

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY OTTAWA REGIONAL HOSPITAL & HEALTHCARE CE (14-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2010 AND ENDING 04/30/2011, 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 PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1	HOSPITAL	-140,071	-930,133		1,865,441	1
2	SUBPROVIDER - IPF	89,328			1,006,585	2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY		-178			9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	-50,743	-930,311		2,872,026	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: 1100 EAST NORRIS DRIVE  
 2 CITY: OTTAWA

STATE: IL

P.O. BOX:  
 ZIP CODE: 61350

COUNTY: LASALLE

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0110	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S110	16974	4	05/01/1984	N	P	O	4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	14-7048	16974		11/01/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE	14-1570	16974		02/01/1984				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 05/01/2010			TO: 04/30/2011				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.							1	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 IPFS 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.	2,040	221	4		59	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.			1			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: 05/01/2010	ENDING: 04/30/2011		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		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

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

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

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	
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N N 71
<b>INPATIENT REHABILITATION FACILITY PPS</b>					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76
<b>LONG TERM CARE HOSPITAL PPS</b>					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
<b>TEFRA PROVIDERS</b>					
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
<b>TITLE V AND XIX INPATIENT SERVICES</b>					
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
<b>RURAL PROVIDERS</b>					
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

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.	Y	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.	2	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.	1,000,000	10,000,000 119
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	Y 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	N	2 140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.			
141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER: 141
142	STREET:	P.O. BOX:	142
143	CITY:	STATE:	ZIP CODE: 143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, 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)

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	07/21/2011 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
<b>BED COMPLEMENT</b>					
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	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
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	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	07/31/2011	Y	07/31/2011
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.	Y		Y	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- |    |  | Y/N | DATE |    |
|----|--|-----|------|----|
|    |  | 1   | 2    |    |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?   |     |      | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 37 |
| 38 | 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	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200		29,933,617	1,159,348.00	25.82	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B			201,842	2,353.00	85.78	3
4	PHYSICIAN-PART A			622,629	4,187.00	148.71	4
5	PHYSICIAN-PART B			1,005,481	7,913.00	127.07	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						10
	OTHER WAGES & RELATED COSTS	3,482,334	72,152	3,554,486	143,560.00	24.76	11
11	CONTRACT LABOR (SEE INSTRUCTIONS)			301,520	4,059.00	74.28	12
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						13
13	CONTRACT LABOR: PHYSICIAN-PART A			1,072,066	11,437.00	93.74	14
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						15
15	HOME OFFICE: PHYSICIAN-PART A						16
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						17
	WAGE-RELATED COSTS						18
17	WAGE-RELATED COSTS (CORE)	9,459,931		9,459,931			19
18	WAGE-RELATED COSTS (OTHER)						20
19	EXCLUDED AREAS	1,274,489		1,274,489			21
20	NON-PHYSICIAN ANESTHETIST PART A						22
21	NON-PHYSICIAN ANESTHETIST PART B			20,896			23
22	PHYSICIAN PART A			64,442			24
23	PHYSICIAN PART B			98,667			25
24	WAGE-RELATED COSTS (RHC/FQHC)						26
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						27
	OVERHEAD COSTS - DIRECT SALARIES						28
26	EMPLOYEE BENEFITS	429,730		429,730	13,413.00	32.04	29
27	ADMINISTRATIVE & GENERAL	2,987,229	-54,829	2,932,400	127,446.00	23.01	30
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	810,379		810,379	4,270.80	189.75	31
29	MAINTENANCE & REPAIRS						32
30	OPERATION OF PLANT	1,223,765		1,223,765	56,831.00	21.53	33
31	LAUNDRY & LINEN SERVICE	38,716		38,716	3,249.00	11.92	34
32	HOUSEKEEPING	726,449		726,449	62,128.00	11.69	35
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						36
34	DIETARY	790,261		790,261	54,855.00	14.41	37
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						38
36	CAFETERIA						39
37	MAINTENANCE OF PERSONNEL						40
38	NURSING ADMINISTRATION	1,046,582		1,046,582	29,511.00	35.46	41
39	CENTRAL SERVICES AND SUPPLY	198,086		198,086	14,619.00	13.55	42
40	PHARMACY	751,512		751,512	22,365.00	33.60	43
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,249,989		1,249,989	66,087.00	18.91	44
42	SOCIAL SERVICE	165,633		165,633	6,117.00	27.08	45
43	OTHER GENERAL SERVICE						46

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	28,914,044		28,914,044	1,149,165.8	25.16	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,482,334		3,554,486	143,560.00	24.76	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	25,431,710	-72,152	25,359,558	1,005,605.8	25.22	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,373,586		1,373,586	15,496.00	88.64	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,524,373		9,524,373		37.56%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	36,329,669	-72,152	36,257,517	1,021,101.8	35.51	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	10,418,331	-54,829	10,363,502	460,891.80	22.49	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	827,190	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		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	10,500	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,140,709	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	517,224	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	3,132	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	53,339	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	226,113	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,046,913	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	70,894	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	22,408	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,918,422	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
 PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	449,420	10,837,623	1
2	HOSPITAL	301,520	9,643,936	2
3	SUBPROVIDER - IPF	12,700	649,420	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	80,400	476,445	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE	54,800	67,822	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.: 14-7048

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		474		256	730	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		516.00		299.00	815.00	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)					3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.00	1.00	4	
5 OTHER ADMINISTRATIVE PERSONNEL			7.23	0.07	7.30	5
6 DIRECT NURSING SERVICE			6.98	0.27	7.25	6
7 NURSING SUPERVISOR			1.00		1.00	7
8 PHYSICAL THERAPY SERVICE			3.07	0.41	3.48	8
9 PHYSICAL THERAPY SUPERVISOR						9
10 OCCUPATIONAL THERAPY SERVICE						10
11 OCCUPATIONAL THERAPY SUPERVISOR						11
12 SPEECH PATHOLOGY SERVICE						12
13 SPEECH PATHOLOGY SUPERVISOR						13
14 MEDICAL SOCIAL SERVICE						14
15 MEDICAL SOCIAL SERVICE SUPERVISOR						15
16 HOME HEALTH AIDE			2.78		2.78	16
17 HOME HEALTH AIDE SUPERVISOR						17
18 OTHER (SPECIFY)						18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	2,837	46	190	131	3,204	21
22 SKILLED NURSING VISIT CHARGES	715,313	11,638	48,002	33,024	807,977	22
23 PHYSICAL THERAPY VISITS	2,795		19	88	2,902	23
24 PHYSICAL THERAPY VISIT CHARGES	705,146		4,807	22,264	732,217	24
25 OCCUPATIONAL THERAPY VISITS	173			13	186	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	43,769			3,289	47,058	26
27 SPEECH PATHOLOGY VISITS	84			4	88	27
28 SPEECH PATHOLOGY VISIT CHARGES	21,235			1,012	22,247	28
29 MEDICAL SOCIAL SERVICE VISITS	50		3	8	61	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	12,633		759	2,024	15,416	30
31 HOME HEALTH AIDE VISITS	442		3	29	474	31
32 HOME HEALTH AIDE VISIT CHARGES	63,508		432	4,176	68,116	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	6,381	46	215	273	6,915	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,561,604	11,638	54,000	65,789	1,693,031	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	448		78	23	549	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	20,398	592	1,315	1,263	23,568	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1570

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	5				5 1
2	ROUTINE HOME CARE	4,414				4,583 2
3	INPATIENT RESPITE CARE	10				10 3
4	GENERAL INPATIENT CARE	53		5		58 4
5	TOTAL HOSPICE DAYS	4,482		174		4,656 5

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	91		6		97 6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	49.25		29.00		48.00 8
9	UNDUPLICATED CENSUS COUNT	91		6		97 9

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)				0.383611	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				3,391,290	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?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				489,434	5
6	MEDICAID CHARGES				30,284,324	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				11,617,400	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 2 PLUS LINE 5 MINUS LINE 7)				7,736,676	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 9 MINUS LINE 11)					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 13 MINUS LINE 15)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				-1,358	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				52,460	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				7,736,676	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	5,913,252	1,198,708	7,111,960		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	2,268,389	459,838	2,728,226		21
22	COST OF CHARITY CARE					22
23		2,268,389	459,838	2,728,226		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				3,044,665	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				378,523	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				2,666,142	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,022,761	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				3,750,987	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				11,487,663	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 CAP REL COSTS-BLDG & FIXT		2,212,512	2,212,512	1,882,012	1
2	00200 CAP REL COSTS-MVBLE EQUIP				2,943,766	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	429,730	8,971,141	9,400,871	2,025,896	4
5	00500 ADMINISTRATIVE & GENERAL	2,987,229	10,378,040	13,365,269	-1,466,958	5
7	00700 OPERATION OF PLANT	1,223,765	1,858,652	3,082,417	-50,461	7
8	00800 LAUNDRY & LINEN SERVICE	38,716	225,852	264,568	-2,737	8
9	00900 HOUSEKEEPING	726,449	161,509	887,958	-53,800	9
10	01000 DIETARY	790,261	779,384	1,569,645	-65,503	10
11	01100 CAFETERIA					11
13	01300 NURSING ADMINISTRATION	1,046,582	174,955	1,221,537	-114,326	13
14	01400 CENTRAL SERVICES & SUPPLY	198,086	498,695	696,781	-456,685	14
15	01500 PHARMACY	751,512	1,739,871	2,491,383	-1,562,845	15
16	01600 MEDICAL RECORDS & LIBRARY	1,249,989	512,457	1,762,446	-150,929	16
17	01700 SOCIAL SERVICE	165,633	13,851	179,484	-12,045	17
19	01900 NONPHYSICIAN ANESTHETISTS				247,091	19
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	68,109	31,866	99,975	-13,414	23
30	03000 ADULTS & PEDIATRICS	3,064,538	565,006	3,629,544	-531,510	30
31	03100 INTENSIVE CARE UNIT	708,243	103,929	812,172	-73,819	31
40	04000 SUBPROVIDER - IPF	1,738,797	196,514	1,935,311	-16,368	40
43	04300 NURSERY ANCILLARY SERVICE COST CENTERS	121,329	32,034	153,363	-12,163	43
50	05000 OPERATING ROOM	802,215	3,641,190	4,443,405	-297,442	50
51	05100 RECOVERY ROOM	166,455	19,425	185,880	-13,508	51
52	05200 DELIVERY ROOM & LABOR ROOM				152,676	52
53	05300 ANESTHESIOLOGY	846,926	1,406,265	2,253,191	-301,550	53
54	05400 RADIOLOGY-DIAGNOSTIC	2,022,472	2,555,195	4,577,667	-1,154,984	54
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	179,894	710,044	889,938	-530,129	58
60	06000 LABORATORY	877,251	1,796,757	2,674,008	-106,409	60
64	06400 INTRAVENOUS THERAPY	355,913	181,821	537,734		64
65	06500 RESPIRATORY THERAPY	568,403	228,016	796,419	-68,179	65
66	06600 PHYSICAL THERAPY	1,400,469	457,610	1,858,079	-153,647	66
67	06700 OCCUPATIONAL THERAPY	151,169	42,686	193,855	-10,697	67
68	06800 SPEECH PATHOLOGY	81,993	126,423	208,416	-6,701	68
69	06900 ELECTROCARDIOLOGY		6	6	184,772	69
70	07000 ELECTROENCEPHALOGRAPHY		200	200	4,208	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				329,398	71
73	07300 DRUGS CHARGED TO PATIENTS				1,449,757	73
75	07500 ASC (NON-DISTINCT PART)	2,106,232	1,081,938	3,188,170	-600,449	75
76	03160 STRESS TESTING					76
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,086,397	639,993	2,726,390	-527,980	76.01
76.97	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS				58,225	76.97
91	09100 EMERGENCY	1,303,432	1,264,424	2,567,856	-98,196	91
92	09200 OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS					92
101	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	1,328,598	337,473	1,666,071	-153,828	101
113	11300 INTEREST EXPENSE		318,423	318,423	-318,423	113
116	11600 HOSPICE	189,127	209,345	398,472	-13,832	116
117	06950 HOMEMAKER	157,703	42,245	199,948	8,264	117
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	29,933,617	43,515,747	73,449,364	346,548	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES		560,307	560,307	-346,548	192
200	TOTAL (SUM OF LINES 118-199)	29,933,617	44,076,054	74,009,671		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	4,094,524	298,799	4,393,323	1
2	00200	2,943,766	-2,706	2,941,060	2
3	00300				3
4	00400	11,426,767	214	11,426,981	4
5	00500	11,898,311	-5,252,726	6,645,585	5
7	00700	3,031,956	-36,061	2,995,895	7
8	00800	261,831	-2,743	259,088	8
9	00900	834,158		834,158	9
10	01000	1,504,142	-405,917	1,098,225	10
11	01100				11
13	01300	1,107,211		1,107,211	13
14	01400	240,096		240,096	14
15	01500	928,538		928,538	15
16	01600	1,611,517	-2,837	1,608,680	16
17	01700	167,439		167,439	17
19	01900	247,091	-247,091		19
23	02300	86,561	-2,605	83,956	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	3,098,034	-87,685	3,010,349	30
31	03100	738,353		738,353	31
40	04000	1,918,943	-512	1,918,431	40
43	04300	141,200		141,200	43
ANCILLARY SERVICE COST CENTERS					
50	05000	4,145,963	-13,600	4,132,363	50
51	05100	172,372		172,372	51
52	05200	152,676		152,676	52
53	05300	1,951,641	-1,465,644	485,997	53
54	05400	3,422,683	-3,405	3,419,278	54
58	05800	359,809		359,809	58
60	06000	2,567,599		2,567,599	60
64	06400	537,734		537,734	64
65	06500	728,240	-37	728,203	65
66	06600	1,704,432		1,704,432	66
67	06700	183,158		183,158	67
68	06800	201,715		201,715	68
69	06900	184,778	-65,884	118,894	69
70	07000	4,408	-675	3,733	70
71	07100	329,398		329,398	71
73	07300	1,449,757	-12,213	1,437,544	73
75	07500	2,587,721	-504,047	2,083,674	75
76	03160				76
76.01	03550	2,198,410	-1,019,769	1,178,641	76.01
76.97	07697	58,225	-17,353	40,872	76.97
OUTPATIENT SERVICE COST CENTERS					
91	09100	2,469,660	-70,071	2,399,589	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
101	10100	1,512,243	-1,255	1,510,988	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
116	11600	384,640	-43,825	340,815	116
117	06950	208,212	-252	207,960	117
118					118
NONREIMBURSABLE COST CENTERS					
190	19000				190
192	19200	213,759		213,759	192
200		74,009,671	-8,959,900	65,049,771	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1			9,745
2	A	CAP REL COSTS-MVBLE EQUIP	2			46
3	A	CAP REL COSTS-BLDG & FIXT	1			64,206
4	A	CAP REL COSTS-MVBLE EQUIP	2			33,287
5						
6 ESTABLISH COST CENTER	B	DELIVERY ROOM & LABOR ROOM	52		180,554	12,178
7						
8 EQUIPMENT RENTALS	C	CAP REL COSTS-MVBLE EQUIP	2			20,296
9	C					
10	C					
11	C					
12	C					
13						
14 DEPARTMENTAL SALARIES AND FEES	D	ELECTROCARDIOLOGY	69		114,969	69,803
15	D	ELECTROENCEPHALOGRAPHY	70		3,533	675
16	D	CARDIAC REHABILITATION	76.97		40,872	17,353
17						
18 ER CLERICAL	G	EMERGENCY	91		54,829	
19						
20 SUPERVISOR SALARY	H	HOMEMAKER	117		28,487	
21						
22						
23 C SECTION COSTS	I	OPERATING ROOM	50		37,525	2,531
24						
25 CLOSE ACCOUNT	J	CAP REL COSTS-BLDG & FIXT	1			318,423
26						
27 CRNA FEES	K	NONPHYSICIAN ANESTHETISTS	19			247,091
28						
29 DEPRECIATION SEGREGATION	L	CAP REL COSTS-BLDG & FIXT	1			3,058,788
30	L	CAP REL COSTS-MVBLE EQUIP	2			56
31						
32						
33 MOB HOSPITAL STORAGE	M	ADMINISTRATIVE & GENERAL	5			24,121
34						
35 PSYCHIATRIC ADMINISTRATION	O	SUBPROVIDER - IPF	40		72,152	52,575
36						
37 COST OF GOODS SOLD	S	MEDICAL SUPPLIES CHRGED TO PA	71			329,398
38	S	DRUGS CHARGED TO PATIENTS	73			1,449,757
39						
40 FICA	R	EMPLOYEE BENEFITS	4			2,026,760
41	R					
42	R					
43	R					
44	R					
45	R					
46	R					
47	R					
48	R					
49	R					
50	R					
51	R					
52	R					
53	R					
54	R					
55	R					
56	R					
57	R					
58	R					
59	R					
60	R					
61	R					
62	R					
63	R					
64	R					
65	R					
66	R					
67	R					
68	R					
69	R					
70	R					
71						
72						
73 CONSOLIDATE EQUIP DEPRECIATION	T	CAP REL COSTS-MVBLE EQUIP	2			3,999,481
74	T					
75	T					
76	T					
77	T					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST REF.	A-7
	1	6	7	8	9	10	
1 INSURANCE	A	ADMINISTRATIVE & GENERAL	5		107,284	12	1
2	A					12	2
3	A					12	3
4	A					12	4
5							5
6 ESTABLISH COST CENTER	B	ADULTS & PEDIATRICS	30	180,554	12,178		6
7							7
8 EQUIPMENT RENTALS	C	ASC (NON-DISTINCT PART)	75		1,890	10	8
9	C	INTENSIVE CARE UNIT	31		307		9
10	C	ADULTS & PEDIATRICS	30		3,681		10
11	C	OPERATING ROOM	50		1,368		11
12	C	ADMINISTRATIVE & GENERAL	5		13,050		12
13							13
14 DEPARTMENTAL SALARIES AND FEES	D	ASC (NON-DISTINCT PART)	75	159,374	87,831		14
15	D						15
16	D						16
17							17
18 ER CLERICAL	G	ADMINISTRATIVE & GENERAL	5	54,829			18
19							19
20 SUPERVISOR SALARY	H	HOME HEALTH AGENCY	101	28,487			20
21							21
22							22
23 C SECTION COSTS	I	DELIVERY ROOM & LABOR ROOM	52	37,525	2,531		23
24							24
25 CLOSE ACCOUNT	J	INTEREST EXPENSE	113		318,423	11	25
26							26
27 CRNA FEES	K	ANESTHESIOLOGY	53		247,091		27
28							28
29 DEPRECIATION SEGREGATION	L	CAP REL COSTS-MVBLE EQUIP	2		1,109,400	9	29
30	L	CAP REL COSTS-BLDG & FIXT	1		1,949,444	9	30
31							31
32							32
33 MOB HOSPITAL STORAGE	M	PHYSICIANS' PRIVATE OFFICES	192		24,121		33
34							34
35 PSYCHIATRIC ADMINISTRATION	O	PSYCHIATRIC/PSYCHOLOGICAL SER	76.01	72,152	52,575		35
36							36
37 COST OF GOODS SOLD	S	CENTRAL SERVICES & SUPPLY	14		329,398		37
38	S	PHARMACY	15		1,449,757		38
39							39
40 FICA	R	ADMINISTRATIVE & GENERAL	5		199,694		40
41	R	OPERATION OF PLANT	7		89,240		41
42	R	LAUNDRY & LINEN SERVICE	8		2,737		42
43	R	HOUSEKEEPING	9		51,225		43
44	R	DIETARY	10		55,426		44
45	R	NURSING ADMINISTRATION	13		75,621		45
46	R	CENTRAL SERVICES & SUPPLY	14		14,658		46
47	R	PHARMACY	15		52,204		47
48	R	MEDICAL RECORDS & LIBRARY	16		88,928		48
49	R	SOCIAL SERVICE	17		11,889		49
50	R	PARAMED ED PRGM-(SPECIFY)	23		5,228		50
51	R	ADULTS & PEDIATRICS	30		240,427		51
52	R	INTENSIVE CARE UNIT	31		55,769		52
53	R	SUBPROVIDER - IPF	40		126,686		53
54	R	NURSERY	43		9,187		54
55	R	OPERATING ROOM	50		59,179		55
56	R	RECOVERY ROOM	51		11,669		56
57	R	ANESTHESIOLOGY	53		39,003		57
58	R	RADIOLOGY-DIAGNOSTIC	54		144,733		58
59	R	MAGNETIC RESONANCE IMAGING (M	58		13,500		59
60	R	LABORATORY	60		64,065		60
61	R	RESPIRATORY THERAPY	65		40,166		61
62	R	PHYSICAL THERAPY	66		100,362		62
63	R	OCCUPATIONAL THERAPY	67		10,697		63
64	R	SPEECH PATHOLOGY	68		5,633		64
65	R	ASC (NON-DISTINCT PART)	75		131,511		65
66	R	PSYCHIATRIC/PSYCHOLOGICAL SER	76.01		112,056		66
67	R	EMERGENCY	91		94,170		67
68	R	HOME HEALTH AGENCY	101		95,318		68
69	R	HOSPICE	116		13,832		69
70	R	HOMEMAKER	117		11,947		70
71							71
72							72
73 CONSOLIDATE EQUIP DEPRECIATION	T	EMPLOYEE BENEFITS	4		864	9	73
74	T	ADMINISTRATIVE & GENERAL	5		497,367		74
75	T	OPERATION OF PLANT	7		37,603		75
76	T	HOUSEKEEPING	9		2,575		76
77	T	DIETARY	10		10,077		77

