

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 WEST SUBURBAN HOSPT. MED. CTR. (14-0049) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
		2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	2906421	35698	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY	170333		5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	3076754	35698	100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3 ERIE COURT P.O.BOX: 1
 1.01 CITY: OAK PARK STATE: IL ZIP CODE: 60302 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	WEST SUBURBAN HOSPT. MED. CTR.	14-0049	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	WEST SUBURBAN SNF	14-5743	12/28/1992	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	HOSPICE OF WEST SUBURBAN HOSPITAL	14-1545	01/01/1993				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2007 TO: 06/30/2008 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? YES 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? YES 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. YES 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	148082	40
40.01	NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 100 NORTH RIVER ROAD	P.O. BOX:		40.02
40.03	CITY:	STATE: IL	ZIP CODE: 60016	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1671336 PAID LOSSES: 3997601 AND/OR SELF INSURANCE: 6348599					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'
FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2
IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE
SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,
ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2951	2830	10066	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2951	2830	10066	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	9
1	SALARIES							
1	TOTAL SALARIES	64444524		64444524	2262838.31	28.48		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1337132		1337132	6175.40	216.53 PER WP		4
4.01	TEACHING PHYSICIAN SALARIES	637192		637192	8177.70	77.92 PER WP		4.01
5	PHYSICIAN - PART B	1689946		1689946	17336.00	97.48 PER WP		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		2968206	2968206	121282.00	24.47 PER W/P		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	1918894		1918894	75786.00	25.32		8
8.01	EXCLUDED AREA SALARIES	2689595		2689595	97613.00	27.55		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2097809		2097809	32762.86	64.03 PER WP		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11017075		11017075	316001.00	34.86 PER HOCR		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	13919264		13919264			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	676989		676989			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	175279		175279			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	103460		103460			CMS 339	18.01
19	PHYSICIAN PART B	257826		257826			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	673361		673361			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	3997717	-707020	3290697	65121.00	50.53		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	400404		400404	9812.40	40.81		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1954926		1954926	85508.00	22.86		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1517725		1517725	123136.00	12.33		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1417943		1417943	98662.00	14.37		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1911016	707020	2618036	64037.00	40.88		30
31	CENTRAL SERVICES AND SUPPLY	516837		516837	30088.00	17.18		31
32	PHARMACY	1848024		1848024	51398.00	35.96		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	736078		736078	37060.00	19.86		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8
1	NET SALARIES	62117386	-2968206	59149180	2116042.61	27.95	1
2	EXCLUDED AREA SALARIES	4608489		4608489	173399.00	26.58	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	57508897	-2968206	54540691	1942643.61	28.08	3
4	SUBTOTAL OTHER WAGES & REL COSTS	13114884		13114884	348763.86	37.60	4
5	SUBTOTAL WAGE-RELATED COSTS	14094543		14094543		25.84%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	84718324	-2968206	81750118	2291407.47	35.68	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	14300670		14300670	564822.40	25.32	13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		9						1
2	RUB		687						2
3	RUA		674						3
3.01	RUX		111						3.01
3.02	RUL		3718						3.02
4	RVC		39						4
5	RVB		304						5
6	RVA		260						6
6.01	RVX		244						6.01
6.02	RVL		1634						6.02
7	RHC		24						7
8	RHB		15						8
9	RHA		19						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB		56						11
12	RMA		48						12
12.01	RMX		263						12.01
12.02	RML		360						12.02
13	RLB		1						13
14	RLA								14
14.01	RLX		25						14.01
15	SE3		33						15
16	SE2		73						16
17	SE1								17
18	SSC								18
19	SSB		15						19
20	SSA		42						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		3						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		8657						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	15447784 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	15447784 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.283168 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	103206627 28
29	TOTAL GROSS MEDICAID COST	29224814 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	29119643 30
31	UNCOMPENSATED CARE COST	8245751 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	29224814 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4733825	4733825	1456029	6189854	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4528220	4528220	477268	5005488	4
5	0500 EMPLOYEE BENEFITS		15524534	15524534	33216	15557750	677736	16235486	5
6.01	0610 COMMUNICATIONS		452223	452223	-131	452092		452092	6.01
6.02	0620 DATA PROCESSING		28447	28447		28447	4044805	4073252	6.02
6.03	0630 PURCHASING		179528	179528	13	179541	579714	759255	6.03
6.04	0640 ADMITTING						1269492	1269492	6.04
6.05	0650 CASHIERING AND COLLECTIONS						2736662	2736662	6.05
6.06	0660 ADMINISTRATIVE AND GENERAL	3997717	30247684	34245401	-10156877	24088524	-3189451	20899073	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1954926	4441351	6396277	-336	6395941	-257231	6138710	8
9	0900 LAUNDRY & LINEN SERVICE				674979	674852		674852	9
10	1000 HOUSEKEEPING	1517725	437303	1955028	-23073	1931955		1931955	10
11	1100 DIETARY	1417943	927823	2345766	-655	2345111	-769389	1575722	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1911016	86295	1997311	861144	2858455	-4686	2853769	14
15	1500 CENTRAL SERVICES & SUPPLY	516837	1189334	1706171	-373366	1332805	-598643	734162	15
16	1600 PHARMACY	1848024	7377014	9225038	-6982021	2243017	-67821	2175196	16
17	1700 MEDICAL RECORDS & LIBRARY	736078	502124	1238202	-8	1238194	-208	1237986	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	2430140	822059	3252199	-381	3251818	-4453865	-1202047	21
22	2200 I&R SERVICES-SALARY & FRINGES A				2968206	2968206		2968206	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	4233436	946924	5180360	-2673005	2507355	-870281	1637074	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	10267451	1449924	11717375	-795245	10922130		10922130	25
26	2600 INTENSIVE CARE UNIT	2891369	976799	3868168	-211737	3656431	366607	4023038	26
33	3300 NURSERY	584365	141426	725791	268886	994677		994677	33
34	3400 SKILLED NURSING FACILITY	1918894	298490	2217384	-153760	2063624		2063624	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	3807931	5824341	9632272	-1250098	8382174		8382174	37
39	3900 DELIVERY ROOM & LABOR ROOM	2345245	1160564	3505809	-299560	3206249	-208582	2997667	39
40	4000 ANESTHESIOLOGY	91424	821747	913171	-108892	804279	-600000	204279	40
41	4100 RADIOLOGY-DIAGNOSTIC	3935720	2811576	6747296	-674984	6072312	-6474	6065838	41
42	4200 RADIOLOGY-THERAPEUTIC	953352	543372	1496724	-5814	1490910	-410995	1079915	42
44	4400 LABORATORY	4812380	4466699	9279079	-194286	9084793	-73089	9011704	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	149131	1009428	1158559	-4292	1154267		1154267	47
49	4900 RESPIRATORY THERAPY	1158558	266781	1425339	-85096	1340243	-7373	1332870	49
50	5000 PHYSICAL THERAPY	1405952	1291882	2697834	-43037	2654797		2654797	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY	251706	95485	347191	-71089	276102		276102	52
53	5300 ELECTROCARDIOLOGY	469201	472425	941626	-15951	925675	-213334	712341	53
53.01	3950 SLEEP LAB	198192	29798	227990	-16795	211195		211195	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				5118835	5118835		5118835	55
56	5600 DRUGS CHARGED TO PATIENTS				6506683	6506683		6506683	56
57	5700 RENAL DIALYSIS		596843	596843	-3501	593342		593342	57
OUTPATIENT SERVICE COST CENTERS									
60.01	6001 FAMILY PRACTICE	1356916	562082	1918998	-18471	1900527	-489708	1410819	60.01
60.02	6002 CLINIC	2063185	1310614	3373799	-55889	3317910	-987683	2330227	60.02
60.03	6003 COMMUNITY WELLNESS		635632	635632		635632		635632	60.03
60.04	6004 PROCTO/GI LAB	708711	397325	1106036	-243577	862459	-26395	836064	60.04
60.05	6005 PULMONARY/CARDIAC	377162	1066010	1443172	-437180	1005992	-1485	1004507	60.05
60.06	6006 ITNCC								60.06
61	6100 EMERGENCY	3874382	2602854	6477236	-634376	5842860	-1617648	4225212	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
89	8900 UTILIZATION REVIEW-SNF				55073	55073	-55073		89
95	SUBTOTALS	64185069	92669719	156854788	-459509	156395279	-3301101	153094178	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	105064	94917	199981	-6	199975		199975	96

