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 BLANK					76
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
191 RESEARCH					191
193.01 NON-ALLOWABLE COST					193.01

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204