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
78	T				78
79	T				79
80	T				80
81	T				81
82	T				82
83	T				83
84	T				84
85	T				85
86	T				86
87	T				87
88	T				88
89	T				89
90	T				90
91	T				91
92	T				92
93	T				93
94	T				94
95	T				95
96	T				96
97	T				97
98	T				98
99	T				99
100	T				100
101	T				101
102	T				102
103	T				103
104	T				104
105 NORRIS BLDG OVERHEAD	U	CAP REL COSTS-BLDG & FIXT	1		380,294 105
106	U	OPERATION OF PLANT	7		76,382 106
107	U	PHYSICIANS' PRIVATE OFFICES	192		162,179 107
108					108
109					109
110 MERCURY CIRCLE OVERHEAD	V	HOME HEALTH AGENCY	101		11,307 110
111					111
112					112
113 ORMC RADIOLOGY SPACE	W	RADIOLOGY-DIAGNOSTIC	54		9,247 113
500 TOTAL RECLASSIFICATIONS (SUM OF COLS. 4 & 5 MUST EQUAL SUM OF COLS. 8 & 9)				532,921	12,375,979 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
78	T	NURSING ADMINISTRATION	13		38,705	78
79	T	CENTRAL SERVICES & SUPPLY	14		112,629	79
80	T	PHARMACY	15		60,884	80
81	T	MEDICAL RECORDS & LIBRARY	16		62,001	81
82	T	SOCIAL SERVICE	17		156	82
83	T	PARAMED ED PRGM-(SPECIFY)	23		8,186	83
84	T	ADULTS & PEDIATRICS	30		94,670	84
85	T	INTENSIVE CARE UNIT	31		17,743	85
86	T	SUBPROVIDER - IPF	40		14,409	86
87	T	NURSERY	43		2,976	87
88	T	OPERATING ROOM	50		276,951	88
89	T	RECOVERY ROOM	51		1,839	89
90	T	ANESTHESIOLOGY	53		15,456	90
91	T	RADIOLOGY-DIAGNOSTIC	54		1,019,498	91
92	T	MAGNETIC RESONANCE IMAGING (M	58		516,629	92
93	T	LABORATORY	60		42,344	93
94	T	RESPIRATORY THERAPY	65		28,013	94
95	T	PHYSICAL THERAPY	66		53,285	95
96	T	SPEECH PATHOLOGY	68		1,068	96
97	T	ASC (NON-DISTINCT PART)	75		219,843	97
98	T	PSYCHIATRIC/PSYCHOLOGICAL SER	76.01		291,197	98
99	T	EMERGENCY	91		58,855	99
100	T	HOME HEALTH AGENCY	101		41,330	100
101	T	HOMEMAKER	117		8,276	101
102	T	PHYSICIANS' PRIVATE OFFICES	192		464,052	102
103						103
104						104
105 NORRIS BLDG OVERHEAD	U	ADMINISTRATIVE & GENERAL	5		618,855	9 105
106	U					106
107	U					107
108						108
109						109
110 MERCURY CIRCLE OVERHEAD	V	PHYSICIANS' PRIVATE OFFICES	192		11,307	110
111						111
112						112
113 ORMC RADIOLOGY SPACE	W	PHYSICIANS' PRIVATE OFFICES	192		9,247	113
500 TOTAL RECLASSIFICATIONS (SUM OF COLS. 4 & 5 MUST EQUAL SUM OF COLS. 8 & 9)				532,921	12,375,979	500

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	105,342					105,342	1
2 LAND IMPROVEMENTS	3,522,182	202,367		202,367		3,724,549	2
3 BUILDINGS AND FIXTURES	65,570,243	4,250,251		4,250,251	1,152,210	68,668,284	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	27,500,369	5,373,105		5,373,105	195,183	32,678,291	6
7 HIT DESIGNATED ASSETS		80,645		80,645		80,645	7
8 SUBTOTAL (SUM OF LINES 1-7)	96,698,136	9,906,368		9,906,368	1,347,393	105,257,111	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	96,698,136	9,906,368		9,906,368	1,347,393	105,257,111	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	2,212,512						2,212,512 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	2,212,512						2,212,512 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	63,110,324		63,110,324	0.658850				1
2 CAP REL COSTS-MVBLE EQUIP	32,678,291		32,678,291	0.341150				2
3 TOTAL (SUM OF LINES 1-2)	95,788,615		95,788,615	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	4,000,949		318,423	73,951			4,393,323 1
2 CAP REL COSTS-MVBLE EQUIP	2,887,431	20,296		33,333			2,941,060 2
3 TOTAL	6,888,380	20,296	318,423	107,284			7,334,383 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2) TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-75,769	ADMINISTRATIVE & GENERAL	5	4 4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	A	300	EMPLOYEE BENEFITS	4	5 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-21,729	OPERATION OF PLANT	7	6 6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-30,626	ADMINISTRATIVE & GENERAL	5	7 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-3,704	OPERATION OF PLANT	7	8 8
9 PARKING LOT (CHAPTER 21)					9 9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,156,393			10 10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-2,880	RADIOLOGY-DIAGNOSTIC	54	11 11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12 12
13 LAUNDRY AND LINEN SERVICE	B	-2,743	LAUNDRY & LINEN SERVICE	8	13 13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-405,498	DIETARY	10	14 14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15 15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-37	RESPIRATORY THERAPY	65	16 16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-12,213	DRUGS CHARGED TO PATIENTS	73	17 17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2,837	MEDICAL RECORDS & LIBRARY	16	18 18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-2,605	PARAMED ED PRGM-(SPECIFY)	23	19 19
20 VENDING MACHINES	B	-674	OPERATION OF PLANT	7	20 20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21 21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22 22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23 23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24 24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25 25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26 26
27 DEPRECIATION--MOVABLE EQUIPMENT	B	-2,706	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST	A	-247,091	NONPHYSICIAN ANESTHETISTS	19	28 28
29 PHYSICIANS' ASSISTANT					29 29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30 30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31 31
32 CAH HIT ADJ FOR DEPRECIATION AND					32 32
33 HOSPICE PHYSICIAN FEES	A	-17,518	HOSPICE	116	33 33
34 HHA PHYSICIAN FEES	A	-320	HOME HEALTH AGENCY	101	34 34
35 COMMUNITY EDUCATION REVENUE	B	-26,820	ADMINISTRATIVE & GENERAL	5	35 35
36 TRUSTEE FEES	A	4,093	ADMINISTRATIVE & GENERAL	5	36 36
37 EXECUTIVE ALCOHOL	A	-100	ADMINISTRATIVE & GENERAL	5	37 37
38 MISCELLANEOUS REVENUE	B	-4,950	ADULTS & PEDIATRICS	30	38 38
39 MISCELLANEOUS REVENUE	B	-82,708	ADULTS & PEDIATRICS	30	39 39
40 MALPRACTICE CREDIT REVERSAL	A	50,000	ADMINISTRATIVE & GENERAL	5	40 40
40.01 MALPRACTICE PAID LOSS	A	50,000	ADMINISTRATIVE & GENERAL	5	40.01 40.01
41 NON ALLOWABLE TAXES	A	-12,965	ADMINISTRATIVE & GENERAL	5	41 41
42 EMPLOYEE DINNER DANCE ALCOHOL	A	-86	EMPLOYEE BENEFITS	4	42 42
43 ADVERTISING	A	-388	ADMINISTRATIVE & GENERAL	5	43 43
43.01 ADVERTISING	A	-935	HOME HEALTH AGENCY	101	43.01 43.01
43.02 ADVERTISING	A	-525	RADIOLOGY-DIAGNOSTIC	54	43.02 43.02
43.03 ADVERTISING	A	-612	ASC (NON-DISTINCT PART)	75	43.03 43.03
43.04 ADVERTISING	A	-252	HOMEMAKER	117	43.04 43.04
43.05 ADVERTISING	A	-2,728	ADMINISTRATIVE & GENERAL	5	43.05 43.05
43.06 ADVERTISING	A	-512	SUBPROVIDER - IPF	40	43.06 43.06
43.08 ADVERTISING	A	-14,669	ADMINISTRATIVE & GENERAL	5	43.08 43.08
44 AHA LOBBYING FEES	A	-4,535	ADMINISTRATIVE & GENERAL	5	44 44
45 IHA LOBBYING FEES	A	-21,988	ADMINISTRATIVE & GENERAL	5	45 45
45.02 HOSPICE LOBBYING FEES	B	-183	HOSPICE	116	45.02 45.02
45.03 CABLE SERVICE	A	-9,954	OPERATION OF PLANT	7	45.03 45.03
45.04 PHYSICIAN GUARANTEES	A	-531,457	ADMINISTRATIVE & GENERAL	5	45.04 45.04
45.05 PSYCHIATRIC WINE	A	-38	PSYCHIATRIC/PSYCHOLOGICAL SERVI	76.01	45.05 45.05
45.06 ALCOHOL GOLF OUTING	A	-400	ADMINISTRATIVE & GENERAL	5	45.06 45.06
45.08 INVESTMENT CONSULTING FEES	A	175,368	ADMINISTRATIVE & GENERAL	5	45.08 45.08
45.09 IRS PENALTY AND INTEREST	A	-882	ADMINISTRATIVE & GENERAL	5	45.09 45.09
45.10 ROTARY FEES	A	-800	ADMINISTRATIVE & GENERAL	5	45.10 45.10

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
45.12 PHYSICIAN RECRUITING EXPENSE	A	-417	ADMINISTRATIVE & GENERAL	5	45.12
45.13 PHYSICIAN PLANTS	A	-137	ADMINISTRATIVE & GENERAL	5	45.13
45.16 BAD DEBT EXPENSE	A	-3,044,665	ADMINISTRATIVE & GENERAL	5	45.16
45.17 CONTRIBUTIONS UNITED WAY	A	-22,780	ADMINISTRATIVE & GENERAL	5	45.17
45.20 FUND RAISING POSTAGE	A	-1,170	ADMINISTRATIVE & GENERAL	5	45.20
45.26 GOLF OUTING ALCOHOL	A	-1,212	ADMINISTRATIVE & GENERAL	5	45.26
45.30 NURSES LIQUOR	A	-27	ADULTS & PEDIATRICS	30	45.30
45.31 PHYSICIAN GIFTS	A	-233	ADMINISTRATIVE & GENERAL	5	45.31
45.32 LIQUOR LICENSE RENEWAL	A	-450	ADMINISTRATIVE & GENERAL	5	45.32
45.33 CHAMBER OF COMMERCE ALCOHOL	A	-419	DIETARY	10	45.33
45.34 IMPROPER INTEREST CAPITALIZATION	A	329,096	CAP REL COSTS-BLDG & FIXT	1	9 45.34
45.36 PHYSICIAN SMUCK ALCOHOL	A	-52	ADMINISTRATIVE & GENERAL	5	45.36
45.37 CONVACARE RESP REVENUE	B	-26,124	HOSPICE	116	45.37
45.39 AMORTIZATION START UP COSTS	A	2,871	CAP REL COSTS-BLDG & FIXT	1	9 45.39
45.40 MEDICAID TAX ASSESSMENT - APPEAL	A	-1,704,677	ADMINISTRATIVE & GENERAL	5	45.40
45.41 DEPARTMENT MANAGERS PARTY ALCOHOL	A	-22	ADMINISTRATIVE & GENERAL	5	45.41
45.42 NEW PHYSICIAN RECEPTION ALCOHOL	A	-575	ADMINISTRATIVE & GENERAL	5	45.42
45.43 EMPLOYEE CHRISTMAS PARTY ALCOHOL	A	-1,949	ADMINISTRATIVE & GENERAL	5	45.43
45.44 GOLF OUTING FEES	A	-540	ADMINISTRATIVE & GENERAL	5	45.44
45.45 PATIENT TRANSPORTATION	A	-9,178	ADMINISTRATIVE & GENERAL	5	45.45
45.46 GOODWILL AMORTIZATION	A	-3,611	CAP REL COSTS-BLDG & FIXT	1	9 45.46
45.49 BOARD CHRISTMAS PARTY ALCOHOL	A	-12	ADMINISTRATIVE & GENERAL	5	45.49
45.51 REIMBURSEMENT CONSULTANT ALCOHOL	A	-51	ADMINISTRATIVE & GENERAL	5	45.51
45.54 GOLF OUTINGS	A	-1,636	ADMINISTRATIVE & GENERAL	5	45.54
45.55 BOARD MEMBERS CHRISTMAS ALCOHOL GI	A	-60	ADMINISTRATIVE & GENERAL	5	45.55
45.58 STRATEGIC GROWTH COMMITTEE ALCOHOL	A	-133	ADMINISTRATIVE & GENERAL	5	45.58
45.60 CORPORATE COMPLIANCE LIQUOR	A	-10	ADMINISTRATIVE & GENERAL	5	45.60
45.61 UNITED WAY KICKOFF EXPENSE	A	-40	ADMINISTRATIVE & GENERAL	5	45.61
45.62 CREDIT CARD DUES	A	-40	ADMINISTRATIVE & GENERAL	5	45.62
45.63 CAPITALIZED TAXES FUTURE CLINIC SI	A	-15,685	ADMINISTRATIVE & GENERAL	5	45.63
45.64 WELCOME BASKET CONTRIBUTION	A	-660	ADMINISTRATIVE & GENERAL	5	45.64
45.65 PHYSICIAN GOLF OUTING	A	-51	ADMINISTRATIVE & GENERAL	5	45.65
45.66 BOARD MEMBERS GOLF OUTING	A	-500	ADMINISTRATIVE & GENERAL	5	45.66
45.67 CHAMBER OF COMMERCE GOLF OUTING	A	-550	ADMINISTRATIVE & GENERAL	5	45.67
45.68 AMORTIZED CAPITALIZED INTEREST	A	-29,557	CAP REL COSTS-BLDG & FIXT	1	9 45.68
45.69 IRS LATE FILING FEE	A	-575	ADMINISTRATIVE & GENERAL	5	45.69
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,959,900			50
TRANSFER TO WKST A, COL. 6, LINE 200)					