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 11/28/2008 10:29

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
97.01 9701 CARING CENTERS	153238	60232	213470	-1121	212349		212349	97.01
97.02 9702 RETAIL PHARMACY				460636	460636		460636	97.02
97.03 9703 POB SHELL								97.03
97.04 9704 CLOSED UNITS								97.04
97.05 9705 OFFSITE PHYICIAN PRACTICES		136107	136107		136107		136107	97.05
98 9800 PHYSICIANS' PRIVATE OFFICES	1153	56	1209		1209		1209	98
101 TOTAL	64444524	92961031	157405555		157405555	-3301101	154104454	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS CHARGEABLE SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		5118835	1
2	A	PURCHASING	6.03			13
3	A					3
4	A					4
5	A					5
6	A					6
7	A					7
8	A					8
9	A					9
10	A					10
11	A					11
12	A					12
13	A					13
14	A					14
15	A					15
16	A					16
17	A					17
18	A					18
19	A					19
20	A					20
21	A					21
22	A					22
23	A					23
24	A					24
25	A					25
26	A					26
27	A					27
28	A					28
29	A					29
30	A					30
31	A					31
32	A					32
33	A					33
34	A					34
35	A					35
36 SUBTOTAL					5118848	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS CHARGEABLE SUPPLIES	A	COMMUNICATIONS	6.01		131	1
2	A					2
3	A	ADMINISTRATIVE AND GENERAL	6.06		265	3
4	A	OPERATION OF PLANT	8		336	4
5	A	LAUNDRY & LINEN SERVICE	9		127	5
6	A	HOUSEKEEPING	10		23073	6
7	A	DIETARY	11		655	7
8	A	NURSING ADMINISTRATION	14		207	8
9	A	CENTRAL SERVICES & SUPPLY	15		373366	9
10	A	PHARMACY	16		14702	10
11	A	MEDICAL RECORDS & LIBRARY	17		8	11
12	A	NURSING SCHOOL	21		381	12
13	A	I&R SERVICES-OTHER PRGM COSTS	23		3542	13
14	A	ADULTS & PEDIATRICS	25		490098	14
15	A	INTENSIVE CARE UNIT	26		211737	15
16	A	NURSERY	33		36261	16
17	A	SKILLED NURSING FACILITY	34		98687	17
18	A	OPERATING ROOM	37		1250098	18
19	A	DELIVERY ROOM & LABOR ROOM	39		299560	19
20	A	ANESTHESIOLOGY	40		108892	20
21	A	RADIOLOGY-DIAGNOSTIC	41		674984	21
22	A	RADIOLOGY-THERAPEUTIC	42		5814	22
23	A	LABORATORY	44		194286	23
24	A	BLOOD STORING, PROCESSING & T	47		4292	24
25	A	RESPIRATORY THERAPY	49		85096	25
26	A	PHYSICAL THERAPY	50		43037	26
27	A	SPEECH PATHOLOGY	52		71089	27
28	A	ELECTROCARDIOLOGY	53		15951	28
29	A	SLEEP LAB	53.01		16795	29
30	A	RENAL DIALYSIS	57		3501	30
31	A	FAMILY PRACTICE	60.01		18471	31
32	A	CLINIC	60.02		55889	32
33	A	PROCTO/GI LAB	60.04		243577	33
34	A	PULMONARY/CARDIAC	60.05		437180	34
35	A	EMERGENCY	61		335633	35
36 SUBTOTAL					5117721	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	A				1
2	A				2
3					3
4	B	NEW CAP REL COSTS-BLDG & FIXT	3		806282 4
5	B	NEW CAP REL COSTS-BLDG & FIXT	3		3827242 5
6	B	NEW CAP REL COSTS-MVBLE EQUIP	4		4528220 6
7					7
8	C	EMPLOYEE BENEFITS	5		33216 8
9					9
10	D	I&R SERVICES-SALARY & FRINGES	22	196478	10
11					11
12	E	NURSING ADMINISTRATION	14	707020	154331 12
13					13
14	F	DRUGS CHARGED TO PATIENTS	56		6963323 14
15					15
16	G	RETAIL PHARMACY	97.02		460636 16
17	G				17
18	H	NURSERY	33	274894	30253 18
19					19
20	I	I&R SERVICES-SALARY & FRINGES	22	102265	20
21					21
22	J	NEW CAP REL COSTS-BLDG & FIXT	3		100301 22
23					23
24	K	UTILIZATION REVIEW-SNF	89		55073 24
25					25
26	L	I&R SERVICES-SALARY & FRINGES	22	2669463	26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		3950120	22077725 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A	GIFT, FLOWER, COFFEE SHOP & C	96		6	1
2	A	CARING CENTERS	97.01		1121	2
3						3
4	DEPR EXP FROM A&G TO DEPR CST CT	B ADMINISTRATIVE AND GENERAL	6.06		9161744	9 4
5		B				9 5
6		B				9 6
7						7
8	RECLASS WORKERS COMP TO EH&W	C ADMINISTRATIVE AND GENERAL	6.06		33216	8
9						9
10	RECLASS ER TO MED ED	D EMERGENCY	61	196478		10
11						11
12	QUALITY NURSING MANAGEMENT	E ADMINISTRATIVE AND GENERAL	6.06	707020	154331	12
13						13
14	PHARMACY COST OF GOODS SOLD	F PHARMACY	16		6963323	14
15						15
16	RETAIL PHARMACY	G PHARMACY	16		3996	16
17		G DRUGS CHARGED TO PATIENTS	56		456640	17
18	WELL BABY NURSERY	H ADULTS & PEDIATRICS	25	274894	30253	18
19						19
20	COOK COUNTY EMERGENCY ROOM RESIDE	I EMERGENCY	61	102265		20
21						21
22	PROPERTY INSURANCE	J ADMINISTRATIVE AND GENERAL	6.06		100301	9 22
23						23
24	SNF UTILIZATION REVIEW	K SKILLED NURSING FACILITY	34		55073	24
25						25
26	RESIDENT SALARIES	L I&R SERVICES-OTHER PRGM COSTS	23	2669463		26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			3950120	22077725	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1930352					1930352		1
2 LAND IMPROVEMENTS	2359425					2359425		2
3 BUILDINGS AND FIXTURES	131188422	1710559		1710559		132898981		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	7756662	668		668		7757330		5
6 MOVABLE EQUIPMENT	90435077	6026476		6026476		96461553		6
7 SUBTOTAL	233669938	7737703		7737703		241407641		7
8 RECONCILING ITEMS								8
9 TOTAL	233669938	7737703		7737703		241407641		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	806282		806282	.106014				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	3827242	1556330	2270912	.298592				3
4 NEW CAP REL COSTS-MVBLE EQUIP	4528220		4528220	.595394				4
5 TOTAL	9161744	1556330	7605414	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	4949128		1240726				6189854 3
4 NEW CAP REL COSTS-MVBLE EQUIP	5005488						5005488 4
5 TOTAL	9954616		1240726				11195342 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL							5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	A	-4795	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6029891			12
13 SALE OF SCRAP, WASTE, ETC.	B	-10804	NEW CAP REL COSTS-BLDG & FIXT	3	9 13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	2568064			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-732090	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-17829	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-4453865	NURSING SCHOOL	21	21
22 VENDING MACHINES	B	-37299	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A	-55073	UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 CHA LOBBYING DUES AT RHC	A	-1179	ADMINISTRATIVE AND GENERAL	6.06	37
37.03 MARKETING ADJUSTMENT	A	-137	FAMILY PRACTICE	60.01	37.03
37.04 MARKETING ADJUSTMENT	A	-11249	ADMINISTRATIVE AND GENERAL	6.06	37.04
37.08 PROPERTY TAXES	A	-309285	ADMINISTRATIVE AND GENERAL	6.06	37.08
37.09 PHYSICIAN RECRUITMENT	A	-272714	ADMINISTRATIVE AND GENERAL	6.06	37.09
37.19 RADIOLOGY MISC REVENUE	B	-5109	RADIOLOGY-DIAGNOSTIC	41	37.19
37.20 FAMILY PRACTICE INCOME	B	-90	FAMILY PRACTICE	60.01	37.20
37.23 CLINIC MISC REVENUE	B	-6059	CLINIC	60.02	37.23
37.41 MISCEL LAB INCOME	B	-73089	LABORATORY	44	37.41
38 MEDICAL STAFF FEES COLLECTED	B	-141580	ADMINISTRATIVE AND GENERAL	6.06	38
39 HEALTH INFO MGMT FEES	B	-208	MEDICAL RECORDS & LIBRARY	17	39
40					40
41 INTERNAL MEDICINE INCOME	B	-10000	I&R SERVICES-OTHER PRGM COSTS A	23	41
42 CLOSED UNIT	A	-448172	NEW CAP REL COSTS-BLDG & FIXT	3	9 42
43 CLOSED UNIT	A	-9701	ADMINISTRATIVE AND GENERAL	6.06	43
44 CLOSED UNIT	A	-252436	OPERATION OF PLANT	8	44
45 MISC FEES	B	-420	DELIVERY ROOM & LABOR ROOM	39	45
45.01 MISC FEES	B	-4686	NURSING ADMINISTRATION	14	45.01
45.10 INVESTMENT FEES	A	2177	NEW CAP REL COSTS-BLDG & FIXT	3	11 45.10
45.11 INVESTMENT FEES	A	137188	NEW CAP REL COSTS-BLDG & FIXT	3	11 45.11
45.20 INVESTMENT INCOME	B	-111657	NEW CAP REL COSTS-BLDG & FIXT	3	11 45.20
45.21 INVESTMENT INCOME	B	-1172467	NEW CAP REL COSTS-BLDG & FIXT	3	11 45.21
46					46
47 AMORTIZED LOSS ON REFUNDING	A	573259	NEW CAP REL COSTS-BLDG & FIXT	3	11 47
48 CPA AUDIT AJE - MANDAMUS	A	426507	ADMINISTRATIVE AND GENERAL	6.06	48
48.01 CPA AUDIT AJE- TEMP RESTR FUNDS	A	5266	ADMINISTRATIVE AND GENERAL	6.06	48.01
48.02 CPA AUDIT AJE - SUPPLIES	A	-806211	ADMINISTRATIVE AND GENERAL	6.06	48.02
48.03 CPA AUDIT AJE - INVESTMENT IN W	A	795385	ADMINISTRATIVE AND GENERAL	6.06	48.03
48.04 CPA AUDIT AJE - PENSION EXPENSE	A	-308248	EMPLOYEE BENEFITS	5	48.04
48.05 CPA AUDT AJE - ADDITIONAL HEALT	A	59934	EMPLOYEE BENEFITS	5	48.05