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

WORKSHEET A-8-1

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	50	OPERATING ROOM	LEVISAY	20,000	20,000	208,000	64	6,400	320
3	60	LABORATORY	TOMAS	100,000	100,000	215,700	1,070	110,961	5,548
4	69	ELECTROCARDIOLOGY	GHAFOOR	69,803	63,733	177,200	46	3,919	196
5	70	ELECTROENCEPHALOGRAPHY	GARG	675	675				
7	91	EMERGENCY	MIDWEST EMERGENCY	883,759	883,759	177,200	10,142	864,020	43,201
8	91	EMERGENCY	ASS GI CONSULTANT	50,417	50,417	177,200	1	85	4
9	75	ASC (NON-DISTINCT PART)	SWONG	465,561	239,806	177,200	1,599	136,223	6,811
12	75	ASC (NON-DISTINCT PART)	TALARICO M	107,147	100,635	177,200	70	5,963	298
13	75	ASC (NON-DISTINCT PART)	TALARICO A	78,105	72,913	177,200	62	5,282	264
14	76.97	CARDIAC REHABILITATION	BENEVIDAS	17,353	17,353				
15	53	ANESTHESIOLOGY	MEDICAL DR ASS	372,748	372,748				
16	53	ANESTHESIOLOGY	MALIK	425,016	425,016				
17	53	ANESTHESIOLOGY	ST. MARYS ANESTHESI	236,960	236,960				
18	53	ANESTHESIOLOGY	BAYLEY	396,518	189,368	200,300	1,128	108,624	5,431
19	53	ANESTHESIOLOGY	FOULEN	175,132	108,280	200,300	397	38,230	1,912
20	53	ANESTHESIOLOGY	SYCAMORE ANESTHESIS	6,124	6,124				
21	76.01	PSYCHIATRIC/PSYCHOLOGICA	GLAVIN	361,214	227,164	154,100	802	59,417	2,971
22	76.01	PSYCHIATRIC/PSYCHOLOGICA	DYERS	220,109	175,530	154,100	437	32,376	1,619
24	76.01	PSYCHIATRIC/PSYCHOLOGICA	KASTENBURG	244,681	210,018	154,100	306	22,670	1,134
25	76.01	PSYCHIATRIC/PSYCHOLOGICA	CHUPREVICH	330,342	284,571	154,100	299	22,152	1,108
200		TOTAL		4,561,664	2,730,894	1,830,770	16,423	1,416,322	70,817

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	50 OPERATING ROOM		LEVISAY			6,400	13,600	13,600
3	60 LABORATORY		TOMAS			110,961		
4	69 ELECTROCARDIOLOGY		GHAFOOR			3,919	2,151	65,884
5	70 ELECTROENCEPHALOGRAPHY		GARG					675
7	91 EMERGENCY		MIDWEST EMERGENCY			864,020	19,739	19,739
8	91 EMERGENCY		ASS GI CONSULTANT			85	50,332	50,332
9	75 ASC (NON-DISTINCT PART)		SWONG			136,223	89,532	329,338
12	75 ASC (NON-DISTINCT PART)		TALARICO M			5,963	549	101,184
13	75 ASC (NON-DISTINCT PART)		TALARICO A			5,282		72,913
14	76.97 CARDIAC REHABILITATION		BENEVIDAS					17,353
15	53 ANESTHESIOLOGY		MEDICAL DR ASS					372,748
16	53 ANESTHESIOLOGY		MALIK					425,016
17	53 ANESTHESIOLOGY		ST. MARYS ANESTHESI					236,960
18	53 ANESTHESIOLOGY		BAYLEY			108,624	98,526	287,894
19	53 ANESTHESIOLOGY		FOULEN			38,230	28,622	136,902
20	53 ANESTHESIOLOGY		SYCAMORE ANESTHESIS					6,124
21	76.01 PSYCHIATRIC/PSYCHOLOGICA		GLAVIN			59,417	74,633	301,797
22	76.01 PSYCHIATRIC/PSYCHOLOGICA		DYERS			32,376	12,203	187,733
24	76.01 PSYCHIATRIC/PSYCHOLOGICA		KASTENBURG			22,670	11,993	222,011
25	76.01 PSYCHIATRIC/PSYCHOLOGICA		CHUPREVICH			22,152	23,619	308,190
200	TOTAL					1,416,322	425,499	3,156,393

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	4,393,323	4,393,323				1
2 CAP REL COSTS-MVBLE EQUIP	2,941,060		2,941,060			2
4 EMPLOYEE BENEFITS	11,426,981	32,239	587	11,459,807		4
5 ADMINISTRATIVE & GENERAL	6,645,585	453,097	574,190	1,138,991	8,811,863	5
7 OPERATION OF PLANT	2,995,895	883,592	25,613	475,331	4,380,431	7
8 LAUNDRY & LINEN SERVICE	259,088	23,961		15,038	298,087	8
9 HOUSEKEEPING	834,158	18,863	1,749	282,165	1,136,935	9
10 DIETARY	1,098,225	120,387	6,845	306,951	1,532,408	10
11 CAFETERIA		87,808			87,808	11
13 NURSING ADMINISTRATION	1,107,211	34,594	26,293	406,510	1,574,608	13
14 CENTRAL SERVICES & SUPPLY	240,096	26,971	76,510	76,940	420,517	14
15 PHARMACY	928,538	40,008	41,359	291,900	1,301,805	15
16 MEDICAL RECORDS & LIBRARY	1,608,680	26,898	42,118	485,517	2,163,213	16
17 SOCIAL SERVICE	167,439	10,196	106	64,335	242,076	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	83,956	18,547	5,561	26,455	134,519	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,010,349	318,411	64,310	1,120,188	4,513,258	30
31 INTENSIVE CARE UNIT	738,353	44,305	12,053	275,094	1,069,805	31
40 SUBPROVIDER - IPF	1,918,431	220,868	9,788	703,403	2,852,490	40
43 NURSERY	141,200	15,950	2,022	47,126	206,298	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,132,363	206,448	188,136	326,169	4,853,116	50
51 RECOVERY ROOM	172,372	17,091	1,249	64,654	255,366	51
52 DELIVERY ROOM & LABOR ROOM	152,676	22,917		55,555	231,148	52
53 ANESTHESIOLOGY	485,997	12,600	10,499	328,960	838,056	53
54 RADIOLOGY-DIAGNOSTIC	3,419,278	220,285	698,970	785,563	5,124,096	54
58 MAGNETIC RESONANCE IMAGING (MRI)	359,809	1,845	350,952	69,874	782,480	58
60 LABORATORY	2,567,599	85,016	28,765	340,739	3,022,119	60
64 INTRAVENOUS THERAPY	537,734	2,913		138,243	678,890	64
65 RESPIRATORY THERAPY	728,203	27,093	19,030	220,777	995,103	65
66 PHYSICAL THERAPY	1,704,432	345,576	36,197	543,966	2,630,171	66
67 OCCUPATIONAL THERAPY	183,158	20,247		58,717	262,122	67
68 SPEECH PATHOLOGY	201,715	20,975	726	31,847	255,263	68
69 ELECTROCARDIOLOGY	118,894	1,966		44,656	165,516	69
70 ELECTROENCEPHALOGRAPHY	3,733	2,622		1,372	7,727	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	329,398				329,398	71
73 DRUGS CHARGED TO PATIENTS	1,437,544				1,437,544	73
75 ASC (NON-DISTINCT PART)	2,083,674	386,094	149,342	756,193	3,375,303	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,178,641	540,444	197,814	782,367	2,699,266	76.01
76.97 CARDIAC REHABILITATION	40,872	3,350		15,875	60,097	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,399,589	63,872	39,981	527,572	3,031,014	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,510,988		53,124	504,985	2,069,097	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	340,815			73,460	414,275	116
117 HOMEMAKER	207,960		5,622	72,319	285,901	117
118 SUBTOTALS (SUM OF LINES 1-117)	64,836,012	4,358,049	2,669,511	11,459,807	64,529,189	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,305			18,305	190
192 PHYSICIANS' PRIVATE OFFICES	213,759	16,969	271,549		502,277	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	65,049,771	4,393,323	2,941,060	11,459,807	65,049,771	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	8,811,863					5
7 OPERATION OF PLANT	686,365	5,066,796				7
8 LAUNDRY & LINEN SERVICE	46,707	40,142	384,936			8
9 HOUSEKEEPING	178,145	31,601		1,346,681		9
10 DIETARY	240,111	201,686		46,024	2,020,229	10
11 CAFETERIA	13,759	147,106		17,259	1,552,152	11
13 NURSING ADMINISTRATION	246,724	57,956		40,271		13
14 CENTRAL SERVICES & SUPPLY	65,890	45,185		2,971		14
15 PHARMACY	203,979	67,025		17,259		15
16 MEDICAL RECORDS & LIBRARY	338,952	45,063		11,506		16
17 SOCIAL SERVICE	37,931	17,082		2,149		17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	21,078	31,072		16,437		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	707,178	533,437	123,222	460,247	208,318	30
31 INTENSIVE CARE UNIT	167,627	74,224	14,638	40,271	15,376	31
40 SUBPROVIDER - IPF	446,954	370,022	15,754	46,024	187,235	40
43 NURSERY	32,325	26,721	1,509	5,753		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	760,430	345,864	35,239	98,623		50
51 RECOVERY ROOM	40,013	28,632	3,148	4,109		51
52 DELIVERY ROOM & LABOR ROOM	36,218	38,393		8,724		52
53 ANESTHESIOLOGY	131,314	21,108				53
54 RADIOLOGY-DIAGNOSTIC	802,887	369,046	46,513	18,587		54
58 MAGNETIC RESONANCE IMAGING (MRI)	122,606	3,091		8,219		58
60 LABORATORY	473,533	142,429		46,024		60
64 INTRAVENOUS THERAPY	106,375	4,880				64
65 RESPIRATORY THERAPY	155,922	45,388		2,971		65
66 PHYSICAL THERAPY	412,119	578,947	14,496	69,036		66
67 OCCUPATIONAL THERAPY	41,072	33,919	14,496			67
68 SPEECH PATHOLOGY	39,997	35,139	14,496			68
69 ELECTROCARDIOLOGY	25,935	3,294		3,698		69
70 ELECTROENCEPHALOGRAPHY	1,211	4,392		3,698		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	51,613					71
73 DRUGS CHARGED TO PATIENTS	225,247					73
75 ASC (NON-DISTINCT PART)	528,873	646,827	30,554	106,842	45,267	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	422,945	905,412	13,966	62,461	5,163	76.01
76.97 CARDIAC REHABILITATION	9,417	5,613		3,698		76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	474,927	107,005	56,905	138,072	6,718	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	324,205			31,357		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	64,912			1,517		116
117 HOMEMAKER	44,798					117
118 SUBTOTALS (SUM OF LINES 1-117)	8,730,294	5,007,701	384,936	1,313,807	2,020,229	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,868	30,666				190
192 PHYSICIANS' PRIVATE OFFICES	78,701	28,429		32,874		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,811,863	5,066,796	384,936	1,346,681	2,020,229	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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,818,084					11
13 NURSING ADMINISTRATION	61,267	1,980,826				13
14 CENTRAL SERVICES & SUPPLY	35,118		569,681			14
15 PHARMACY	51,995			1,642,063		15
16 MEDICAL RECORDS & LIBRARY	157,407	297,349			3,013,490	16
17 SOCIAL SERVICE	14,121				672	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	8,153	15,397				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	221,712	418,823	2,877		224,162	30
31 INTENSIVE CARE UNIT	22,255	42,045	4,621		31,436	31
40 SUBPROVIDER - IPF	123,475	233,247	176		314,737	40
43 NURSERY	3,270	6,179			28,524	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	103,909	196,286	96,208		25,836	50
51 RECOVERY ROOM	8,638	16,313			8,214	51
52 DELIVERY ROOM & LABOR ROOM	8,955	16,919			896	52
53 ANESTHESIOLOGY	24,828		1,324		8,363	53
54 RADIOLOGY-DIAGNOSTIC	211,793				825,265	54
58 MAGNETIC RESONANCE IMAGING (MRI)	21,583		2,120			58
60 LABORATORY	99,463		729		31,212	60
64 INTRAVENOUS THERAPY	38,052		15,364		1,493	64
65 RESPIRATORY THERAPY	40,068				597	65
66 PHYSICAL THERAPY	143,430				55,630	66
67 OCCUPATIONAL THERAPY	8,460				13,366	67
68 SPEECH PATHOLOGY	5,368				26,732	68
69 ELECTROCARDIOLOGY	10,064				92,965	69
70 ELECTROENCEPHALOGRAPHY	307				448	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			441,641			71
73 DRUGS CHARGED TO PATIENTS				1,642,063	2,165	73
75 ASC (NON-DISTINCT PART)	150,838	284,943	1,224		441,678	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	122,356	231,132			604,983	76.01
76.97 CARDIAC REHABILITATION	3,577				2,837	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	117,622	222,193	3,397		271,279	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
117 HOMEMAKER						117
118 SUBTOTALS (SUM OF LINES 1-117)	1,818,084	1,980,826	569,681	1,642,063	3,013,490	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,818,084	1,980,826	569,681	1,642,063	3,013,490	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	PARAMED EDUCATION 23	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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	314,031					17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)		226,656				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	286,816	86,338	7,786,388		7,786,388	30
31 INTENSIVE CARE UNIT	20,291	8,329	1,510,918		1,510,918	31
40 SUBPROVIDER - IPF			4,590,114		4,590,114	40
43 NURSERY			310,579		310,579	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			6,515,511		6,515,511	50
51 RECOVERY ROOM			364,433		364,433	51
52 DELIVERY ROOM & LABOR ROOM			341,253		341,253	52
53 ANESTHESIOLOGY			1,024,993		1,024,993	53
54 RADIOLOGY-DIAGNOSTIC		11,213	7,409,400		7,409,400	54
58 MAGNETIC RESONANCE IMAGING (MRI)			940,099		940,099	58
60 LABORATORY			3,815,509		3,815,509	60
64 INTRAVENOUS THERAPY			845,054		845,054	64
65 RESPIRATORY THERAPY		62,310	1,302,359		1,302,359	65
66 PHYSICAL THERAPY			3,903,829		3,903,829	66
67 OCCUPATIONAL THERAPY			373,435		373,435	67
68 SPEECH PATHOLOGY			376,995		376,995	68
69 ELECTROCARDIOLOGY			301,472		301,472	69
70 ELECTROENCEPHALOGRAPHY			17,783		17,783	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			822,652		822,652	71
73 DRUGS CHARGED TO PATIENTS		54,622	3,361,641		3,361,641	73
75 ASC (NON-DISTINCT PART)	1,771		5,614,120		5,614,120	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			5,067,684		5,067,684	76.01
76.97 CARDIAC REHABILITATION			85,239		85,239	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	5,153	3,844	4,438,129		4,438,129	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			2,424,659		2,424,659	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			480,704		480,704	116
117 HOMEMAKER			330,699		330,699	117
118 SUBTOTALS (SUM OF LINES 1-117)	314,031	226,656	64,355,651		64,355,651	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			51,839		51,839	190
192 PHYSICIANS' PRIVATE OFFICES			642,281		642,281	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	314,031	226,656	65,049,771		65,049,771	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS 4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS			587	32,826	32,826
5 ADMINISTRATIVE & GENERAL		453,097	574,190	1,027,287	3,253
7 OPERATION OF PLANT		883,592	25,613	909,205	1,362
8 LAUNDRY & LINEN SERVICE		23,961		23,961	43
9 HOUSEKEEPING		18,863	1,749	20,612	809
10 DIETARY		120,387	6,845	127,232	880
11 CAFETERIA		87,808		87,808	
13 NURSING ADMINISTRATION		34,594	26,293	60,887	1,165
14 CENTRAL SERVICES & SUPPLY		26,971	76,510	103,481	220
15 PHARMACY		40,008	41,359	81,367	836
16 MEDICAL RECORDS & LIBRARY		26,898	42,118	69,016	1,391
17 SOCIAL SERVICE		10,196	106	10,302	184
19 NONPHYSICIAN ANESTHETISTS					
23 PARAMED ED PRGM-(SPECIFY)		18,547	5,561	24,108	76
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		318,411	64,310	382,721	3,210
31 INTENSIVE CARE UNIT		44,305	12,053	56,358	788
40 SUBPROVIDER - IPF		220,868	9,788	230,656	2,016
43 NURSERY		15,950	2,022	17,972	135
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		206,448	188,136	394,584	935
51 RECOVERY ROOM		17,091	1,249	18,340	185
52 DELIVERY ROOM & LABOR ROOM		22,917		22,917	159
53 ANESTHESIOLOGY		12,600	10,499	23,099	943
54 RADIOLOGY-DIAGNOSTIC		220,285	698,970	919,255	2,251
58 MAGNETIC RESONANCE IMAGING (MRI)		1,845	350,952	352,797	200
60 LABORATORY		85,016	28,765	113,781	976
64 INTRAVENOUS THERAPY		2,913		2,913	396
65 RESPIRATORY THERAPY		27,093	19,030	46,123	633
66 PHYSICAL THERAPY		345,576	36,197	381,773	1,559
67 OCCUPATIONAL THERAPY		20,247		20,247	168
68 SPEECH PATHOLOGY		20,975	726	21,701	91
69 ELECTROCARDIOLOGY		1,966		1,966	128
70 ELECTROENCEPHALOGRAPHY		2,622		2,622	4
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					
73 DRUGS CHARGED TO PATIENTS					
75 ASC (NON-DISTINCT PART)		386,094	149,342	535,436	2,167
76 STRESS TESTING					
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		540,444	197,814	738,258	2,242
76.97 CARDIAC REHABILITATION		3,350		3,350	45
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		63,872	39,981	103,853	1,512
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY			53,124	53,124	1,447
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					
116 HOSPICE					210
117 HOMEMAKER			5,622	5,622	207
118 SUBTOTALS (SUM OF LINES 1-117)		4,358,049	2,669,511	7,027,560	32,826
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,305		18,305	
192 PHYSICIANS' PRIVATE OFFICES		16,969	271,549	288,518	
200 CROSS FOOT ADJUSTMENTS					
201 NEGATIVE COST CENTER					
202 TOTAL (SUM OF LINES 118-201)		4,393,323	2,941,060	7,334,383	32,826



ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,030,540					5
7 OPERATION OF PLANT	80,271	990,838				7
8 LAUNDRY & LINEN SERVICE	5,462	7,850	37,316			8
9 HOUSEKEEPING	20,834	6,180		48,435		9
10 DIETARY	28,081	39,441		1,655	197,289	10
11 CAFETERIA	1,609	28,767		621	151,577	11
13 NURSING ADMINISTRATION	28,855	11,334		1,448		13
14 CENTRAL SERVICES & SUPPLY	7,706	8,836		107		14
15 PHARMACY	23,856	13,107		621		15
16 MEDICAL RECORDS & LIBRARY	39,641	8,812		414		16
17 SOCIAL SERVICE	4,436	3,340		77		17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	2,465	6,076		591		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	82,705	104,316	11,947	16,554	20,344	30
31 INTENSIVE CARE UNIT	19,604	14,515	1,419	1,448	1,502	31
40 SUBPROVIDER - IPF	52,272	72,360	1,527	1,655	18,285	40
43 NURSERY	3,780	5,225	146	207		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	88,933	67,635	3,416	3,547		50
51 RECOVERY ROOM	4,680	5,599	305	148		51
52 DELIVERY ROOM & LABOR ROOM	4,236	7,508		314		52
53 ANESTHESIOLOGY	15,357	4,128				53
54 RADIOLOGY-DIAGNOSTIC	93,883	72,169	4,509	668		54
58 MAGNETIC RESONANCE IMAGING (MRI)	14,339	604		296		58
60 LABORATORY	55,380	27,853		1,655		60
64 INTRAVENOUS THERAPY	12,441	954				64
65 RESPIRATORY THERAPY	18,235	8,876		107		65
66 PHYSICAL THERAPY	48,198	113,216	1,405	2,483		66
67 OCCUPATIONAL THERAPY	4,803	6,633	1,405			67
68 SPEECH PATHOLOGY	4,678	6,872	1,405			68
69 ELECTROCARDIOLOGY	3,033	644		133		69
70 ELECTROENCEPHALOGRAPHY	142	859		133		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,036					71
73 DRUGS CHARGED TO PATIENTS	26,343					73
75 ASC (NON-DISTINCT PART)	61,852	126,490	2,962	3,843	4,421	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	49,464	177,060	1,354	2,246	504	76.01
76.97 CARDIAC REHABILITATION	1,101	1,098		133		76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	55,543	20,925	5,516	4,966	656	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	37,916			1,128		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	7,592			55		116
117 HOMEMAKER	5,239					117
118 SUBTOTALS (SUM OF LINES 1-117)	1,021,001	979,282	37,316	47,253	197,289	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	335	5,997				190
192 PHYSICIANS' PRIVATE OFFICES	9,204	5,559		1,182		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,030,540	990,838	37,316	48,435	197,289	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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	270,382					11
13 NURSING ADMINISTRATION	9,111	112,800				13
14 CENTRAL SERVICES & SUPPLY	5,223		125,573			14
15 PHARMACY	7,733			127,520		15
16 MEDICAL RECORDS & LIBRARY	23,409	16,933			159,616	16
17 SOCIAL SERVICE	2,100				36	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	1,212	877				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	32,973	23,851	634		11,873	30
31 INTENSIVE CARE UNIT	3,310	2,394	1,019		1,665	31
40 SUBPROVIDER - IPF	18,363	13,282	39		16,671	40
43 NURSERY	486	352			1,511	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,453	11,178	21,207		1,368	50
51 RECOVERY ROOM	1,285	929			435	51
52 DELIVERY ROOM & LABOR ROOM	1,332	963			47	52
53 ANESTHESIOLOGY	3,692		292		443	53
54 RADIOLOGY-DIAGNOSTIC	31,497				43,712	54
58 MAGNETIC RESONANCE IMAGING (MRI)	3,210		467			58
60 LABORATORY	14,792		161		1,653	60
64 INTRAVENOUS THERAPY	5,659		3,387		79	64
65 RESPIRATORY THERAPY	5,959				32	65
66 PHYSICAL THERAPY	21,331				2,947	66
67 OCCUPATIONAL THERAPY	1,258				708	67
68 SPEECH PATHOLOGY	798				1,416	68
69 ELECTROCARDIOLOGY	1,497				4,924	69
70 ELECTROENCEPHALOGRAPHY	46				24	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			97,348			71
73 DRUGS CHARGED TO PATIENTS				127,520	115	73
75 ASC (NON-DISTINCT PART)	22,432	16,226	270		23,394	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,197	13,162			32,044	76.01
76.97 CARDIAC REHABILITATION	532				150	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	17,492	12,653	749		14,369	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
117 HOMEMAKER						117
118 SUBTOTALS (SUM OF LINES 1-117)	270,382	112,800	125,573	127,520	159,616	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	270,382	112,800	125,573	127,520	159,616	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	23	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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	20,475					17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)		35,405				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,700		709,828		709,828	30
31 INTENSIVE CARE UNIT	1,323		105,345		105,345	31
40 SUBPROVIDER - IPF			427,126		427,126	40
43 NURSERY			29,814		29,814	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			608,256		608,256	50
51 RECOVERY ROOM			31,906		31,906	51
52 DELIVERY ROOM & LABOR ROOM			37,476		37,476	52
53 ANESTHESIOLOGY			47,954		47,954	53
54 RADIOLOGY-DIAGNOSTIC			1,167,944		1,167,944	54
58 MAGNETIC RESONANCE IMAGING (MRI)			371,913		371,913	58
60 LABORATORY			216,251		216,251	60
64 INTRAVENOUS THERAPY			25,829		25,829	64
65 RESPIRATORY THERAPY			79,965		79,965	65
66 PHYSICAL THERAPY			572,912		572,912	66
67 OCCUPATIONAL THERAPY			35,222		35,222	67
68 SPEECH PATHOLOGY			36,961		36,961	68
69 ELECTROCARDIOLOGY			12,325		12,325	69
70 ELECTROENCEPHALOGRAPHY			3,830		3,830	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			103,384		103,384	71
73 DRUGS CHARGED TO PATIENTS			153,978		153,978	73
75 ASC (NON-DISTINCT PART)	116		799,609		799,609	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			1,034,531		1,034,531	76.01
76.97 CARDIAC REHABILITATION			6,409		6,409	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	336		238,570		238,570	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			93,615		93,615	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			7,857		7,857	116
117 HOMEMAKER			11,068		11,068	117
118 SUBTOTALS (SUM OF LINES 1-117)	20,475		6,969,878		6,969,878	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			24,637		24,637	190
192 PHYSICIANS' PRIVATE OFFICES			304,463		304,463	192
200 CROSS FOOT ADJUSTMENTS		35,405	35,405		35,405	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	20,475	35,405	7,334,383		7,334,383	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	180,970					1
2 CAP REL COSTS-MVBLE EQUIP		4,329,471				2
4 EMPLOYEE BENEFITS	1,328	864	29,503,887			4
5 ADMINISTRATIVE & GENERAL	18,664	845,252	2,932,400	-8,811,863	56,237,908	5
7 OPERATION OF PLANT	36,397	37,705	1,223,765		4,380,431	7
8 LAUNDRY & LINEN SERVICE	987		38,716		298,087	8
9 HOUSEKEEPING	777	2,575	726,449		1,136,935	9
10 DIETARY	4,959	10,077	790,261		1,532,408	10
11 CAFETERIA	3,617				87,808	11
13 NURSING ADMINISTRATION	1,425	38,705	1,046,582		1,574,608	13
14 CENTRAL SERVICES & SUPPLY	1,111	112,629	198,086		420,517	14
15 PHARMACY	1,648	60,884	751,512		1,301,805	15
16 MEDICAL RECORDS & LIBRARY	1,108	62,001	1,249,989		2,163,213	16
17 SOCIAL SERVICE	420	156	165,633		242,076	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	764	8,186	68,109		134,519	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,116	94,670	2,883,984		4,513,258	30
31 INTENSIVE CARE UNIT	1,825	17,743	708,243		1,069,805	31
40 SUBPROVIDER - IPF	9,098	14,409	1,810,949		2,852,490	40
43 NURSERY	657	2,976	121,329		206,298	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,504	276,951	839,740		4,853,116	50
51 RECOVERY ROOM	704	1,839	166,455		255,366	51
52 DELIVERY ROOM & LABOR ROOM	944		143,029		231,148	52
53 ANESTHESIOLOGY	519	15,456	846,926		838,056	53
54 RADIOLOGY-DIAGNOSTIC	9,074	1,028,940	2,022,472		5,124,096	54
58 MAGNETIC RESONANCE IMAGING (MRI)	76	516,629	179,894		782,480	58
60 LABORATORY	3,502	42,344	877,251		3,022,119	60
64 INTRAVENOUS THERAPY	120		355,913		678,890	64
65 RESPIRATORY THERAPY	1,116	28,013	568,403		995,103	65
66 PHYSICAL THERAPY	14,235	53,285	1,400,469		2,630,171	66
67 OCCUPATIONAL THERAPY	834		151,169		262,122	67
68 SPEECH PATHOLOGY	864	1,068	81,993		255,263	68
69 ELECTROCARDIOLOGY	81		114,969		165,516	69
70 ELECTROENCEPHALOGRAPHY	108		3,533		7,727	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					329,398	71
73 DRUGS CHARGED TO PATIENTS					1,437,544	73
75 ASC (NON-DISTINCT PART)	15,904	219,843	1,946,858		3,375,303	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,262	291,197	2,014,245		2,699,266	76.01
76.97 CARDIAC REHABILITATION	138		40,872		60,097	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,631	58,855	1,358,261		3,031,014	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		78,202	1,300,111		2,069,097	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			189,127		414,275	116
117 HOMEMAKER		8,276	186,190		285,901	117
118 SUBTOTALS (SUM OF LINES 1-117)	179,517	3,929,730	29,503,887	-8,811,863	55,717,326	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	754				18,305	190
192 PHYSICIANS' PRIVATE OFFICES	699	399,741			502,277	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,393,323	2,941,060	11,459,807		8,811,863	202
203 UNIT COST MULT-WS B PT I	24.276526	0.679312	0.388417		0.156689	203
204 COST TO BE ALLOC PER B PT II			32,826		1,030,540	204
205 UNIT COST MULT-WS B PT II			0.001113		0.018325	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	& LINEN	KEEPING		
	SQUARE	SERVICE	HOURS OF	MEALS	FTE'S
	FEET	POUNDS OF	SERVICE	SERVED	SERVED
	7	LAUNDRY	9	10	11
		8			
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5					5
7					7
8	124,581	571,550			8
9	987				9
10	777		42,603		10
11	4,959		1,456	215,602	11
13	3,617		546	165,648	378,651
14	1,425		1,274		12,760
15	1,111		94		7,314
16	1,648		546		10,829
17	1,108		364		32,783
19	420		68		2,941
23					19
23	764		520		1,698
INPATIENT ROUTINE SERV COST CENTERS					
30	13,116	182,961	14,560	22,232	46,176
31	1,825	21,734	1,274	1,641	4,635
40	9,098	23,392	1,456	19,982	25,716
43	657	2,241	182		681
ANCILLARY SERVICE COST CENTERS					
50	8,504	52,322	3,120		21,641
51	704	4,674	130		1,799
52	944		276		1,865
53	519				5,171
54	9,074	69,062	588		44,110
58	76		260		4,495
60	3,502		1,456		20,715
64	120				7,925
65	1,116		94		8,345
66	14,235	21,523	2,184		29,872
67	834	21,523			1,762
68	864	21,523			1,118
69	81		117		2,096
70	108		117		64
71					71
73					73
75	15,904	45,366	3,380	4,831	31,415
76					76
76.01	22,262	20,737	1,976	551	25,483
76.97	138		117		745
OUTPATIENT SERVICE COST CENTERS					
91	2,631	84,492	4,368	717	24,497
92					92
OTHER REIMBURSABLE COST CENTERS					
101			992		101
SPECIAL PURPOSE COST CENTERS					
116			48		116
117					117
118	123,128	571,550	41,563	215,602	378,651
NONREIMBURSABLE COST CENTERS					
190	754				190
192	699		1,040		192
200					200
201					201
202	5,066,796	384,936	1,346,681	2,020,229	1,818,084
203	40,670,696	0,673,495	31,610,004	9,370,177	4,801,477
204	990,838	37,316	48,435	197,289	270,382
205	7,953,364	0,065,289	1,136,892	0,915,061	0,714,067