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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
48.06 CPA AUDIT AJE - PREMIER SAVINGS	A	-775711	CENTRAL SERVICES & SUPPLY	15	48.06
48.07 CPA AUDIT AJE - PURCHASED SERVI	A	26250	ADMINISTRATIVE AND GENERAL	6.06	48.07
48.08 CPA AUDIT AJE - INVESTMENT INCO	B	-69892	NEW CAP REL COSTS-BLDG & FIXT	3	11 48.08
49 CPA ADJUSTMENT - PROVIDER TAX	A	8236815	ADMINISTRATIVE AND GENERAL	6.06	49
50 TOTAL		-3301101			50

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	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE EXPENSES	5120040	15745749	-10625709	1
2	6.05	CASHIERING AND COLLECTIONS	PATIENT ACCOUNTING	2736662		2736662	2
3	6.02	DATA PROCESSING	INFORMATION SYSTEMS	4044805		4044805	3
4	5	EMPLOYEE BENEFITS	BENEFITS	926050		926050	4
4.01	6.03	PURCHASING	PURCHASING & STORES	579714		579714	4.01
4.02	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	177068		177068	4.02
4.03	3	NEW CAP REL COSTS-BLDG & FIXT	BLDG DEPRECIATION	674279		674279	9 4.03
4.04	4	NEW CAP REL COSTS-MVBLE EQUIP	EQUIP DEPRECIATION	477268		477268	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	NET INTEREST EXPENSE	1882118		1882118	11 4.05
4.06	6.04	ADMITTING	ADMITTING	1269492		1269492	4.06
4.07	26	INTENSIVE CARE UNIT	EICU	426317		426317	4.07
5		TOTALS		18313813	15745749	2568064	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B			RESURRECTION HEALTH CARE		SOLE CORPORATE MEMBER	1
						2
						3
						4
						5

- (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	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	34	SKILLED NURSING FACILITY	55073		55073	177200	2080	177200	8860
2	37	OPERATING ROOM							
3	39	DELIVERY ROOM & LABOR RO	208162	208162					
4	42	RADIOLOGY-THERAPEUTIC	410995	410995					
5	49	RESPIRATORY THERAPY	7373	7373					
6	40	ANESTHESIOLOGY	600000	600000					
7	53	ELECTROCARDIOLOGY	213334	213334					
8	60.01	FAMILY PRACTICE	578769	454976	123763	138700	1339	89288	4464
9	60.02	CLINIC	1257188	870581	275564	177200	4139	352611	17631
10	60.06	ITNCC							
11	60.04	PROCTO/GI LAB	26395	26395					
12	60.05	PULMONARY/CARDIAC	1485	1485					
13	61	EMERGENCY	1724598	1617648	106950	177200	3380	287950	14398
16	6.06	ADMINISTRATIVE AND GENER	915416	502046	413370	177200	8267	704285	35214
17	16	PHARMACY	49992	49992					
18	23	I&R SERVICES-OTHER PRGM	1894004	848399	1045605	177200	12134	1033723	51686
19	26	INTENSIVE CARE UNIT	59710	59710					
20	41	RADIOLOGY-DIAGNOSTIC	1365	1365					
101		TOTAL	8003859	5872461	2020325		31339	2645057	132253

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	34 SKILLED NURSING FACILITY					177200		
2	37 OPERATING ROOM							
3	39 DELIVERY ROOM & LABOR RO	AGGREGATE						208162
4	42 RADIOLOGY-THERAPEUTIC	AGGREGATE						410995
5	49 RESPIRATORY THERAPY	AGGREGATE						7373
6	40 ANESTHESIOLOGY	AGGREGATE						600000
7	53 ELECTROCARDIOLOGY	AGGREGATE						213334
8	60.01 FAMILY PRACTICE	AGGREGATE				89288	34475	489481
9	60.02 CLINIC	AGGREGATE				352611		981624
10	60.06 ITNCC							
11	60.04 PROCTO/GI LAB	AGGREGATE						26395
12	60.05 PULMONARY/CARDIAC	AGGREGATE						1485
13	61 EMERGENCY	AGGREGATE				287950		1617648
16	6.06 ADMINISTRATIVE AND GENER	AGGREGATE				704285		502046
17	16 PHARMACY	AGGREGATE						49992
18	23 I&R SERVICES-OTHER PRGM	AGGREGATE				1033723	11882	860281
19	26 INTENSIVE CARE UNIT	AGGREGATE						59710
20	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						1365
101	TOTAL					2645057	46357	6029891