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION HOURS SUPERVISED 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 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
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
13 NURSING ADMINISTRATION	454,249					13
14 CENTRAL SERVICES & SUPPLY		119,582				14
15 PHARMACY			1,449,757			15
16 MEDICAL RECORDS & LIBRARY	68,189			40,357		16
17 SOCIAL SERVICE				9	3,900	17
19 NONPHYSICIAN ANESTHETISTS						19
23 PARAMED ED PRGM-(SPECIFY)	3,531					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	96,045	604		3,002	3,562	30
31 INTENSIVE CARE UNIT	9,642	970		421	252	31
40 SUBPROVIDER - IPF	53,489	37		4,215		40
43 NURSERY	1,417			382		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,013	20,195		346		50
51 RECOVERY ROOM	3,741			110		51
52 DELIVERY ROOM & LABOR ROOM	3,880			12		52
53 ANESTHESIOLOGY		278		112		53
54 RADIOLOGY-DIAGNOSTIC				11,052		54
58 MAGNETIC RESONANCE IMAGING (MRI)		445				58
60 LABORATORY		153		418		60
64 INTRAVENOUS THERAPY		3,225		20		64
65 RESPIRATORY THERAPY				8		65
66 PHYSICAL THERAPY				745		66
67 OCCUPATIONAL THERAPY				179		67
68 SPEECH PATHOLOGY				358		68
69 ELECTROCARDIOLOGY				1,245		69
70 ELECTROENCEPHALOGRAPHY				6		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		92,705				71
73 DRUGS CHARGED TO PATIENTS			1,449,757	29		73
75 ASC (NON-DISTINCT PART)	65,344	257		5,915	22	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	53,004			8,102		76.01
76.97 CARDIAC REHABILITATION				38		76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	50,954	713		3,633	64	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
117 HOMEMAKER						117
118 SUBTOTALS (SUM OF LINES 1-117)	454,249	119,582	1,449,757	40,357	3,900	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,980,826	569,681	1,642,063	3,013,490	314,031	202
203 UNIT COST MULT-WS B PT I	4.360661	4.763936	1.132647	74.670813	80.520769	203
204 COST TO BE ALLOC PER B PT II	112,800	125,573	127,520	159,616	20,475	204
205 UNIT COST MULT-WS B PT II	0.248322	1.050100	0.087960	3.955101	5.250000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		23	
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
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
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
23 PARAMED ED PRGM-(SPECIFY)	1,415		23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	539		30
31 INTENSIVE CARE UNIT	52		31
40 SUBPROVIDER - IPF			40
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	70		54
58 MAGNETIC RESONANCE IMAGING (MRI)			58
60 LABORATORY			60
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY	389		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
73 DRUGS CHARGED TO PATIENTS	341		73
75 ASC (NON-DISTINCT PART)			75
76 STRESS TESTING			76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			76.01
76.97 CARDIAC REHABILITATION			76.97
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	24		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
117 HOMEMAKER			117
118 SUBTOTALS (SUM OF LINES 1-117)	1,415		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	226,656		202
203 UNIT COST MULT-WS B PT I	160.180919		203
204 COST TO BE ALLOC PER B PT II	35,405		204
205 UNIT COST MULT-WS B PT II	25.021201		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,786,388		7,786,388		7,786,388	30
31 INTENSIVE CARE UNIT	1,510,918		1,510,918		1,510,918	31
40 SUBPROVIDER - IPF	4,590,114		4,590,114		4,590,114	40
43 NURSERY	310,579		310,579		310,579	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,515,511		6,515,511	13,600	6,529,111	50
51 RECOVERY ROOM	364,433		364,433		364,433	51
52 DELIVERY ROOM & LABOR ROOM	341,253		341,253		341,253	52
53 ANESTHESIOLOGY	1,024,993		1,024,993	127,148	1,152,141	53
54 RADIOLOGY-DIAGNOSTIC	7,409,400		7,409,400		7,409,400	54
58 MAGNETIC RESONANCE IMAGING	940,099		940,099		940,099	58
60 LABORATORY	3,815,509		3,815,509		3,815,509	60
64 INTRAVENOUS THERAPY	845,054		845,054		845,054	64
65 RESPIRATORY THERAPY	1,302,359		1,302,359		1,302,359	65
66 PHYSICAL THERAPY	3,903,829		3,903,829		3,903,829	66
67 OCCUPATIONAL THERAPY	373,435		373,435		373,435	67
68 SPEECH PATHOLOGY	376,995		376,995		376,995	68
69 ELECTROCARDIOLOGY	301,472		301,472	2,151	303,623	69
70 ELECTROENCEPHALOGRAPHY	17,783		17,783		17,783	70
71 MEDICAL SUPPLIES CHRGD TO	822,652		822,652		822,652	71
73 DRUGS CHARGED TO PATIENTS	3,361,641		3,361,641		3,361,641	73
75 ASC (NON-DISTINCT PART)	5,614,120		5,614,120	90,081	5,704,201	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL S	5,067,684		5,067,684	122,448	5,190,132	76.01
76.97 CARDIAC REHABILITATION	85,239		85,239		85,239	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,438,129		4,438,129	70,071	4,508,200	91
92 OBSERVATION BEDS	1,361,356		1,361,356		1,361,356	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	2,424,659		2,424,659		2,424,659	101
113 INTEREST EXPENSE						113
116 HOSPICE	480,704		480,704		480,704	116
117 HOMEMAKER	330,699		330,699		330,699	117
200 SUBTOTAL (SEE INSTRUCTIONS)	65,717,007		65,717,007	425,499	66,142,506	200
201 LESS OBSERVATION BEDS	1,361,356		1,361,356		1,361,356	201
202 TOTAL (SEE INSTRUCTIONS)	64,355,651		64,355,651	425,499	64,781,150	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	11,105,459		11,105,459			30
31 INTENSIVE CARE UNIT	1,719,574		1,719,574			31
40 SUBPROVIDER - IPF	7,206,384		7,206,384			40
43 NURSERY	676,620		676,620			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,222,109	14,376,348	19,598,457	0.332450	0.332450	0.333144 50
51 RECOVERY ROOM	424,568	1,627,279	2,051,847	0.177612	0.177612	0.177612 51
52 DELIVERY ROOM & LABOR ROOM	1,827,163	1,078,980	2,906,143	0.117425	0.117425	0.117425 52
53 ANESTHESIOLOGY	937,000	4,059,832	4,996,832	0.205129	0.205129	0.230574 53
54 RADIOLOGY-DIAGNOSTIC	5,336,980	28,935,957	34,272,937	0.216188	0.216188	0.216188 54
58 MAGNETIC RESONANCE IMAGING	246,413	5,675,943	5,922,356	0.158737	0.158737	0.158737 58
60 LABORATORY	7,614,789	13,553,027	21,167,816	0.180250	0.180250	0.180250 60
64 INTRAVENOUS THERAPY	1,522,120	690,356	2,212,476	0.381949	0.381949	0.381949 64
65 RESPIRATORY THERAPY	4,964,607	1,932,678	6,897,285	0.188822	0.188822	0.188822 65
66 PHYSICAL THERAPY	665,485	5,556,806	6,222,291	0.627394	0.627394	0.627394 66
67 OCCUPATIONAL THERAPY	50,644	598,524	649,168	0.575252	0.575252	0.575252 67
68 SPEECH PATHOLOGY	203	259,768	259,971	1.450143	1.450143	1.450143 68
OUTPATIENT SERVICE COST CENTERS						
69 ELECTROCARDIOLOGY	763,302	1,011,704	1,775,006	0.169843	0.169843	0.171055 69
70 ELECTROENCEPHALOGRAPHY	19,142	37,721	56,863	0.312734	0.312734	0.312734 70
71 MEDICAL SUPPLIES CHRGD TO	1,055,731	632,027	1,687,758	0.487423	0.487423	0.487423 71
73 DRUGS CHARGED TO PATIENTS	4,478,969	3,422,001	7,900,970	0.425472	0.425472	0.425472 73
75 ASC (NON-DISTINCT PART)	889,871	9,116,869	10,006,740	0.561034	0.561034	0.570036 75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL S		1,599,389	1,599,389	3.168512	3.168512	3.245072 76.01
76.97 CARDIAC REHABILITATION	31,709	780,517	812,226	0.104945	0.104945	0.104945 76.97
91 EMERGENCY	3,555,464	9,609,879	13,165,343	0.337107	0.337107	0.342429 91
92 OBSERVATION BEDS		1,854,662	1,854,662	0.734018	0.734018	0.734018 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		2,518,099	2,518,099			101
113 INTEREST EXPENSE						113
116 HOSPICE		1,925,852	1,925,852			116
117 HOMEMAKER		142,942	142,942			117
200 SUBTOTAL (SEE INSTRUCTIONS)	60,314,306	110,997,160	171,311,466			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	60,314,306	110,997,160	171,311,466			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	709,828		709,828	84.89	3,588	304,585	30
31 INTENSIVE CARE UNIT	105,345		105,345	124.08	510	63,281	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	427,126		427,126	88.16	1,702	150,048	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	29,814		29,814	31.55			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,272,113		1,272,113		5,800	517,914	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		(COL.3 x COL.4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	608,256	19,598,457	0.031036	3,171,347	98,426	50
51 RECOVERY ROOM	31,906	2,051,847	0.015550	178,123	2,770	51
52 DELIVERY ROOM & LABOR ROOM	37,476	2,906,143	0.012895	13,270	171	52
53 ANESTHESIOLOGY	47,954	4,996,832	0.009597	223,344	2,143	53
54 RADIOLOGY-DIAGNOSTIC	1,167,944	34,272,937	0.034078	3,242,667	110,504	54
58 MAGNETIC RESONANCE IMAGING (M	371,913	5,922,356	0.062798	123,105	7,731	58
60 LABORATORY	216,251	21,167,816	0.010216	3,665,528	37,447	60
64 INTRAVENOUS THERAPY	25,829	2,212,476	0.011674	779,918	9,105	64
65 RESPIRATORY THERAPY	79,965	6,897,285	0.011594	3,425,512	39,715	65
66 PHYSICAL THERAPY	572,912	6,222,291	0.092074	498,195	45,871	66
67 OCCUPATIONAL THERAPY	35,222	649,168	0.054257	37,185	2,018	67
68 SPEECH PATHOLOGY	36,961	259,971	0.142174	192	27	68
69 ELECTROCARDIOLOGY	12,325	1,775,006	0.006944	463,318	3,217	69
70 ELECTROENCEPHALOGRAPHY	3,830	56,863	0.067355	9,060	610	70
71 MEDICAL SUPPLIES CHRGD TO PA	103,384	1,687,758	0.061255	469,245	28,744	71
73 DRUGS CHARGED TO PATIENTS	153,978	7,900,970	0.019488	2,084,435	40,621	73
75 ASC (NON-DISTINCT PART)	799,609	10,006,740	0.079907	670,031	53,540	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER	1,034,531	1,599,389	0.646829			76.01
76.97 CARDIAC REHABILITATION	6,409	812,226	0.007891	24,157	191	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	238,570	13,165,343	0.018121	1,564,258	28,346	91
92 OBSERVATION BEDS	124,105	1,854,662	0.066915			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	5,709,330	146,016,536	146,016,536	20,642,890	511,197	200

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
 PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
 11/26/2011 11:22

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		86,338			86,338	30
31 INTENSIVE CARE UNIT		8,329			8,329	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		94,667			94,667	200

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
 PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
 11/26/2011 11:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	8,362	10.33	3,588	37,064	30
31 INTENSIVE CARE UNIT	849	9.81	510	5,003	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,845		1,702		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	945				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	15,001		5,800	42,067	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2		MEDICAL EDUCATION COST 4	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			11,213		11,213	11,213	54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			62,310		62,310	62,310	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
73 DRUGS CHARGED TO PATIENTS			54,622		54,622	54,622	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			3,844		3,844	3,844	91
92 OBSERVATION BEDS			15,095		15,095	15,095	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			147,084		147,084	147,084	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [ ] ICF/MR [ ] 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) 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	19,598,457			3,171,347		4,980,358	50
51 RECOVERY ROOM	2,051,847			178,123		418,298	51
52 DELIVERY ROOM & LABOR ROOM	2,906,143			13,270		7,011	52
53 ANESTHESIOLOGY	4,996,832			223,344		809,871	53
54 RADIOLOGY-DIAGNOSTIC	34,272,937	0.000327	0.000327	3,242,667	1,060	9,608,997	3,142 54
58 MAGNETIC RESONANCE IMAGING (	5,922,356			123,105		1,549,589	58
60 LABORATORY	21,167,816			3,665,528		161,963	60
64 INTRAVENOUS THERAPY	2,212,476			779,918		166,725	64
65 RESPIRATORY THERAPY	6,897,285	0.009034	0.009034	3,425,512	30,946	674,367	6,092 65
66 PHYSICAL THERAPY	6,222,291			498,195		823,258	66
67 OCCUPATIONAL THERAPY	649,168			37,185		67,339	67
68 SPEECH PATHOLOGY	259,971			192		81,887	68
69 ELECTROCARDIOLOGY	1,775,006			463,318		363,305	69
70 ELECTROENCEPHALOGRAPHY	56,863			9,060		10,003	70
71 MEDICAL SUPPLIES CHRGD TO P	1,687,758			469,245		512,711	71
73 DRUGS CHARGED TO PATIENTS	7,900,970	0.006913	0.006913	2,084,435	14,410	1,230,563	8,507 73
75 ASC (NON-DISTINCT PART)	10,006,740			670,031		4,194,306	75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SE	1,599,389					439,803	76.01
76.97 CARDIAC REHABILITATION	812,226			24,157		337,589	76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	13,165,343	0.000292	0.000292	1,564,258	457	1,884,519	550 91
92 OBSERVATION BEDS	1,854,662	0.008139	0.008139			767,537	6,247 92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	146,016,536			20,642,890	46,873	29,089,999	24,538 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO 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	0.332450	4,980,358			1,655,720			50
51 RECOVERY ROOM	0.177612	418,298			74,295			51
52 DELIVERY ROOM & LABOR ROOM	0.117425	7,011			823			52
53 ANESTHESIOLOGY	0.205129	809,871			166,128			53
54 RADIOLOGY-DIAGNOSTIC	0.216188	9,608,997			2,077,350			54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737	1,549,589			245,977			58
60 LABORATORY	0.180250	161,963			29,194			60
64 INTRAVENOUS THERAPY	0.381949	166,725			63,680			64
65 RESPIRATORY THERAPY	0.188822	674,367			127,335			65
66 PHYSICAL THERAPY	0.627394	823,258			516,507			66
67 OCCUPATIONAL THERAPY	0.575252	67,339			38,737			67
68 SPEECH PATHOLOGY	1.450143	81,887			118,748			68
69 ELECTROCARDIOLOGY	0.169843	363,305			61,705			69
70 ELECTROENCEPHALOGRAPHY	0.312734	10,003			3,128			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.487423	512,711			249,907			71
73 DRUGS CHARGED TO PATIENTS	0.425472	1,230,563		4,575	523,570		1,947	73
75 ASC (NON-DISTINCT PART)	0.561034	4,194,306			2,353,148			75
76 STRESS TESTING								76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.168512	439,803			1,393,521			76.01
76.97 CARDIAC REHABILITATION	0.104945	337,589			35,428			76.97
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.337107	1,884,519			635,285			91
92 OBSERVATION BEDS	0.734018	767,537			563,386			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		29,089,999		4,575	10,933,572		1,947	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		29,089,999		4,575	10,933,572		1,947	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-S110) [ ] 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	608,256	19,598,457	0.031036	3,646	113	50
51	RECOVERY ROOM	31,906	2,051,847	0.015550	806	13	51
52	DELIVERY ROOM & LABOR ROOM	37,476	2,906,143	0.012895	41	1	52
53	ANESTHESIOLOGY	47,954	4,996,832	0.009597	2,009	19	53
54	RADIOLOGY-DIAGNOSTIC	1,167,944	34,272,937	0.034078	96,045	3,273	54
58	MAGNETIC RESONANCE IMAGING (M	371,913	5,922,356	0.062798	2,333	147	58
60	LABORATORY	216,251	21,167,816	0.010216	437,318	4,468	60
64	INTRAVENOUS THERAPY	25,829	2,212,476	0.011674	2,941	34	64
65	RESPIRATORY THERAPY	79,965	6,897,285	0.011594	132,984	1,542	65
66	PHYSICAL THERAPY	572,912	6,222,291	0.092074	25,179	2,318	66
67	OCCUPATIONAL THERAPY	35,222	649,168	0.054257	1,601	87	67
68	SPEECH PATHOLOGY	36,961	259,971	0.142174			68
69	ELECTROCARDIOLOGY	12,325	1,775,006	0.006944	38,913	270	69
70	ELECTROENCEPHALOGRAPHY	3,830	56,863	0.067355	1,097	74	70
71	MEDICAL SUPPLIES CHRGD TO PA	103,384	1,687,758	0.061255	8,486	520	71
73	DRUGS CHARGED TO PATIENTS	153,978	7,900,970	0.019488	417,995	8,146	73
75	ASC (NON-DISTINCT PART)	799,609	10,006,740	0.079907	23,550	1,882	75
76	STRESS TESTING						76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SER	1,034,531	1,599,389	0.646829			76.01
76.97	CARDIAC REHABILITATION	6,409	812,226	0.007891			76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	238,570	13,165,343	0.018121	251,502	4,557	91
92	OBSERVATION BEDS	124,105	1,854,662	0.066915			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	5,709,330	146,016,536	146,016,536	1,446,446	27,464	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-S110) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			11,213		11,213	11,213	54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			62,310		62,310	62,310	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
73 DRUGS CHARGED TO PATIENTS			54,622		54,622	54,622	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			3,844		3,844	3,844	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			131,989		131,989	131,989	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S110)	[ ] 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	19,598,457			3,646		50
51	RECOVERY ROOM	2,051,847			806		51
52	DELIVERY ROOM & LABOR ROOM	2,906,143			41		52
53	ANESTHESIOLOGY	4,996,832			2,009		53
54	RADIOLOGY-DIAGNOSTIC	34,272,937	0.000327	0.000327	96,045	31	54
58	MAGNETIC RESONANCE IMAGING (	5,922,356			2,333		58
60	LABORATORY	21,167,816			437,318		60
64	INTRAVENOUS THERAPY	2,212,476			2,941		64
65	RESPIRATORY THERAPY	6,897,285	0.009034	0.009034	132,984	1,201	65
66	PHYSICAL THERAPY	6,222,291			25,179		66
67	OCCUPATIONAL THERAPY	649,168			1,601		67
68	SPEECH PATHOLOGY	259,971					68
69	ELECTROCARDIOLOGY	1,775,006			38,913		69
70	ELECTROENCEPHALOGRAPHY	56,863			1,097		70
71	MEDICAL SUPPLIES CHRGED TO P	1,687,758			8,486		71
73	DRUGS CHARGED TO PATIENTS	7,900,970	0.006913	0.006913	417,995	2,890	73
75	ASC (NON-DISTINCT PART)	10,006,740			23,550		75
76	STRESS TESTING						76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	1,599,389					76.01
76.97	CARDIAC REHABILITATION	812,226					76.97
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	13,165,343	0.000292	0.000292	251,502	73	91
92	OBSERVATION BEDS	1,854,662					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	146,016,536			1,446,446	4,195	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-S110) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.332450						50
51 RECOVERY ROOM	0.177612						51
52 DELIVERY ROOM & LABOR ROOM	0.117425						52
53 ANESTHESIOLOGY	0.205129						53
54 RADIOLOGY-DIAGNOSTIC	0.216188						54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737						58
60 LABORATORY	0.180250						60
64 INTRAVENOUS THERAPY	0.381949						64
65 RESPIRATORY THERAPY	0.188822						65
66 PHYSICAL THERAPY	0.627394						66
67 OCCUPATIONAL THERAPY	0.575252						67
68 SPEECH PATHOLOGY	1.450143						68
69 ELECTROCARDIOLOGY	0.169843						69
70 ELECTROENCEPHALOGRAPHY	0.312734						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.487423						71
73 DRUGS CHARGED TO PATIENTS	0.425472						73
75 ASC (NON-DISTINCT PART)	0.561034						75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.168512						76.01
76.97 CARDIAC REHABILITATION	0.104945						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.337107						91
92 OBSERVATION BEDS	0.734018						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
 PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
 11/26/2011 11:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26) 1	CHARGES (FROM WKST C, PT. I, COL. 8) 2	COST TO CHARGES (COL.1 ÷ COL.2) 3		(COL.3 x COL.4) 5
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
58 MAGNETIC RESONANCE IMAGING (M					58
60 LABORATORY					60
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
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER					76.01
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
 PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
 11/26/2011 11:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
 PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
 11/26/2011 11:22

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			11,213		11,213	11,213	54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			62,310		62,310	62,310	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
73 DRUGS CHARGED TO PATIENTS			54,622		54,622	54,622	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			3,844		3,844	3,844	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			131,989		131,989	131,989	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0110)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS	
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA	
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER	
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 (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	19,598,457			662,980	50
51	RECOVERY ROOM	2,051,847			71,686	51
52	DELIVERY ROOM & LABOR ROOM	2,906,143			1,140,988	52
53	ANESTHESIOLOGY	4,996,832			138,469	53
54	RADIOLOGY-DIAGNOSTIC	34,272,937	0.000327	0.000327	544,192	178
58	MAGNETIC RESONANCE IMAGING (	5,922,356			21,351	58
60	LABORATORY	21,167,816			752,186	60
64	INTRAVENOUS THERAPY	2,212,476			264,783	64
65	RESPIRATORY THERAPY	6,897,285	0.009034	0.009034	397,924	3,595
66	PHYSICAL THERAPY	6,222,291			25,894	66
67	OCCUPATIONAL THERAPY	649,168			2,577	67
68	SPEECH PATHOLOGY	259,971				68
69	ELECTROCARDIOLOGY	1,775,006			33,317	69
70	ELECTROENCEPHALOGRAPHY	56,863			1,620	70
71	MEDICAL SUPPLIES CHRGED TO P	1,687,758			229,418	71
73	DRUGS CHARGED TO PATIENTS	7,900,970	0.006913	0.006913	508,634	3,516
75	ASC (NON-DISTINCT PART)	10,006,740			70,034	75
76	STRESS TESTING					76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	1,599,389				76.01
76.97	CARDIAC REHABILITATION	812,226			3,669	76.97
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	13,165,343	0.000292	0.000292	317,689	93
92	OBSERVATION BEDS	1,854,662				92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	146,016,536			5,187,411	7,382
						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0110) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. 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	0.332450						50
51 RECOVERY ROOM	0.177612						51
52 DELIVERY ROOM & LABOR ROOM	0.117425						52
53 ANESTHESIOLOGY	0.205129						53
54 RADIOLOGY-DIAGNOSTIC	0.216188						54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737						58
60 LABORATORY	0.180250						60
64 INTRAVENOUS THERAPY	0.381949						64
65 RESPIRATORY THERAPY	0.188822						65
66 PHYSICAL THERAPY	0.627394						66
67 OCCUPATIONAL THERAPY	0.575252						67
68 SPEECH PATHOLOGY	1.450143						68
69 ELECTROCARDIOLOGY	0.169843						69
70 ELECTROENCEPHALOGRAPHY	0.312734						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.487423						71
73 DRUGS CHARGED TO PATIENTS	0.425472						73
75 ASC (NON-DISTINCT PART)	0.561034						75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.168512						76.01
76.97 CARDIAC REHABILITATION	0.104945						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.337107						91
92 OBSERVATION BEDS	0.734018						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S110) [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		(COL.3 x COL.4)
	1	2	3	4	5
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
58 MAGNETIC RESONANCE IMAGING (M					58
60 LABORATORY					60
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
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER					76.01
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S110) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC			11,213		11,213	11,213	54
58 MAGNETIC RESONANCE IMAGING (M							58
60 LABORATORY							60
64 INTRAVENOUS THERAPY							64
65 RESPIRATORY THERAPY			62,310		62,310	62,310	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
73 DRUGS CHARGED TO PATIENTS			54,622		54,622	54,622	73
75 ASC (NON-DISTINCT PART)							75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SER							76.01
76.97 CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY			3,844		3,844	3,844	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			131,989		131,989	131,989	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	[ ] HOSPITAL [XX] IPF (14-S110) [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [ ] 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 PGM 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	19,598,457			5,941		50
51						RECOVERY ROOM	2,051,847			1,196		51
52						DELIVERY ROOM & LABOR ROOM	2,906,143			123		52
53						ANESTHESIOLOGY	4,996,832			3,577		53
54						RADIOLOGY-DIAGNOSTIC	34,272,937	0.000327	0.000327	63,539	21	54
58						MAGNETIC RESONANCE IMAGING (	5,922,356			30,601		58
60						LABORATORY	21,167,816			557,284		60
64						INTRAVENOUS THERAPY	2,212,476			1,235		64
65						RESPIRATORY THERAPY	6,897,285	0.009034	0.009034	47,294	427	65
66						PHYSICAL THERAPY	6,222,291			12,589		66
67						OCCUPATIONAL THERAPY	649,168					67
68						SPEECH PATHOLOGY	259,971					68
69						ELECTROCARDIOLOGY	1,775,006			39,655		69
70						ELECTROENCEPHALOGRAPHY	56,863			4,886		70
71						MEDICAL SUPPLIES CHRGED TO P	1,687,758			5,131		71
73						DRUGS CHARGED TO PATIENTS	7,900,970	0.006913	0.006913	376,582	2,603	73
75						ASC (NON-DISTINCT PART)	10,006,740					75
76						STRESS TESTING						76
76.01						PSYCHIATRIC/PSYCHOLOGICAL SE	1,599,389					76.01
76.97						CARDIAC REHABILITATION	812,226					76.97
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY	13,165,343	0.000292	0.000292	366,666	107	91
92						OBSERVATION BEDS	1,854,662					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	146,016,536			1,516,299	3,158	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 [ ] TITLE XVIII-PT B [XX] IPF (14-S110) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.332450						50
51 RECOVERY ROOM	0.177612						51
52 DELIVERY ROOM & LABOR ROOM	0.117425						52
53 ANESTHESIOLOGY	0.205129						53
54 RADIOLOGY-DIAGNOSTIC	0.216188						54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737						58
60 LABORATORY	0.180250						60
64 INTRAVENOUS THERAPY	0.381949						64
65 RESPIRATORY THERAPY	0.188822						65
66 PHYSICAL THERAPY	0.627394						66
67 OCCUPATIONAL THERAPY	0.575252						67
68 SPEECH PATHOLOGY	1.450143						68
69 ELECTROCARDIOLOGY	0.169843						69
70 ELECTROENCEPHALOGRAPHY	0.312734						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.487423						71
73 DRUGS CHARGED TO PATIENTS	0.425472						73
75 ASC (NON-DISTINCT PART)	0.561034						75
76 STRESS TESTING							76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.168512						76.01
76.97 CARDIAC REHABILITATION	0.104945						76.97
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.337107						91
92 OBSERVATION BEDS	0.734018						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0110) [ ] 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)	8,362	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,362	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,362	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)	3,588	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)	7,786,388	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	7,786,388	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,105,459	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,105,459	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.701132	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)	1,328.09	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)	7,786,388	37



WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0110) [ ] 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) 931.16 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,341,002 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) 3,341,002 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	1,510,918	849	1,779.64	510	907,616	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					5,919,220	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					10,167,838	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 409,933 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 558,070 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 968,003 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 9,199,835 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) 1,462 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 931.16 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,361,356 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	709,828	7,786,388	0.091163	1,361,356	124,105	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	86,338	7,786,388	0.011088	1,361,356	15,095	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-S110) [ ] 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)	4,845	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,845	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,845	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,702	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)	4,590,114	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	4,590,114	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,206,384	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,206,384	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.636951	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)	1,487.39	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)	4,590,114	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-S110)			[ ]	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)	947.39 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,612,458 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,612,458 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	433,264 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,045,722 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	150,048 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	31,659 51
52	TOTAL PROGRAM EXCLUDABLE COST	181,707 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,864,015 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0110) [ ] 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)	8,362	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,362	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,362	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,384	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)	945	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	632	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)	7,786,388	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	7,786,388	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,105,459	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,105,459	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.701132	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)	1,328.09	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)	7,786,388	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0110) [ ] 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) 931.16 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,288,725 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,288,725 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)	310,579	945	328.66	632	207,713	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	1,510,918	849	1,779.64	83	147,710	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					1,327,314	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					2,971,462	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 7,382 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 7,382 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) 1,462 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST						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 [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S110) [ ] 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)	4,845	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,845	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,845	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,415	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)	4,590,114	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	4,590,114	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,206,384	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,206,384	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.636951	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)	1,487.39	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)	4,590,114	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S110) [ ] 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)	947.39 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,340,557 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,340,557 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	433,874 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,774,431 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	3,158 51
52 TOTAL PROGRAM EXCLUDABLE COST	3,158 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 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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] 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		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		3,493,429			30
31 INTENSIVE CARE UNIT		1,040,970			31
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.333144	3,171,347	1,056,515		50
51 RECOVERY ROOM	0.177612	178,123	31,637		51
52 DELIVERY ROOM & LABOR ROOM	0.117425	13,270	1,558		52
53 ANESTHESIOLOGY	0.230574	223,344	51,497		53
54 RADIOLOGY-DIAGNOSTIC	0.216188	3,242,667	701,026		54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737	123,105	19,541		58
60 LABORATORY	0.180250	3,665,528	660,711		60
64 INTRAVENOUS THERAPY	0.381949	779,918	297,889		64
65 RESPIRATORY THERAPY	0.188822	3,425,512	646,812		65
66 PHYSICAL THERAPY	0.627394	498,195	312,565		66
67 OCCUPATIONAL THERAPY	0.575252	37,185	21,391		67
68 SPEECH PATHOLOGY	1.450143	192	278		68
69 ELECTROCARDIOLOGY	0.171055	463,318	79,253		69
70 ELECTROENCEPHALOGRAPHY	0.312734	9,060	2,833		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.487423	469,245	228,721		71
73 DRUGS CHARGED TO PATIENTS	0.425472	2,084,435	886,869		73
75 ASC (NON-DISTINCT PART)	0.570036	670,031	381,942		75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.245072				76.01
76.97 CARDIAC REHABILITATION	0.104945	24,157	2,535		76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.342429	1,564,258	535,647		91
92 OBSERVATION BEDS	0.734018				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		20,642,890	5,919,220		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		20,642,890			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-S110) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		2,533,886		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.333144	3,646	1,215	50
51 RECOVERY ROOM	0.177612	806	143	51
52 DELIVERY ROOM & LABOR ROOM	0.117425	41	5	52
53 ANESTHESIOLOGY	0.230574	2,009	463	53
54 RADIOLOGY-DIAGNOSTIC	0.216188	96,045	20,764	54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737	2,333	370	58
60 LABORATORY	0.180250	437,318	78,827	60
64 INTRAVENOUS THERAPY	0.381949	2,941	1,123	64
65 RESPIRATORY THERAPY	0.188822	132,984	25,110	65
66 PHYSICAL THERAPY	0.627394	25,179	15,797	66
67 OCCUPATIONAL THERAPY	0.575252	1,601	921	67
68 SPEECH PATHOLOGY	1.450143			68
69 ELECTROCARDIOLOGY	0.171055	38,913	6,656	69
70 ELECTROENCEPHALOGRAPHY	0.312734	1,097	343	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.487423	8,486	4,136	71
73 DRUGS CHARGED TO PATIENTS	0.425472	417,995	177,845	73
75 ASC (NON-DISTINCT PART)	0.570036	23,550	13,424	75
76 STRESS TESTING				76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.245072			76.01
76.97 CARDIAC REHABILITATION	0.104945			76.97
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.342429	251,502	86,122	91
92 OBSERVATION BEDS	0.734018			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,446,446	433,264	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,446,446		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] 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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		1,382,066		30
31 INTENSIVE CARE UNIT		168,400		31
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.332450	662,980	220,408	50
51 RECOVERY ROOM	0.177612	71,686	12,732	51
52 DELIVERY ROOM & LABOR ROOM	0.117425	1,140,988	133,981	52
53 ANESTHESIOLOGY	0.205129	138,469	28,404	53
54 RADIOLOGY-DIAGNOSTIC	0.216188	544,192	117,648	54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737	21,351	3,389	58
60 LABORATORY	0.180250	752,186	135,582	60
64 INTRAVENOUS THERAPY	0.381949	264,783	101,134	64
65 RESPIRATORY THERAPY	0.188822	397,924	75,137	65
66 PHYSICAL THERAPY	0.627394	25,894	16,246	66
67 OCCUPATIONAL THERAPY	0.575252	2,577	1,482	67
68 SPEECH PATHOLOGY	1.450143			68
69 ELECTROCARDIOLOGY	0.169843	33,317	5,659	69
70 ELECTROENCEPHALOGRAPHY	0.312734	1,620	507	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.487423	229,418	111,824	71
73 DRUGS CHARGED TO PATIENTS	0.425472	508,634	216,410	73
75 ASC (NON-DISTINCT PART)	0.561034	70,034	39,291	75
76 STRESS TESTING				76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.168512			76.01
76.97 CARDIAC REHABILITATION	0.104945	3,669	385	76.97
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.337107	317,689	107,095	91
92 OBSERVATION BEDS	0.734018			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,187,411	1,327,314	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,187,411		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S110) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF		1,423,952			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.332450	5,941	1,975		50
51 RECOVERY ROOM	0.177612	1,196	212		51
52 DELIVERY ROOM & LABOR ROOM	0.117425	123	14		52
53 ANESTHESIOLOGY	0.205129	3,577	734		53
54 RADIOLOGY-DIAGNOSTIC	0.216188	63,539	13,736		54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.158737	30,601	4,858		58
60 LABORATORY	0.180250	557,284	100,450		60
64 INTRAVENOUS THERAPY	0.381949	1,235	472		64
65 RESPIRATORY THERAPY	0.188822	47,294	8,930		65
66 PHYSICAL THERAPY	0.627394	12,589	7,898		66
67 OCCUPATIONAL THERAPY	0.575252				67
68 SPEECH PATHOLOGY	1.450143				68
69 ELECTROCARDIOLOGY	0.169843	39,655	6,735		69
70 ELECTROENCEPHALOGRAPHY	0.312734	4,886	1,528		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.487423	5,131	2,501		71
73 DRUGS CHARGED TO PATIENTS	0.425472	376,582	160,225		73
75 ASC (NON-DISTINCT PART)	0.561034				75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	3.168512				76.01
76.97 CARDIAC REHABILITATION	0.104945				76.97
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.337107	366,666	123,606		91
92 OBSERVATION BEDS	0.734018				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,516,299	433,874		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,516,299			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0110)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	7,402,778	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	46,661	2
3	MANAGED CARE SIMULATED PAYMENTS	593,191	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	68.99	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0288	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2604	31
32	SUM OF LINES 30 AND 31	0.2892	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1307	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	967,543	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	8,416,982	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	8,468,502	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	8,468,502	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	610,700	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (14-0110)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	9,886	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	42,067	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	46,873	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	9,178,028	59
60	PRIMARY PAYER PAYMENTS	78,973	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	9,099,055	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	991,952	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	5,006	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	186,126	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	130,288	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	143,425	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	8,232,385	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
70.97	LOW VOLUME PAYMENT ADJUSTMENT - 1	176,794	70.97
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	8,409,179	71
72	INTERIM PAYMENTS	8,549,250	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-140,071	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	193,794	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:       [XX] HOSPITAL (14-0110)       [ ] IPF       [ ] IRF  
                              [ ] SUB (OTHER)       [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,947	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	10,909,034	2
3	PPS PAYMENTS	6,231,568	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.722	5
6	LINE 2 TIMES LINE 5	7,876,323	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.7912	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	1,398,042	8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	24,538	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	1,947	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	4,575	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)	4,575	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)	4,575	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	2,628	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)	1,947	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)	7,654,148	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,466,713	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	6,189,382	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)	6,189,382	30
31	PRIMARY PAYER PAYMENTS	3,056	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	6,186,326	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)	233,003	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	163,102	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	183,508	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	6,349,428	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)	6,349,428	40
41	INTERIM PAYMENTS	7,279,561	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-930,133	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	141,899	44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:            [ ] HOSPITAL                            [XX] IPF (14-S110)            [ ] IRF  
                                       [ ] SUB (OTHER)                            [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (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 [XX] HOSPITAL (14-0110) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,200,325		7,134,091	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 10/22/2010	137,691	04/15/2011	145,470	3.01
	.02 04/15/2011	211,234			3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		348,925		145,470	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		8,549,250		7,279,561	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.	.01	NONE		NONE	5.01
	.02				5.02
	.03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	.50	NONE		NONE	5.50
	.51				5.51
	.52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	.01				6.01
	.02				6.02
	.02	-8,549,250		-930,133	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				6,349,428	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-S110) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,334,262		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		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)		1,334,262		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	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	89,328		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,423,590		7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
11/26/2011 11:22