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICAT 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	ADMITTING 6.04	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	6189854	6189854							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5005488		5005488						4
5 EMPLOYEE BENEFITS	16235486	1154	10328	16246968					5
6.01 COMMUNICATIONS	452092	19373	25706		497171				6.01
6.02 DATA PROCESSING	4073252		916845		12959	5003056			6.02
6.03 PURCHASING	759255		131496		7069		897820		6.03
6.04 ADMITTING	1269492	41675	5852		11781	500306		1829106	6.04
6.05 CASHIERING AND COLLECTIONS	2736662		2157		18850	1500917			6.05
6.06 ADMINISTRATIVE AND GENERAL	20899073	233681	88762	829611	108390	1200733	13500		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	6138710	1660895	247960	492852	16494		1250		8
9 LAUNDRY & LINEN SERVICE	674852	21579	895		589				9
10 HOUSEKEEPING	1931955	47824	27209	382631	2356		7989		10
11 DIETARY	1575722	214447	72810	357475	4713		32514		11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2853769	19031	129143	660028	5891		1797		14
15 CENTRAL SERVICES & SUPPLY	734162	78316	71746	130299	2356		19732		15
16 PHARMACY	2175196	46772	4581	465902	5891				16
17 MEDICAL RECORDS & LIBRARY	1237986	9154	11847	185571	12370	350214	781		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	-1202047	205661	131610	612658	26508		4823		21
22 I&R SERVICES-SALARY & FRINGES A	2968206			748308					22
23 I&R SERVICES-OTHER PRGM COSTS A	1637074	83654	6724	394290	12370		2926		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10922130	816912	271786	2519191	37111	560342	8344	1205089	25
26 INTENSIVE CARE UNIT	4023038	199676	359179	728937	10603	85052	2133	184685	26
33 NURSERY	994677	10371	34775	216626	4123	85052	677		33
34 SKILLED NURSING FACILITY	2063624	205230	20740	483769	8836	220134	1353	439332	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8382174	359719	373224	960010	29453		150965		37
39 DELIVERY ROOM & LABOR ROOM	2997667	223398	150986	591255	8247		4449		39
40 ANESTHESIOLOGY	204279	9002	167764	23049	2356		3455		40
41 RADIOLOGY-DIAGNOSTIC	6065838	259114	243449	992226	21795	250153	34394		41
42 RADIOLOGY-THERAPEUTIC	1079915	36489	26956	240348	4123		481		42
44 LABORATORY	9011704	187606	108572	1213239	32988		76582		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1154267	8583	7932	37597	1767		37058		47
49 RESPIRATORY THERAPY	1332870	44261	153030	292082	3534		4631		49
50 PHYSICAL THERAPY	2654797	57358	24064	354452	5891		1171		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	276102	18967	6978	63457	2356		757		52
53 ELECTROCARDIOLOGY	712341	35576	64603	118289	5891		261		53
53.01 SLEEP LAB	211195	16470	20435	49966			188		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	5118835						189382		55
56 DRUGS CHARGED TO PATIENTS	6506683					250153	240732		56
57 RENAL DIALYSIS	593342	6783			1178		46		57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	1410819	41104	21880	342089	8247		7454		60.01
60.02 CLINIC	2330227	79292	73799	520145	10603		5678		60.02
60.03 COMMUNITY WELLNESS	635632						6		60.03
60.04 PROCTO/GI LAB	836064	247183	284224	178672	7658		1937		60.04
60.05 PULMONARY/CARDIAC	1004507	38885	309071	95086	7069		17817		60.05
60.06 ITNCC									60.06
61 EMERGENCY	4225212	144702	285988	901447	13548		5358		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	153094178	5729897	4895106	16181557	475964	5003056	880621	1829106	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	199975	24381	20366	26487			274		96

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PROCESSING		
	ALLOCATION	FIXTURES	EQUIPMENT					
	0	3	4	5	6.01	6.02	6.03	6.04
97.01 CARING CENTERS	212349		134	38633			16	97.01
97.02 RETAIL PHARMACY	460636						16895	97.02
97.03 POB SHELL								97.03
97.04 CLOSED UNITS								97.04
97.05 OFFSITE PHYICIAN PRACTICES	136107		89882		5891		12	97.05
98 PHYSICIANS' PRIVATE OFFICES	1209	435576		291	15316		2	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	154104454	6189854	5005488	16246968	497171	5003056	897820	1829106 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	ADMIN & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINE SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS	4258586								6.05
6.06 ADMINISTRATIVE AND GENERAL		23373750	23373750						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		8558161	1527563	10085724					8
9 LAUNDRY & LINEN SERVICE		697915	124572	51414	873901				9
10 HOUSEKEEPING		2399964	428374	113945		2942283			10
11 DIETARY		2257681	402978	510941		151540	3323140		11
12 CAFETERIA							2010460	2010460	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		3669659	655005	45342		13448		69156	14
15 CENTRAL SERVICES & SUPPLY		1036611	185027	186596	1452	55343		18703	15
16 PHARMACY		2698342	481632	111438		33051		66876	16
17 MEDICAL RECORDS & LIBRARY		1807923	322700	21810		6469		26637	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		-220787		490007		145331		87942	21
22 I&R SERVICES-SALARY & FRINGES A		3716514	663368						22
23 I&R SERVICES-OTHER PRGM COSTS A		2137038	381444	199314		59114		153200	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	484581	16825486	3003169	1946375	388751	577278	876567	371550	25
26 INTENSIVE CARE UNIT	106582	5699885	1017384	475749	62260	141102	100756	104633	26
33 NURSERY	39206	1385507	247302	24710		7329		21147	33
34 SKILLED NURSING FACILITY	61178	3504196	625471	488980	85208	145027	319564	69441	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	546485	10802030	1928076	857066	93024	254197		137801	37
39 DELIVERY ROOM & LABOR ROOM	94330	4070332	726522	532268	6670	157865		84870	39
40 ANESTHESIOLOGY	59277	469182	83745	21448		6361		3308	40
41 RADIOLOGY-DIAGNOSTIC	523568	8390537	1497644	617364	51764	183104		142426	41
42 RADIOLOGY-THERAPEUTIC	47006	1435318	256193	86939		25785		34500	42
44 LABORATORY	657157	11287848	2014791	446990		132573		174150	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	58989	1306193	233145	20451		6066		5397	47
49 RESPIRATORY THERAPY	82652	1913060	341466	105457	4068	31277		41926	49
50 PHYSICAL THERAPY	98738	3196471	570545	136662	6428	40533		50879	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	10502	379119	67670	45191	121	13403		9109	52
53 ELECTROCARDIOLOGY	77679	1014640	181105	84764	1055	25140		16979	53
53.01 SLEEP LAB	8689	306943	54787	39240		11638		7172	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	209209	5517426	984816						55
56 DRUGS CHARGED TO PATIENTS	573660	7571228	1351404						56
57 RENAL DIALYSIS	21814	623163	111230	16161	1866	4793			57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	8	1831601	326926	97935		29047		49104	60.01
60.02 CLINIC	14470	3034214	541583	188922	1814	56032		74663	60.02
60.03 COMMUNITY WELLNESS	8	635646	113458						60.03
60.04 PROCTO/GI LAB	71965	1627703	290532	588939	20256	174673		25647	60.04
60.05 PULMONARY/CARDIAC	63602	1536037	274170	92648	3062	27479		13649	60.05
60.06 ITNCC									60.06
61 EMERGENCY	347231	5923486	1057295	344766	146102	102254		140206	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4258586	152420022	23073092	8989832	873901	2617252	3307347	2001071	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		271483	48458	58090		17229		3802	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	ACCOUNTS RECEIVABLE 6.05		5A	& GENERAL 6.06	OF PLANT 8	& LINE SERVICE 9		KEEPING 10
97.01 CARING CENTERS		251132	44825					5545 97.01
97.02 RETAIL PHARMACY		477531	85235					97.02
97.03 POB SHELL								97.03
97.04 CLOSED UNITS								97.04
97.05 OFFSITE PHYICIAN PRACTICES		231892	41391					97.05
98 PHYSICIANS' PRIVATE OFFICES		452394	80749	1037802		307802	15793	42 98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4258586	154104454	23373750	10085724	873901	2942283	3323140	2010460 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING & SCHOOL 21	I&R SALARY & AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS									6.05
6.06 ADMINISTRATIVE AND GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4452610								14
15 CENTRAL SERVICES & SUPPLY		1483732							15
16 PHARMACY			3391339						16
17 MEDICAL RECORDS & LIBRARY				2185539					17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	396870		190		899553				21
22 I&R SERVICES-SALARY & FRINGES A						4379882			22
23 I&R SERVICES-OTHER PRGM COSTS A	15360		2132				2947602		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1638749		4822	716857	319695	1336529	899465	28905293	25
26 INTENSIVE CARE UNIT	411460		55	107091	69161	439724	295928	8925188	26
33 NURSERY	86267		168	107091	51126			1930647	33
34 SKILLED NURSING FACILITY	378483		153	271007	136178			6023708	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	460358	1483732	973	74308	151420	196719	132389	16572093	37
39 DELIVERY ROOM & LABOR ROOM	287596		3895			156218	105132	6131368	39
40 ANESTHESIOLOGY			36969			11572	7788	640373	40
41 RADIOLOGY-DIAGNOSTIC	5458		118757			69430	46726	11123210	41
42 RADIOLOGY-THERAPEUTIC	2131				7385			1848251	42
44 LABORATORY	181		11365			63644	42832	14174374	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA			1778					1573030	47
49 RESPIRATORY THERAPY	2256		1349					2440859	49
50 PHYSICAL THERAPY			53					4001571	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			59					514672	52
53 ELECTROCARDIOLOGY	85		278					1324046	53
53.01 SLEEP LAB								419780	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			160283					6662525	55
56 DRUGS CHARGED TO PATIENTS			2935235					11857867	56
57 RENAL DIALYSIS			159					757372	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	86840		68817			428152	288141	3206563	60.01
60.02 CLINIC	122951		19486			989379	665839	5694883	60.02
60.03 COMMUNITY WELLNESS								749104	60.03
60.04 PROCTO/GI LAB	82487		123	144246	46229	28929	19469	3049233	60.04
60.05 PULMONARY/CARDIAC	22865		21650		49188	196719	132389	2369856	60.05
60.06 ITNCC									60.06
61 EMERGENCY	441869		2217	764939	69171	462867	311504	9766676	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4442266	1483732	3390966	2185539	899553	4379882	2947602	150662542	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	459		373					399894	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL	
97.01 CARING CENTERS	5169							306671	97.01
97.02 RETAIL PHARMACY								562766	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYICIAN PRACTICES								273283	97.05
98 PHYSICIANS' PRIVATE OFFICES	4716							1899298	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4452610	1483732	3391339	2185539	899553	4379882	2947602	154104454	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
6.06				6.06
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	-2235994	26669299		25
26	-735652	8189536		26
33		1930647		33
34		6023708		34
ANCILLARY SERVICE COST CENTERS				
37	-329108	16242985		37
39	-261350	5870018		39
40	-19360	621013		40
41	-116156	11007054		41
42		1848251		42
44	-106476	14067898		44
46.30				46.30
47		1573030		47
49		2440859		49
50		4001571		50
51				51
52		514672		52
53		1324046		53
53.01		419780		53.01
55		6662525		55
56		11857867		56
57		757372		57
OUTPATIENT SERVICE COST CENTERS				
60.01	-716293	2490270		60.01
60.02	-1655218	4039665		60.02
60.03		749104		60.03
60.04	-48398	3000835		60.04
60.05	-329108	2040748		60.05
60.06				60.06
61	-774371	8992305		61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
85.03				85.03
95	-7327484	143335058		95
NONREIMBURSABLE COST CENTERS				
96		399894		96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
97.01 CARING CENTERS		306671	97.01
97.02 RETAIL PHARMACY		562766	97.02
97.03 POB SHELL			97.03
97.04 CLOSED UNITS			97.04
97.05 OFFSITE PHYICIAN PRACTICES		273283	97.05
98 PHYSICIANS' PRIVATE OFFICES		1899298	98
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-7327484	146776970	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	DATA	PURCHASING
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS		PROCESSING	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC				
	0	3	4	4A	5	6.01	6.02	6.03
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		1154	10328	11482	11482			5
6.01 COMMUNICATIONS	40416	19373	25706	85495		85495		6.01
6.02 DATA PROCESSING			916845	916845		2229	919074	6.02
6.03 PURCHASING	148922		131496	280418		1216		281634 6.03
6.04 ADMITTING		41675	5852	47527		2026	91907	6.04
6.05 CASHIERING AND COLLECTIONS			2157	2157		3242	275723	6.05
6.06 ADMINISTRATIVE AND GENERAL	12851	233681	88762	335294	586	18639	220578	4235 6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	9512	1660895	247960	1918367	348	2836		392 8
9 LAUNDRY & LINEN SERVICE		21579	895	22474		101		9
10 HOUSEKEEPING	2644	47824	27209	77677	270	405		2506 10
11 DIETARY	13620	214447	72810	300877	252	810		10199 11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2452	19031	129143	150626	466	1013		564 14
15 CENTRAL SERVICES & SUPPLY		78316	71746	150062	92	405		6190 15
16 PHARMACY		46772	4581	51353	329	1013		16
17 MEDICAL RECORDS & LIBRARY	1260	9154	11847	22261	131	2127	64335	245 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	20845	205661	131610	358116	433	4558		1513 21
22 I&R SERVICES-SALARY & FRINGES A					528			22
23 I&R SERVICES-OTHER PRGM COSTS A	110611	83654	6724	200989	278	2127		918 23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8692	816912	271786	1097390	1789	6382	102936	2618 25
26 INTENSIVE CARE UNIT	1650	199676	359179	560505	515	1823	15624	669 26
33 NURSERY		10371	34775	45146	153	709	15624	212 33
34 SKILLED NURSING FACILITY	1814	205230	20740	227784	342	1519	40439	424 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	36283	359719	373224	769226	678	5065		47357 37
39 DELIVERY ROOM & LABOR ROOM	2853	223398	150986	377237	417	1418		1396 39
40 ANESTHESIOLOGY	1240	9002	167764	178006	16	405		1084 40
41 RADIOLOGY-DIAGNOSTIC	2005	259114	243449	504568	701	3748	45954	10789 41
42 RADIOLOGY-THERAPEUTIC	235696	36489	26956	299141	170	709		151 42
44 LABORATORY	37256	187606	108572	333434	857	5673		24023 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		8583	7932	16515	27	304		11625 47
49 RESPIRATORY THERAPY	23055	44261	153030	220346	206	608		1453 49
50 PHYSICAL THERAPY	154201	57358	24064	235623	250	1013		367 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY	760	18967	6978	26705	45	405		237 52
53 ELECTROCARDIOLOGY	30794	35576	64603	130973	84	1013		82 53
53.01 SLEEP LAB	540	16470	20435	37445	35			59 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	108858			108858				59408 55
56 DRUGS CHARGED TO PATIENTS	262817			262817			45954	75509 56
57 RENAL DIALYSIS		6783		6783		203		14 57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE	263014	41104	21880	325998	242	1418		2338 60.01
60.02 CLINIC	316913	79292	73799	470004	367	1823		1781 60.02
60.03 COMMUNITY WELLNESS								2 60.03
60.04 PROCTO/GI LAB	1650	247183	284224	533057	126	1317		608 60.04
60.05 PULMONARY/CARDIAC		38885	309071	347956	67	1216		5589 60.05
60.06 ITNCC								60.06
61 EMERGENCY	11550	144702	285988	442240	636	2330		1681 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1864774	5729897	4895106	12489777	11436	81848	919074	276238 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	27224	24381	20366	71971	19			86 96

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	DATA	PURCHASING
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5		PROCESSING 6.02	6.03
97.01 CARING CENTERS	42252		134	42386	27			5 97.01
97.02 RETAIL PHARMACY								5300 97.02
97.03 POB SHELL								97.03
97.04 CLOSED UNITS								97.04
97.05 OFFSITE PHYICIAN PRACTICES	63379		89882	153261		1013		4 97.05
98 PHYSICIANS' PRIVATE OFFICES		435576		435576		2634		1 98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1997629	6189854	5005488	13192971	11482	85495	919074	281634 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	ACCOUNTS RECEIVABLE 6.05	& GENERAL 6.06	OF PLANT 8	& LINE SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04	141460								6.04
6.05		281122							6.05
6.06			579332						6.06
7									7
8			37861	1959804					8
9			3088	9991	35654				9
10			10617	22141		113616			10
11			9988	99283		5852	427261		11
12							258489	258489	12
13									13
14			16235	8811		519		8892	14
15			4586	36258	59	2137		2405	15
16			11937	21654		1276		8599	16
17			7998	4238		250		3425	17
18									18
20									20
21				95216		5612		11307	21
22			16442						22
23			9454	38730		2283		19698	23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	93200	31967	74440	378208	15862	22289	112701	47761	25
26	14283	7031	25216	92445	2540	5449	12954	13454	26
33		2586	6129	4802		283		2719	33
34	33977	4036	15503	95016	3476	5600	41087	8929	34
ANCILLARY SERVICE COST CENTERS									
37		36051	47788	166541	3795	9816		17718	37
39		6223	18007	103427	272	6096		10912	39
40		3910	2076	4168		246		425	40
41		34539	37120	119963	2112	7071		18313	41
42		3101	6350	16894		996		4436	42
44		43539	49937	86857		5119		22392	44
46.30									46.30
47		3891	5779	3974		234		694	47
49		5453	8463	20492	166	1208		5391	49
50		6514	14141	26555	262	1565		6542	50
51									51
52		693	1677	8781	5	518		1171	52
53		5124	4489	16471	43	971		2183	53
53.01		573	1358	7625		449		922	53.01
55		13801	24409						55
56		37844	33495						56
57		1439	2757	3140	76	185			57
OUTPATIENT SERVICE COST CENTERS									
60.01		1	8103	19030		1122		6314	60.01
60.02		955	13423	36710	74	2164		9600	60.02
60.03		1	2812						60.03
60.04		4747	7201	114439	826	6745		3298	60.04
60.05		4196	6795	18003	125	1061		1755	60.05
60.06									60.06
61		22907	26206	66993	5961	3949		18027	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	141460	281122	571880	1746856	35654	101065	425231	257282	95
NONREIMBURSABLE COST CENTERS									
96			1201	11288		665		489	96