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-0110)       CAH

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	2,691 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	4,098 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	338 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	7,749 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	171,311,466 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	7,111,960 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S110)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,362,620	1
2	NET IPF PPS OUTLIER PAYMENT	190,686	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
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)		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)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.273973	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,553,306	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,553,306	16
17	PRIMARY PAYER PAYMENTS	1,842	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,551,464	18
19	DEDUCTIBLES	215,544	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,335,920	20
21	COINSURANCE	1,658	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,334,262	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	121,619	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	85,133	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	106,827	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,419,395	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	4,195	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,423,590	31
32	INTERIM PAYMENTS	1,334,262	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	89,328	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0110) [ ] 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	2,971,462 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,971,462 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,971,462 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	2,002,978 8
9	ANCILLARY SERVICE CHARGES	5,187,411 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	7,190,389 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)	7,190,389 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	4,218,927 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 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 (LINE 7)	2,971,462 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	7,382 26
27	SUBTOTAL (SUM OF LINES 22-26)	7,382 27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, LESSER OF LINES 27 OR 28, NON-PPS ENTER AMOUNT FROM LINE 27	7,382 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-21 MINUS 29)	2,964,080 31
32	DEDUCTIBLES	32
33	COINSURANCE	183,349 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)	2,780,731 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	2,780,731 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)	2,780,731 40
41	INTERIM PAYMENTS	915,290 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	1,865,441 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S110) [ ] 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	1,774,431	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,774,431	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,774,431	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	1,423,952	8
9	ANCILLARY SERVICE CHARGES	1,516,299	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)	2,940,251	12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,940,251	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	1,165,820	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 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 (LINE 7)	1,774,431	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	3,158	26
27	SUBTOTAL (SUM OF LINES 22-26)	3,158	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28
29	TITLE V OR XIX PPS, LESSER OF LINES 27 OR 28, NON-PPS ENTER AMOUNT FROM LINE 27	3,158	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19-21 MINUS 29)	1,771,273	31
32	DEDUCTIBLES		32
33	COINSURANCE	41,181	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)	1,730,092	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	1,730,092	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)	1,730,092	40
41	INTERIM PAYMENTS	723,507	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	1,006,585	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

1	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	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6				9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT				11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT				17
18	PER RESIDENT AMOUNT				18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE 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	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	5,800	338		26
27	TOTAL INPATIENT DAYS	12,594			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS				28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR NURSING/ALLIED HEALTH				30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			12,213,560	37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			132	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

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

WORKSHEET E-4

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

1	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	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6				9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT				11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT				17
18	PER RESIDENT AMOUNT				18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE 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	INPATIENT	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	2,882			26
27	TOTAL INPATIENT DAYS	12,594			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS				28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR NURSING/ALLIED HEALTH				30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	1,037,742				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE	-316,607				3
4 ACCOUNTS RECEIVABLE	20,791,508				4
5 OTHER RECEIVABLES	1,129,100				5
6 ALLOWANCE FOR UNCOLLECTIBLE					
NOTES & ACCOUNTS RECEIVABLE	-12,096,488				6
7 INVENTORY	1,658,739				7
8 PREPAID EXPENSES	752,296				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	12,956,290				11
FIXED ASSETS					
12 LAND	1,180,846				12
13 LAND IMPROVEMENTS	2,649,045				13
14 ACCUMULATED DEPRECIATION	-2,110,127				14
15 BUILDINGS	67,449,879				15
16 ACCUMULATED DEPRECIATION	-31,330,395				16
17 LEASEHOLD IMPROVEMENTS					17
18 ACCUMULATED AMORTIZATION					18
19 FIXED EQUIPMENT	637,475				19
20 ACCUMULATED DEPRECIATION	-520,111				20
21 AUTOMOBILES AND TRUCKS	639,505				21
22 ACCUMULATED DEPRECIATION	-611,686				22
23 MAJOR MOVABLE EQUIPMENT	32,678,291				23
24 ACCUMULATED DEPRECIATION	-21,442,325				24
25 MINOR EQUIPMENT DEPRECIABLE					25
26 ACCUMULATED DEPRECIATION					26
27 HIT DESIGNATED ASSETS	80,645				27
28 ACCUMULATED DEPRECIATION					28
29 MINOR EQUIPMENT-NONDEPRECIABLE					29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	49,301,042				30
OTHER ASSETS					
31 INVESTMENTS	38,311,107				31
32 DEPOSITS ON LEASES					32
33 DUE FROM OWNERS/OFFICERS					33
34 OTHER ASSETS	11,769,738				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	50,080,845				35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	112,338,177				36
LIABILITIES AND FUND BALANCES					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
37 ACCOUNTS PAYABLE	2,902,375				37
38 SALARIES, WAGES & FEES PAYABLE	4,038,135				38
39 PAYROLL TAXES PAYABLE	90,795				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	734,532				40
41 DEFERRED INCOME					41
42 ACCELERATED PAYMENTS					42
43 DUE TO OTHER FUNDS	2,571,701				43
44 OTHER CURRENT LIABILITIES	218,509				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	10,556,047				45
LONG-TERM LIABILITIES					
46 MORTGAGE PAYABLE					46
47 NOTES PAYABLE	12,245,000				47
48 UNSECURED LOANS					48
49 OTHER LONG TERM LIABILITIES	2,694,616				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	14,939,616				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	25,495,663				51
CAPITAL ACCOUNTS					
52 GENERAL FUND BALANCE	86,842,514				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)	86,842,514				59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	112,338,177				60



STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		88,433,255							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-1,590,745							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		86,842,510							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		86,842,510							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		86,842,510							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	11,782,079		11,782,079	1
3 SUBPROVIDER IPF	7,206,384		7,206,384	2
4 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	18,988,463		18,988,463	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	1,719,574		1,719,574	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	1,719,574		1,719,574	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	20,708,037		20,708,037	17
18 ANCILLARY SERVICES	38,112,223	112,743,423	150,855,646	18
19 OUTPATIENT SERVICES		3,672,301	3,672,301	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		4,586,893	4,586,893	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES		4,669	4,669	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	58,820,260	121,007,286	179,827,546	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		74,009,671	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		2	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		74,009,673	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	179,827,546	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	110,900,917	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	68,926,629	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	74,009,673	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,083,044	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	562,366	6
7	INCOME FROM INVESTMENTS	107,171	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	4,950	10
11	REBATES AND REFUNDS OF EXPENSES	75,769	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	405,498	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	37	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	12,213	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2,837	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	674	21
22	RENTAL OF HOSPITAL SPACE	651,908	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (UNREALIZED NET GAINS IN INVESTMENTS)	1,011,095	24
24.01	OTHER (INVESTMENT INCOME SELF INSURANCE)	188,990	24.01
24.02	OTHER (COMMUNITY EDUCATION REVENUE)	26,124	24.02
24.03	OTHER (MISCELLANEOUS REVENUE)	82,708	24.03
24.04	OTHER (PRIVATE SERVICE GRANT)		24.04
24.05	OTHER (AD CARE)	3,222	24.05
24.06	OTHER (HOSPITAL COMM INCOME)	26,820	24.06
24.07	OTHER (ENDOWMENT INCOME)	9,897	24.07
24.08	OTHER (GAIN ON SALE OF ASSETS)	2,706	24.08
24.09	OTHER (MISCELLANEOUS INCOME)		24.09
24.10	OTHER (BIO TERRISM GRANTS)	27,460	24.10
24.11	OTHER (EMS GRANT REVENUE)	5,800	24.11
24.12	OTHER (RADIOLOGY FILM REVENUE)	2,880	24.12
24.13	OTHER (GRANTS)	25,000	24.13
24.14	OTHER (EMS REVENUE)	2,605	24.14
24.15	OTHER (INTEREST PROJECT INCOME)	62	24.15
24.16	OTHER (FUNDED DEPRECIATION INCOME)	3,202,930	24.16
24.17	OTHER (EQUITY INVESTMENT IN CORP)	226,352	24.17
24.18	OTHER (CANCER LLC INVESTMENT INCOME)	156,883	24.18
24.19	OTHER (AMERICAN EXPRESS REBATES)	14,000	24.19
24.20	OTHER (CLINIC TRANSCRIPTS)		24.20
24.21	OTHER (SLEEP LAB RENT)	29,404	24.21
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	6,868,361	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,785,317	26
27	OTHER EXPENSES (CONSULTING FEES SELF INSURANCE)	175,368	27
27.01	OTHER EXPENSES (INVESTMENTS TRUSTEE FEES)	5,451	27.01
27.02	OTHER EXPENSES (ONCOLOGY EQUITY LOSS)		27.02
27.03	OTHER EXPENSES (CHANGE IN INTEREST IN RELATED ORGAN)	3,194,943	27.03
27.04	OTHER EXPENSES (EMPLOYEE RELIEF)	300	27.04
27.05	OTHER EXPENSES (INVESTMENT LOSS ON SELF INSURANCE)		27.05
27.06	OTHER EXPENSES (FUND RAISING EXPENSE)		27.06
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	3,376,062	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-1,590,745	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXTURES							1
2 CAPITAL RELATED-MOVABLE EQUIPMENT							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTRUCTIONS)							4
5 ADMINISTRATIVE AND GENERAL	428,610	28,272	3,896	9,368	58,615	528,761	5
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	530,649	42,015	40,274	25,509	36,883	675,330	6
7 PHYSICAL THERAPY	339,020	18,467	16,261	51,484		425,232	7
8 OCCUPATIONAL THERAPY							8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE	30,319	1,866	4,116		447	36,748	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
24 TOTAL (SUM OF LINES 1-23)	1,328,598	90,620	64,547	86,361	95,945	1,666,071	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-88,964	439,797	-1,255	438,542	5
6	-43,599	631,731		631,731	6
7	-59,343	365,889		365,889	7
8	17,156	17,156		17,156	8
9	17,414	17,414		17,414	9
10	5,273	5,273		5,273	10
11	-1,765	34,983		34,983	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	-153,828	1,512,243	-1,255	1,510,988	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7048

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6
1								1
2								2
3								3
4								4
5	438,542					438,542	438,542	5
6	631,731					631,731	258,326	890,057
7	365,889					365,889	149,619	515,508
8	17,156					17,156	7,015	24,171
9	17,414					17,414	7,121	24,535
10	5,273					5,273	2,156	7,429
11	34,983					34,983	14,305	49,288
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24	1,510,988					1,510,988		1,510,988

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-438,542	1,072,446	5
6 SKILLED NURSING CARE						631,731	6
7 PHYSICAL THERAPY						365,889	7
8 OCCUPATIONAL THERAPY						17,156	8
9 SPEECH PATHOLOGY						17,414	9
10 MEDICAL SOCIAL SERVICES						5,273	10
11 HOME HEALTH AIDE						34,983	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-438,542	1,072,446	24
25 COST TO BE ALLOC (PER W/S H)						438,542	25
26 UNIT COST MULTIPLIER						0.408918	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-2  
 PART I

HHA COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL (SUM OF COL. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (SUM OF COL. 4A-23)	ALLOCATED HHA A&G (SEE PT. 2)	TOTAL HHA COSTS
	17	19	23	24	25	26	27	28
1 ADMINISTRATIVE AND GENERAL				272,256		272,256		1
2 SKILLED NURSING CARE				1,266,075		1,266,075	160,145	1,426,220
3 PHYSICAL THERAPY				735,311		735,311	93,009	828,320
4 OCCUPATIONAL THERAPY				34,747		34,747	4,395	39,142
5 SPEECH PATHOLOGY				34,912		34,912	4,416	39,328
6 MEDICAL SOCIAL SERVICES				10,623		10,623	1,344	11,967
7 HOME HEALTH AIDE				70,735		70,735	8,947	79,682
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
20 TOTAL (SUM OF LINES 1-19)				2,424,659		2,424,659	272,256	2,424,659
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.							0.126489	21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY
	1	2	3	4	4A	5	7	8
1 ADMINISTRATIVE AND GENERAL		77,801		400,123		208,266		1
2 SKILLED NURSING CARE		175		526,218		1,094,568		2
3 PHYSICAL THERAPY		226		309,052		635,703		3
4 OCCUPATIONAL THERAPY				15,111		30,040		4
5 SPEECH PATHOLOGY				14,540		30,183		5
6 MEDICAL SOCIAL SERVICES				4,519		9,184		6
7 HOME HEALTH AIDE				30,548		61,153		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)		78,202		1,300,111		2,069,097		20
21 TOTAL COST TO BE ALLOCATED		53,124		504,985		324,205		21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		0.679318		0.388417		0.156689		22



PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
11/26/2011 11:22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-2  
PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,426,220		1,426,220	5,674	251.36	1
2	PHYSICAL THERAPY	3	828,320		828,320	4,128	200.66	2
3	OCCUPATIONAL THERAPY	4	39,142		39,142	240	163.09	3
4	SPEECH PATHOLOGY	5	39,328		39,328	117	336.14	4
5	MEDICAL SOCIAL SERVICES	6	11,967		11,967	78	153.42	5
6	HOME HEALTH AIDE	7	79,682		79,682	730	109.15	6
7	TOTAL (SUM OF LINES 1-6)		2,424,659		2,424,659	10,967		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)			
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		23,646	23,646	48,513	0.487416	15
16	COST OF DRUGS	9		347	347	815	0.425767	16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A		PART B		PART A		PART B		
PATIENT SERVICES	6	7	8	9	10	11	12		
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
1 SKILLED NURSING CARE	1,951	1,253		490,403	314,954		805,357	1	
2 PHYSICAL THERAPY	1,818	1,084		364,800	217,515		582,315	2	
3 OCCUPATIONAL THERAPY	99	87		16,146	14,189		30,335	3	
4 SPEECH PATHOLOGY	54	34		18,152	11,429		29,581	4	
5 MEDICAL SOCIAL SERVICES	28	33		4,296	5,063		9,359	5	
6 HOME HEALTH AIDE	201	273		21,939	29,798		51,737	6	
7 TOTAL (SUM OF LINES 1-6)	4,151	2,764		915,736	592,948		1,508,684	7	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS				TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART B	
	1	2	3	4		
8 SKILLED NURSING CARE	16974	1,951	1,253		8	
9 PHYSICAL THERAPY	16974	1,818	1,084		9	
10 OCCUPATIONAL THERAPY	16974	99	87		10	
11 SPEECH PATHOLOGY	16974	54	34		11	
12 MEDICAL SOCIAL SERVICES	16974	28	33		12	
13 HOME HEALTH AIDE	16974	201	273		13	
14 TOTAL (SUM OF LINES 8-13)		4,151	2,764		14	

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES				COST OF SERVICES			
	PART A		PART B		PART A		PART B	
OTHER PATIENT SERVICES	6	7	8	9	10	11		
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		
15 COST OF MEDICAL SUPPLIES	23,568			11,487			15	
16 COST OF DRUGS			310		132		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	0.627394			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.575252			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	1.450143			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	0.487423	48,513	23,646	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.425472	815	347	COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7048

WORKSHEET H-4  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)		132		1
2 TOTAL CHARGES	1,048,800	310		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,048,800	310		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,048,800	178		7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	744,970	486,991	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2,094		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	14,351	11,594	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7,340	17,776	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	950		15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS		668	17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	769,705	517,161	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	769,705	517,161	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	769,705	517,161	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	769,705	517,161	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	769,705	517,161	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	769,705	517,339	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)		-178	34
35 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.: 14-7048

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		769,705		517,339	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		769,705		517,339	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		769,705		517,161	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	19	1	20		5,254	5,294 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE VISITING SERVICES						8
9 PHYSICIAN SERVICES				17,518		17,518 9
10 NURSING CARE	116,069	8,489	8,140	7,841		140,539 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	39,370	2,879	3,354			45,603 15
16 SPIRITUAL COUNSELING	9,546	698	241			10,485 16
17 DIETARY COUNSELING					48	48 17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	23,388	1,711	4,967	46,973		77,039 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE	735	54	20			809 20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY					74,924	74,924 22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					21,853	21,853 26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES					4,360	4,360 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						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (SUM OF LINES 1-38)	189,127	13,832	16,742	72,332	106,439	398,472 39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL	-1	5,293	-183	5,110	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		17,518	-17,518		9
10 NURSING CARE	-8,489	132,050		132,050	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	-2,879	42,724		42,724	15
16 SPIRITUAL COUNSELING	-698	9,787		9,787	16
17 DIETARY COUNSELING		48		48	17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER	-1,711	75,328		75,328	19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE	-54	755		755	20
21 OTHER					21
OTHER HOSPICE SERVICE COSTS					
22 DRUGS, BIOLOGICAL & INFUSION THERAPY		74,924	-26,124	48,800	22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN		21,853		21,853	26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES		4,360		4,360	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					35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING					37
38 OTHER PROGRAM COSTS					38
39 TOTAL (SUM OF LINES 1-38)	-27,664	384,640	-87,650	340,815	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1570