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WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	ACCOUNTS RECEIVABLE 6.05	& GENERAL 6.06	OF PLANT 8	& LINE SERVICE 9	KEEPING 10	11	12	
97.01 CARING CENTERS			1111					713	97.01
97.02 RETAIL PHARMACY			2113						97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYICIAN PRACTICES			1026						97.05
98 PHYSICIANS' PRIVATE OFFICES			2001	201660		11886	2030	5	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	141460	281122	579332	1959804	35654	113616	427261	258489	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	NURSING	I&R	I&R	SUBTOTAL
	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	&A SCHOOL 21	SALARY &AM FRINGES 22	PROGRAM COSTS 23	
								25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING AND COLLECTIONS								6.05
6.06 ADMINISTRATIVE AND GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	187126							14
15 CENTRAL SERVICES & SUPPLY		202194						15
16 PHARMACY			96161					16
17 MEDICAL RECORDS & LIBRARY				105010				17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	16679		5		211208			21
22 I&R SERVICES-SALARY & FRINGES A						16970		22
23 I&R SERVICES-OTHER PRGM COSTS A	646		60				275183	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	68869		137	34443				2090992 25
26 INTENSIVE CARE UNIT	17292		2	5145				774947 26
33 NURSERY	3625		5	5145				87138 33
34 SKILLED NURSING FACILITY	15906		4	13021				507063 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	19347	202194	28	3570				1329174 37
39 DELIVERY ROOM & LABOR ROOM	12087		110					537602 39
40 ANESTHESIOLOGY			1048					191384 40
41 RADIOLOGY-DIAGNOSTIC	229		3367					788474 41
42 RADIOLOGY-THERAPEUTIC	90							332038 42
44 LABORATORY	8		322					572161 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA			50					43093 47
49 RESPIRATORY THERAPY	95		38					263919 49
50 PHYSICAL THERAPY			1					292833 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY			2					40239 52
53 ELECTROCARDIOLOGY	4		8					161445 53
53.01 SLEEP LAB								48466 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			4545					211021 55
56 DRUGS CHARGED TO PATIENTS			83229					538848 56
57 RENAL DIALYSIS			5					14602 57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE	3650		1951					370167 60.01
60.02 CLINIC	5167		553					542621 60.02
60.03 COMMUNITY WELLNESS								2815 60.03
60.04 PROCTO/GI LAB	3467		3	6931				682765 60.04
60.05 PULMONARY/CARDIAC	961		614					388338 60.05
60.06 ITNCC								60.06
61 EMERGENCY	18570		63	36755				646318 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	186692	202194	96150	105010				11458463 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	19		11					85749 96

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WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL	
97.01 CARING CENTERS	217							44459	97.01
97.02 RETAIL PHARMACY								7413	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYICIAN PRACTICES								155304	97.05
98 PHYSICIANS' PRIVATE OFFICES	198							655991	98
101 CROSS FOOT ADJUSTMENTS					211208	16970	275183	503361	101
102 NEGATIVE COST CENTER					282231			282231	102
103 TOTAL	187126	202194	96161	105010	493439	16970	275183	13192971	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING AND COLLECTIONS			6.05
6.06 ADMINISTRATIVE AND GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	2090992		25
26 INTENSIVE CARE UNIT	774947		26
33 NURSERY	87138		33
34 SKILLED NURSING FACILITY	507063		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1329174		37
39 DELIVERY ROOM & LABOR ROOM	537602		39
40 ANESTHESIOLOGY	191384		40
41 RADIOLOGY-DIAGNOSTIC	788474		41
42 RADIOLOGY-THERAPEUTIC	332038		42
44 LABORATORY	572161		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	43093		47
49 RESPIRATORY THERAPY	263919		49
50 PHYSICAL THERAPY	292833		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	40239		52
53 ELECTROCARDIOLOGY	161445		53
53.01 SLEEP LAB	48466		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	211021		55
56 DRUGS CHARGED TO PATIENTS	538848		56
57 RENAL DIALYSIS	14602		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	370167		60.01
60.02 CLINIC	542621		60.02
60.03 COMMUNITY WELLNESS	2815		60.03
60.04 PROCTO/GI LAB	682765		60.04
60.05 PULMONARY/CARDIAC	388338		60.05
60.06 ITNCC			60.06
61 EMERGENCY	646318		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	11458463		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	85749		96

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
97.01 CARING CENTERS		44459	97.01
97.02 RETAIL PHARMACY		7413	97.02
97.03 POB SHELL			97.03
97.04 CLOSED UNITS			97.04
97.05 OFFSITE PHYICIAN PRACTICES		155304	97.05
98 PHYSICIANS' PRIVATE OFFICES		655991	98
101 CROSS FOOT ADJUSTMENTS		503361	101
102 NEGATIVE COST CENTER		282231	102
103 TOTAL		13192971	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	# OF PHONE	STAFF PROCESSING TIME	PURCHASE STATS	
	1	3	4	5	6.01	6.02	6.03	
95 SUBTOTALS	451932	451932	2889346	64185069	808	1000	23801937	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1923	1923	12021	105064			7416	96
97.01 CARING CENTERS			79	153238			428	97.01
97.02 RETAIL PHARMACY							456640	97.02
97.03 POB SHELL								97.03
97.04 CLOSED UNITS								97.04
97.05 OFFSITE PHYICIAN PRACTICES			53053		10		335	97.05
98 PHYSICIANS' PRIVATE OFFICES	34355	34355		1153	26		56	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		6189854	5005488	16246968	497171	5003056	897820	103
104 UNIT COST MULT-WS B PT I		12.678671		.252108		5003.056000		104
104 UNIT COST MULT-WS B PT I			1.694192		589.065166		.036998	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III				11482	85495	919074	281634	107
108 UNIT COST MULT-WS B PT III				.000178		919.074000		108
108 UNIT COST MULT-WS B PT III					101.297393		.011606	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON-	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY
	PATIENT	RECEIVABLE	CILATION	&	OF PLANT	& LINE	KEEPING	
	DAYS	GROSS		GENERAL	SQUARE	SERVICE	SQUARE	MEALS
	6.04	REVENUE	6A.06	ACCUM	FEET	POUNDS OF	FEET	SERVED
		6.05		COST	8	LAUNDRY	10	11
95 SUBTOTALS	48341	506183333	-23152963	129267059	297596	1249772	292122	524185 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				271483	1923		1923	96
97.01 CARING CENTERS				251132				97.01
97.02 RETAIL PHARMACY				477531				97.02
97.03 POB SHELL								97.03
97.04 CLOSED UNITS								97.04
97.05 OFFSITE PHYICIAN PRACTICES				231892				97.05
98 PHYSICIANS' PRIVATE OFFICES				452394	34355		34355	2503 98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1829106	4258586		23373750	10085724	873901	2942283	3323140 103
104 UNIT COST MULT-WS B PT I	37.837571				30.208174		8.959449	104
104 UNIT COST MULT-WS B PT I		.008413		.178492		.699248		6.309504 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	141460	281122		579332	1959804	35654	113616	427261 107
108 UNIT COST MULT-WS B PT III	2.926294				5.869891		.345968	108
108 UNIT COST MULT-WS B PT III		.000555		.004424		.028528		.811222 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	NURSING	I&R	I&R	
	GROSS	ADMINIS-	SERVICES &	COSTED	RECORDS &A	SCHOOL	SALARY &AM	PROGRAM	
	SALARIES	TRATION	SUPPLY	REQUIS.	LIBRARY	ASSIGNED	FRINGES	COSTS	
	12	14	15	16	17	21	22	23	
95 SUBTOTALS	55296758	783740	100	8044464	1000	91476	757	757	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	105064	81		884					96
97.01 CARING CENTERS	153238	912							97.01
97.02 RETAIL PHARMACY									97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYICIAN PRACTICES									97.05
98 PHYSICIANS' PRIVATE OFFICES	1153	832							98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2010460	4452610	1483732	3391339	2185539	899553	4379882	2947602	103
104 UNIT COST MULT-WS B PT I	.036188		14837.320000		2185.539000		5785.841480		104
104 UNIT COST MULT-WS B PT I		5.668035		.421528		9.833760		3893.793923	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	258489	187126	202194	96161	105010	211208	16970	275183	107
108 UNIT COST MULT-WS B PT III	.004653		2021.940000		105.010000		22.417437		108
108 UNIT COST MULT-WS B PT III		.238206		.011952		2.308890		363.517834	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 OLD CAP REL COSTS-BLDG & FIXT	1
2 OLD CAP REL COSTS-MVBLE EQUIP	2
3 NEW CAP REL COSTS-BLDG & FIXT	3
4 NEW CAP REL COSTS-MVBLE EQUIP	4
5 EMPLOYEE BENEFITS	5
6.01 COMMUNICATIONS	6.01
6.02 DATA PROCESSING	6.02
6.03 PURCHASING	6.03
6.04 ADMITTING	6.04
6.05 CASHIERING AND COLLECTIONS	6.05
6.06 ADMINISTRATIVE AND GENERAL	6.06
7 MAINTENANCE & REPAIRS	7
8 OPERATION OF PLANT	8
9 LAUNDRY & LINEN SERVICE	9
10 HOUSEKEEPING	10
11 DIETARY	11
12 CAFETERIA	12
13 MAINTENANCE OF PERSONNEL	13
14 NURSING ADMINISTRATION	14
15 CENTRAL SERVICES & SUPPLY	15
16 PHARMACY	16
17 MEDICAL RECORDS & LIBRARY	17
18 SOCIAL SERVICE	18
20 NONPHYSICIAN ANESTHETISTS	20
21 NURSING SCHOOL	21
22 I&R SERVICES-SALARY & FRINGES	22
23 I&R SERVICES-OTHER PRGM COSTS	23
24 PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS	
25 ADULTS & PEDIATRICS	25
26 INTENSIVE CARE UNIT	26
33 NURSERY	33
34 SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS	
37 OPERATING ROOM	37
39 DELIVERY ROOM & LABOR ROOM	39
40 ANESTHESIOLOGY	40
41 RADIOLOGY-DIAGNOSTIC	41
42 RADIOLOGY-THERAPEUTIC	42
44 LABORATORY	44
46.30 BLOOD CLOTTING FACTORS ADMIN	46.30
47 BLOOD STORING, PROCESSING & T	47
49 RESPIRATORY THERAPY	49
50 PHYSICAL THERAPY	50
51 OCCUPATIONAL THERAPY	51
52 SPEECH PATHOLOGY	52
53 ELECTROCARDIOLOGY	53
53.01 SLEEP LAB	53.01
55 MEDICAL SUPPLIES CHARGED TO P	55
56 DRUGS CHARGED TO PATIENTS	56
57 RENAL DIALYSIS	57
OUTPATIENT SERVICE COST CENTERS	
60.01 FAMILY PRACTICE	60.01
60.02 CLINIC	60.02
60.03 COMMUNITY WELLNESS	60.03
60.04 PROCTO/GI LAB	60.04
60.05 PULMONARY/CARDIAC	60.05
60.06 ITNCC	60.06
61 EMERGENCY	61
62 OBSERVATION BEDS (NON-DISTINC	62
63.50 RHC	63.50
63.60 FQHC	63.60
OTHER REIMBURSABLE COST CENTERS	
69.10 CMHC	69.10
69.20 OUTPATIENT PHYSICAL THERAPY	69.20
69.30 OUTPATIENT OCCUPATIONAL THERA	69.30
69.40 OUTPATIENT SPEECH PATHOLOGY	69.40
71 HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS	
85.01 PANCREAS ACQUISITION	85.01
85.02 INTESTINAL ACQUISITION	85.02
85.03 ISLET CELL ACQUISITION	85.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	96
97.01	CARING CENTERS	97.01
97.02	RETAIL PHARMACY	97.02
97.03	POB SHELL	97.03
97.04	CLOSED UNITS	97.04
97.05	OFFSITE PHYICIAN PRACTICES	97.05
98	PHYSICIANS' PRIVATE OFFICES	98
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	26669299		26669299		26669299	25
26 INTENSIVE CARE UNIT	8189536		8189536		8189536	26
33 NURSERY	1930647		1930647		1930647	33
34 SKILLED NURSING FACILITY	6023708		6023708		6023708	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16242985		16242985		16242985	37
39 DELIVERY ROOM & LABOR ROOM	5870018		5870018		5870018	39
40 ANESTHESIOLOGY	621013		621013		621013	40
41 RADIOLOGY-DIAGNOSTIC	11007054		11007054		11007054	41
42 RADIOLOGY-THERAPEUTIC	1848251		1848251		1848251	42
44 LABORATORY	14067898		14067898		14067898	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1573030		1573030		1573030	47
49 RESPIRATORY THERAPY	2440859		2440859		2440859	49
50 PHYSICAL THERAPY	4001571		4001571		4001571	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	514672		514672		514672	52
53 ELECTROCARDIOLOGY	1324046		1324046		1324046	53
53.01 SLEEP LAB	419780		419780		419780	53.01
55 MEDICAL SUPPLIES CHARGED TO	6662525		6662525		6662525	55
56 DRUGS CHARGED TO PATIENTS	11857867		11857867		11857867	56
57 RENAL DIALYSIS	757372		757372		757372	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	2490270		2490270	34475	2524745	60.01
60.02 CLINIC	4039665		4039665		4039665	60.02
60.03 COMMUNITY WELLNESS	749104		749104		749104	60.03
60.04 PROCTO/GI LAB	3000835		3000835		3000835	60.04
60.05 PULMONARY/CARDIAC	2040748		2040748		2040748	60.05
60.06 ITNCC						60.06
61 EMERGENCY	8992305		8992305		8992305	61
62 OBSERVATION BEDS (NON-DISTI	1983521		1983521		1983521	62
63.50 RHC						63.50
63.60 FOHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	145318579		145318579	34475	145353054	101
102 LESS OBSERVATION BEDS	1983521		1983521		1983521	102
103 TOTAL	143335058		143335058	34475	143369533	103

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 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	52391087		52391087			25
26 INTENSIVE CARE UNIT	12668725		12668725			26
33 NURSERY	4660219		4660219			33
34 SKILLED NURSING FACILITY	7271893		7271893			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	35739959	29217192	64957151	.250057	.250057	.250057 37
39 DELIVERY ROOM & LABOR ROOM	8571412	2641028	11212440	.523527	.523527	.523527 39
40 ANESTHESIOLOGY	4570746	2475136	7045882	.088138	.088138	.088138 40
41 RADIOLOGY-DIAGNOSTIC	16665111	45568122	62233233	.176868	.176868	.176868 41
42 RADIOLOGY-THERAPEUTIC	64866	5522482	5587348	.330792	.330792	.330792 42
44 LABORATORY	30650566	47453385	78103951	.180118	.180118	.180118 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5571722	1439948	7011670	.224345	.224345	.224345 47
49 RESPIRATORY THERAPY	7700422	2123955	9824377	.248449	.248449	.248449 49
50 PHYSICAL THERAPY	7318102	4418212	11736314	.340956	.340956	.340956 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	660629	587632	1248261	.412311	.412311	.412311 52
53 ELECTROCARDIOLOGY	5225972	4007214	9233186	.143401	.143401	.143401 53
53.01 SLEEP LAB	2271	1030562	1032833	.406436	.406436	.406436 53.01
55 MEDICAL SUPPLIES CHARGED TO	15628212	9239171	24867383	.267922	.267922	.267922 55
56 DRUGS CHARGED TO PATIENTS	40039629	28147745	68187374	.173901	.173901	.173901 56
57 RENAL DIALYSIS	2465311	127528	2592839	.292101	.292101	.292101 57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE		1000	1000	2490.270000	2490.270000	2524.745000 60.01
60.02 CLINIC	16555	1703404	1719959	2.348698	2.348698	2.348698 60.02
60.03 COMMUNITY WELLNESS		1000	1000	749.104000	749.104000	749.104000 60.03
60.04 PROCTO/GI LAB	1373926	7180112	8554038	.350809	.350809	.350809 60.04
60.05 PULMONARY/CARDIAC	5095424	2464590	7560014	.269940	.269940	.269940 60.05
60.06 ITNCC						60.06
61 EMERGENCY	11066629	30206562	41273191	.217873	.217873	.217873 61
62 OBSERVATION BEDS (NON-DISTI		5207965	5207965	.380863	.380863	.380863 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	275419388	230763945	506183333			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	275419388	230763945	506183333			103