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL							19	19
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								9
12	PHYSICIAN SERVICES								9
13	NURSING CARE				116,069				116,069
14	NURSING CARE-CONT.HOME CARE								10
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES		39,370						14
19	SPIRITUAL COUNSELING							9,546	39,370
20	DIETARY COUNSELING								15
21	COUNSELING - OTHER								16
22	HH AIDE AND HOMEMAKER						23,388		17
23	HH AIDE & HMKR-CONT.HME CARE						735		18
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								20
26	DRUGS, BIOL. & INFUS. THER.								21
27	ANALGESICS								22
28	SEDATIVES / HYPNOTICS								23
29	OTHER - SPECIFY								24
30	DURABLE MED. EQUIP./OXYGEN								25
31	PATIENT TRANSPORTATION								26
32	IMAGING SERVICES								27
33	LABS AND DIAGNOSTICS								28
34	MEDICAL SUPPLIES								29
35	OUTPAT.SERV.(INCL.E/R DEPT.)								30
36	RADIATION THERAPY								31
37	CHEMOTHERAPY								32
38	OTHER								33
39	HOSPICE NONREIMBURSABLE SERVICE								34
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)		39,370		116,069		24,123	9,565	189,127

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1570

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	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								1 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								8,489 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								2,879 15
19	SPIRITUAL COUNSELING								698 16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								1,711 19
23	HH AIDE & HMKR-CONT.HME CARE								54 20
24	OTHER								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								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)								2,879 8,489 1,711 753 13,832 39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1570 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									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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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									
INPATIENT CARE SERVICE									
INPATIENT - GENERAL CARE									
INPATIENT - RESPITE CARE									
VISITING SERVICES									
PHYSICIAN SERVICES	17,518								17,518
NURSING CARE					7,841				7,841
NURSING CARE-CONT.HOME CARE									
PHYSICAL THERAPY									
OCCUPATIONAL THERAPY									
SPEECH/LANGUAGE PATHOLOGY									
MEDICAL SOCIAL SERVICES									
SPIRITUAL COUNSELING									
DIETARY COUNSELING									
COUNSELING - OTHER									
HH AIDE AND HOMEMAKER							46,973		46,973
HH AIDE & HMKR-CONT.HME CARE									
OTHER									
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									
VOLUNTEER PROGRAM COSTS									
FUNDRAISING									
OTHER PROGRAM COSTS									
TOTAL (SUM OF LINES 1-38)	17,518				7,841		46,973		72,332

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1570

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDGCOSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.									6
7	ADMINISTRATIVE AND GENERAL	5,110						5,110	5,110	7
8	INPATIENT CARE SERVICE									8
9	INPATIENT - GENERAL CARE									9
10	INPATIENT - RESPITE CARE									10
11	VISITING SERVICES									11
12	PHYSICIAN SERVICES									12
13	NURSING CARE	132,050						132,050	2,010	134,060
14	NURSING CARE-CONTINUOUS HOME									14
15	PHYSICAL THERAPY									15
16	OCCUPATIONAL THERAPY									16
17	SPEECH/LANGUAGE PATHOLOGY									17
18	MEDICAL SOCIAL SERVICES	42,724						42,724	650	43,374
19	SPIRITUAL COUNSELING	9,787						9,787	149	9,936
20	DIETARY COUNSELING	48						48	1	49
21	COUNSELING - OTHER									21
22	HH AIDE AND HOMEMAKER	75,328						75,328	1,147	76,475
23	HH AIDE & HMKR-CONT. HOME CA	755						755	11	766
24	OTHER									24
25	OTHER HOSPICE SERVICE COSTS									25
26	DRUGS, BIOL. & INFUS. THER.	48,800						48,800	743	49,543
27	ANALGESICS									27
28	SEDATIVES / HYPNOTICS									28
29	OTHER - SPECIFY									29
30	DURABLE MED. EQUIP./OXYGEN	21,853						21,853	333	22,186
31	PATIENT TRANSPORTATION									31
32	IMAGING SERVICES									32
33	LABS AND DIAGNOSTICS									33
34	MEDICAL SUPPLIES	4,360						4,360	66	4,426
35	OUTPAT.SERV.(INCL.E/R DEPT.)									35
36	RADIATION THERAPY									36
37	CHEMOTHERAPY									37
38	OTHER									38
39	HOSPICE NONREIMBURSABLE SERV.									39
40	BEREAVEMENT PROGRAM COSTS									40
41	VOLUNTEER PROGRAM COSTS									41
42	FUNDRAISING									42
43	OTHER PROGRAM COSTS									43
44	TOTAL (SUM OF LINES 1-38)	340,815						340,815		340,815









ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL (COLS. 4A-23)	I&R COST & POST STEP-DOWN ADJS	SUBTOTAL (COLS. 24 ± 25)	ALLOC HOSP A&G (SEE PART II)	TOTAL HOSP COSTS (COL 26 ± 27)
	17	19	23	24	25	26	27	28
1 ADMINISTRATIVE AND GENERAL				9,482		9,482		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				194,470		194,470	3,914	198,384
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				74,686		74,686	1,503	76,189
11 SPIRITUAL COUNSELING				15,463		15,463	311	15,774
12 DIETARY COUNSELING				57		57	1	58
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				97,572		97,572	1,963	99,535
15 HH AIDE & HMKR-CONT. HOME C				886		886	18	904
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO				57,306		57,306	1,153	58,459
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN				25,662		25,662	516	26,178
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES				5,120		5,120	103	5,223
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)				480,704		480,704		480,704
35 UNIT COST MULTIPLIER							0.020122	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY
	1	2	3	4	4A	5	7	8
1 ADMINISTRATIVE AND GENERAL				15,686		6,886		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				77,608		168,127		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				48,285		64,569		10
11 SPIRITUAL COUNSELING				7,818		13,368		11
12 DIETARY COUNSELING						49		12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				17,951		84,355		14
15 HH AIDE & HMKR-CONT. HOME C						766		15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO						49,543		17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN						22,186		21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES						4,426		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)				167,348		414,275		34
35 TOTAL COST TO BE ALLOCATED				73,460		64,912		35
36 UNIT COST MULTIPLIER				0.438966		0.156688		36



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570  
 STATISTICAL BASIS

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	NONPHYSIC.	PARAMED	
	ANESTHET.	EDUCATION	
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	19	23	
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

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
 PERIOD FROM 05/01/2010 TO 04/30/2011

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

VERSION: 2011.10  
 11/26/2011 11:22

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1570

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	0.627394		1
2	OCCUPATIONAL THERAPY	67	0.575252		2
3	SPEECH/LANGUAGE PATHOLOGY	68	1.450143		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.425472		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.180250		6
7	MEDICAL SUPPLIES	71	0.487423		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	STRESS TESTING	76			10
10.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	3.168512		10.01
10.97	CARDIAC REHABILITATION	76.97	0.104945		10.97
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0110 OTTAWA REGIONAL HOSPITAL & HEA  
PERIOD FROM 05/01/2010 TO 04/30/2011

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1570

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				480,704	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				4,656	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				103.24	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	4,482				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	462,722				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		174			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		17,964			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)					12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)					13



CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL [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	604,615	1
2	CAPITAL DRG OUTLIER PAYMENTS	6,085	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	21.23	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	610,700	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
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
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
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
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
58 MAGNETIC RESONANCE IMAGING (MR					58
60 LABORATORY					60
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 PAT					71
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
76 STRESS TESTING					76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERV					76.01
76.97 CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS					
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
117 HOMEMAKER					117
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	42.91		16.55				59.46	30
31 INTENSIVE CARE UNIT	60.07		9.78				69.85	31
43 NURSERY			66.88				66.88	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	16.18	25.41	3.38				44.97	50
51 RECOVERY ROOM	8.68	20.39	3.49				32.56	51
52 DELIVERY ROOM & LABOR ROOM	0.46	0.24	39.26				39.96	52
53 ANESTHESIOLOGY	4.47	16.21	2.77				23.45	53
54 RADIOLOGY-DIAGNOSTIC	9.46	28.04	1.59				39.09	54
58 MAGNETIC RESONANCE IMAGING (MRI	2.08	26.17	0.36				28.61	58
60 LABORATORY	17.32	0.77	3.55				21.64	60
64 INTRAVENOUS THERAPY	35.25	7.54	11.97				54.76	64
65 RESPIRATORY THERAPY	49.66	9.78	5.77				65.21	65
66 PHYSICAL THERAPY	8.01	13.23	0.42				21.66	66
67 OCCUPATIONAL THERAPY	5.73	10.37	0.40				16.50	67
68 SPEECH PATHOLOGY	0.07	31.50					31.57	68
69 ELECTROCARDIOLOGY	26.10	20.47	1.88				48.45	69
70 ELECTROENCEPHALOGRAPHY	15.93	17.59	2.85				36.37	70
71 MEDICAL SUPPLIES CHRGED TO PATI	27.80	30.38	13.59				71.77	71
73 DRUGS CHARGED TO PATIENTS	26.38	15.57	6.44				48.39	73
75 ASC (NON-DISTINCT PART)	6.70	41.91	0.70				49.31	75
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		27.50					27.50	76.01
76.97 CARDIAC REHABILITATION	2.97	41.56	0.45				44.98	76.97
91 EMERGENCY	11.88	14.31	2.41				28.60	91
92 OBSERVATION BEDS		41.38					41.38	92
200 TOTAL CHARGES	14.14	19.92	3.55				37.61	200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	35.13		29.21				64.34 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02		0.03				0.05 50
51 RECOVERY ROOM	0.04		0.06				0.10 51
53 ANESTHESIOLOGY	0.04		0.07				0.11 53
54 RADIOLOGY-DIAGNOSTIC	0.28		0.19				0.47 54
58 MAGNETIC RESONANCE IMAGING (MRI)	0.04		0.52				0.56 58
60 LABORATORY	2.07		2.63				4.70 60
64 INTRAVENOUS THERAPY	0.13		0.06				0.19 64
65 RESPIRATORY THERAPY	1.93		0.69				2.62 65
66 PHYSICAL THERAPY	0.40		0.20				0.60 66
67 OCCUPATIONAL THERAPY	0.25						0.25 67
69 ELECTROCARDIOLOGY	2.19		2.23				4.42 69
70 ELECTROENCEPHALOGRAPHY	1.93		8.59				10.52 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.50		0.30				0.80 71
73 DRUGS CHARGED TO PATIENTS	5.29		4.77				10.06 73
75 ASC (NON-DISTINCT PART)	0.24						0.24 75
91 EMERGENCY	1.91		2.79				4.70 91
200 TOTAL CHARGES	0.99		1.04				2.03 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	4,393,323	6.75	-4,393,323	-12.65			1
2	CAP REL COSTS-MVBLE EQUIP	2,941,060	4.52	-2,941,060	-8.47			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	11,426,981	17.57	-11,426,981	-32.90			4
5	ADMINISTRATIVE & GENERAL	6,645,585	10.22	-6,645,585	-19.13			5
7	OPERATION OF PLANT	2,995,895	4.61	-2,995,895	-8.63			7
8	LAUNDRY & LINEN SERVICE	259,088	0.40	-259,088	-0.75			8
9	HOUSEKEEPING	834,158	1.28	-834,158	-2.40			9
10	DIETARY	1,098,225	1.69	-1,098,225	-3.16			10
11	CAFETERIA							11
13	NURSING ADMINISTRATION	1,107,211	1.70	-1,107,211	-3.19			13
14	CENTRAL SERVICES & SUPPLY	240,096	0.37	-240,096	-0.69			14
15	PHARMACY	928,538	1.43	-928,538	-2.67			15
16	MEDICAL RECORDS & LIBRARY	1,608,680	2.47	-1,608,680	-4.63			16
17	SOCIAL SERVICE	167,439	0.26	-167,439	-0.48			17
19	NONPHYSICIAN ANESTHETISTS							19
23	PARAMED ED PRGM-(SPECIFY)	83,956	0.13	-83,956	-0.24			23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	3,010,349	4.63	4,776,039	13.75	7,786,388	11.97	30
31	INTENSIVE CARE UNIT	738,353	1.14	772,565	2.22	1,510,918	2.32	31
40	SUBPROVIDER - IPF	1,918,431	2.95	2,671,683	7.69	4,590,114	7.06	40
43	NURSERY	141,200	0.22	169,379	0.49	310,579	0.48	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	4,132,363	6.35	2,383,148	6.86	6,515,511	10.02	50
51	RECOVERY ROOM	172,372	0.26	192,061	0.55	364,433	0.56	51
52	DELIVERY ROOM & LABOR ROOM	152,676	0.23	188,577	0.54	341,253	0.52	52
53	ANESTHESIOLOGY	485,997	0.75	538,996	1.55	1,024,993	1.58	53
54	RADIOLOGY-DIAGNOSTIC	3,419,278	5.26	3,990,122	11.49	7,409,400	11.39	54
58	MAGNETIC RESONANCE IMAGING (MRI)	359,809	0.55	580,290	1.67	940,099	1.45	58
60	LABORATORY	2,567,599	3.95	1,247,910	3.59	3,815,509	5.87	60
64	INTRAVENOUS THERAPY	537,734	0.83	307,320	0.88	845,054	1.30	64
65	RESPIRATORY THERAPY	728,203	1.12	574,156	1.65	1,302,359	2.00	65
66	PHYSICAL THERAPY	1,704,432	2.62	2,199,397	6.33	3,903,829	6.00	66
67	OCCUPATIONAL THERAPY	183,158	0.28	190,277	0.55	373,435	0.57	67
68	SPEECH PATHOLOGY	201,715	0.31	175,280	0.50	376,995	0.58	68
69	ELECTROCARDIOLOGY	118,894	0.18	182,578	0.53	301,472	0.46	69
70	ELECTROENCEPHALOGRAPHY	3,733	0.01	14,050	0.04	17,783	0.03	70
71	MEDICAL SUPPLIES CHRGED TO PATI	329,398	0.51	493,254	1.42	822,652	1.26	71
73	DRUGS CHARGED TO PATIENTS	1,437,544	2.21	1,924,097	5.54	3,361,641	5.17	73
75	ASC (NON-DISTINCT PART)	2,083,674	3.20	3,530,446	10.17	5,614,120	8.63	75
76	STRESS TESTING							76
76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	1,178,641	1.81	3,889,043	11.20	5,067,684	7.79	76.01
76.97	CARDIAC REHABILITATION	40,872	0.06	44,367	0.13	85,239	0.13	76.97
91	EMERGENCY	2,399,589	3.69	2,038,540	5.87	4,438,129	6.82	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
101	HOME HEALTH AGENCY	1,510,988	2.32	913,671	2.63	2,424,659	3.73	101
SPECIAL PURPOSE COST CENTERS								
116	HOSPICE	340,815	0.52	139,889	0.40	480,704	0.74	116
117	HOMEMAKER	207,960	0.32	122,739	0.35	330,699	0.51	117
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			51,839	0.15	51,839	0.08	190
192	PHYSICIANS' PRIVATE OFFICES	213,759	0.33	428,522	1.23	642,281	0.99	192
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	65,049,771	100.00			65,049,771	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	608,256	19,598,457	0.031036	3,171,347	98,426	50
51 RECOVERY ROOM	31,906	2,051,847	0.015550	178,123	2,770	51
52 DELIVERY ROOM & LABOR ROOM	37,476	2,906,143	0.012895	13,270	171	52
53 ANESTHESIOLOGY	47,954	4,996,832	0.009597	223,344	2,143	53
54 RADIOLOGY-DIAGNOSTIC	1,167,944	34,272,937	0.034078	3,242,667	110,504	54
58 MAGNETIC RESONANCE IMAGING (MRI	371,913	5,922,356	0.062798	123,105	7,731	58
60 LABORATORY	216,251	21,167,816	0.010216	3,665,528	37,447	60
64 INTRAVENOUS THERAPY	25,829	2,212,476	0.011674	779,918	9,105	64
65 RESPIRATORY THERAPY	79,965	6,897,285	0.011594	3,425,512	39,715	65
66 PHYSICAL THERAPY	572,912	6,222,291	0.092074	498,195	45,871	66
67 OCCUPATIONAL THERAPY	35,222	649,168	0.054257	37,185	2,018	67
68 SPEECH PATHOLOGY	36,961	259,971	0.142174	192	27	68
69 ELECTROCARDIOLOGY	12,325	1,775,006	0.006944	463,318	3,217	69
70 ELECTROENCEPHALOGRAPHY	3,830	56,863	0.067355	9,060	610	70
71 MEDICAL SUPPLIES CHRGD TO PATI	103,384	1,687,758	0.061255	469,245	28,744	71
73 DRUGS CHARGED TO PATIENTS	153,978	7,900,970	0.019488	2,084,435	40,621	73
75 ASC (NON-DISTINCT PART)	799,609	10,006,740	0.079907	670,031	53,540	75
76 STRESS TESTING						76
76.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1,034,531	1,599,389	0.646829			76.01
76.97 CARDIAC REHABILITATION	6,409	812,226	0.007891	24,157	191	76.97
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	238,570	13,165,343	0.018121	1,564,258	28,346	91
92 OBSERVATION BEDS	124,105	1,854,662	0.066915			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	5,709,330	146,016,536		20,642,890	511,197	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	709,828		709,828	8,362	84.89	3,588	304,585 30
31 INTENSIVE CARE UNIT	105,345		105,345	849	124.08	510	63,281 31
200 TOTAL	815,173		815,173	9,211		4,098	367,866 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							367,866
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							511,197
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							879,063
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							1,223
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							4,098
PER DISCHARGE CAPITAL COSTS							718.78
PER DIEM CAPITAL COSTS							214.51

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	9,199,835
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	25,177,289
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.365

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	2,041,527
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,980,332
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.513

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	879,063
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	10,235,041
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	28,122,090
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.364