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	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2090992		2090992
26 INTENSIVE CARE UNIT				774947		774947
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				87138		87138
101 TOTAL				2953077		2953077

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	33802	12475			61.86	771704
26 INTENSIVE CARE UNIT	4881	2154			158.77	341991
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	4878				17.86	
101 TOTAL	43561	14629				1113695

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1329174	64957151	9406777			.020462	192481 37
39 DELIVERY ROOM & LABOR ROOM		537602	11212440	30090			.047947	1443 39
40 ANESTHESIOLOGY		191384	7045882	976004			.027163	26511 40
41 RADIOLOGY-DIAGNOSTIC		788474	62233233	7441805			.012670	94288 41
42 RADIOLOGY-THERAPEUTIC		332038	5587348	26116			.059427	1552 42
44 LABORATORY		572161	78103951	13147774			.007326	96321 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		43093	7011670	1416972			.006146	8709 47
49 RESPIRATORY THERAPY		263919	9824377	2902576			.026864	77975 49
50 PHYSICAL THERAPY		292833	11736314	877271			.024951	21889 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		40239	1248261	186670			.032236	6017 52
53 ELECTROCARDIOLOGY		161445	9233186	4270076			.017485	74662 53
53.01 SLEEP LAB		48466	1032833				.046925	53.01
55 MEDICAL SUPPLIES CHARGED TO P		211021	24867383	9815269			.008486	83292 55
56 DRUGS CHARGED TO PATIENTS		538848	68187374	13108005			.007902	103579 56
57 RENAL DIALYSIS		14602	2592839	1534022			.005632	8640 57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		370167	1000			370.167000		60.01
60.02 CLINIC		542621	1719959	1322		.315485		417 60.02
60.03 COMMUNITY WELLNESS		2815	1000			2.815000		60.03
60.04 PROCTO/GI LAB		682765	8554038	487278		.079818		38894 60.04
60.05 PULMONARY/CARDIAC		388338	7560014	107347		.051367		5514 60.05
60.06 ITNCC								60.06
61 EMERGENCY		646318	41273191	3993430		.015660		62537 61
62 OBSERVATION BEDS (NON-DISTINC		155516	5207965			.029861		62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8153839	429191409	69728804				904721 101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/28/2008 10:29

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	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		319695				319695	25
26 INTENSIVE CARE UNIT		69161				69161	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY		51126				51126	33
34 SKILLED NURSING FACILITY		136178				136178	34
35 NURSING FACILITY							35
101 TOTAL		576160				576160	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/28/2008 10:29

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 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	33802	9.46	12475	118014	25
26 INTENSIVE CARE UNIT	4881	14.17	2154	30522	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I					31
33 NURSERY	4878	10.48			33
34 SKILLED NURSING FACILITY	11611	11.73	8657	101547	34
35 NURSING FACILITY					35
101 TOTAL	55172		23286	250083	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			151420				151420	37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			7385				7385	42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC								60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB			46229				46229	60.04
60.05 PULMONARY/CARDIAC			49188				49188	60.05
60.06 ITNCC								60.06
61 EMERGENCY			69171				69171	61
62 OBSERVATION BEDS (NON-DISTINC			23776				23776	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL			347169				347169	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	151420	64957151	.002331	.002331	9406777	21927	8448952	37
39 DELIVERY ROOM & LABOR ROOM		11212440			30090		5446	39
40 ANESTHESIOLOGY		7045882			976004		541279	40
41 RADIOLOGY-DIAGNOSTIC		62233233			7441805		7708137	41
42 RADIOLOGY-THERAPEUTIC	7385	5587348	.001322	.001322	26116	35	2021923	42
44 LABORATORY		78103951			13147774		741196	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		7011670			1416972		291620	47
49 RESPIRATORY THERAPY		9824377			2902576		100006	49
50 PHYSICAL THERAPY		11736314			877271		4092	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1248261			186670		53846	52
53 ELECTROCARDIOLOGY		9233186			4270076		2114739	53
53.01 SLEEP LAB		1032833						53.01
55 MEDICAL SUPPLIES CHARGED TO P		24867383			9815269		3560863	55
56 DRUGS CHARGED TO PATIENTS		68187374			13108005		7390324	56
57 RENAL DIALYSIS		2592839			1534022		21610	57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		1000						60.01
60.02 CLINIC		1719959			1322		233155	60.02
60.03 COMMUNITY WELLNESS		1000						60.03
60.04 PROCTO/GI LAB	46229	8554038	.005404	.005404	487278	2633	1258832	60.04
60.05 PULMONARY/CARDIAC	49188	7560014	.006506	.006506	107347	698	142133	60.05
60.06 ITNCC								60.06
61 EMERGENCY	69171	41273191	.001676	.001676	3993430	6693	2649155	61
62 OBSERVATION BEDS (NON-DISTINC	23776	5207965	.004565	.004565			792796	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	347169	429191409			69728804	31986	38080104	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			19695		37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC			2673		42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB			6803		60.04
60.05 PULMONARY/CARDIAC			925		60.05
60.06 ITNCC					60.06
61 EMERGENCY			4440		61
62 OBSERVATION BEDS (NON-DISTINC			3619		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			38155		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0049) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.250057	.250057	.250057			37
39 DELIVERY ROOM & LABOR ROOM	.523527	.523527	.523527			39
40 ANESTHESIOLOGY	.088138	.088138	.088138			40
41 RADIOLOGY-DIAGNOSTIC	.176868	.176868	.176868			41
42 RADIOLOGY-THERAPEUTIC	.330792	.330792	.330792			42
44 LABORATORY	.180118	.180118	.180118			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.224345	.224345	.224345			47
49 RESPIRATORY THERAPY	.248449	.248449	.248449			49
50 PHYSICAL THERAPY	.340956	.340956	.340956			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.412311	.412311	.412311			52
53 ELECTROCARDIOLOGY	.143401	.143401	.143401			53
53.01 SLEEP LAB	.406436	.406436	.406436			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.267922	.267922	.267922			55
56 DRUGS CHARGED TO PATIENTS	.173901	.173901	.173901			56
57 RENAL DIALYSIS	.292101	.292101	.292101			57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	2490.270000	2490.270000	2490.270000			60.01
60.02 CLINIC	2.348698	2.348698	2.348698			60.02
60.03 COMMUNITY WELLNESS	749.104000	749.104000	749.104000			60.03
60.04 PROCTO/GI LAB	.350809	.350809	.350809			60.04
60.05 PULMONARY/CARDIAC	.269940	.269940	.269940			60.05
60.06 ITNCC						60.06
61 EMERGENCY	.217873	.217873	.217873			61
62 OBSERVATION BEDS (NON-DISTINCT	.380863	.380863	.380863			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.173901	1
2 PROGRAM VACCINE CHARGES	5196	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	904	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0049) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8448952						37
39 DELIVERY ROOM & LABOR ROOM		5446						39
40 ANESTHESIOLOGY		541279						40
41 RADIOLOGY-DIAGNOSTIC		7708137						41
42 RADIOLOGY-THERAPEUTIC		2021923						42
44 LABORATORY		741196						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		291620						47
49 RESPIRATORY THERAPY		100006						49
50 PHYSICAL THERAPY		4092						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		53846						52
53 ELECTROCARDIOLOGY		2114739						53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO PA		3560863	3352					55
56 DRUGS CHARGED TO PATIENTS		7390324	176					56
57 RENAL DIALYSIS		21610						57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC		233155						60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB		1258832						60.04
60.05 PULMONARY/CARDIAC		142133						60.05
60.06 ITNCC								60.06
61 EMERGENCY		2649155						61
62 OBSERVATION BEDS (NON-DISTINCT)		792796						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		38080104	3528					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		38080104	3528					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0049) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2112720					37
39 DELIVERY ROOM & LABOR ROOM		2851					39
40 ANESTHESIOLOGY		47707					40
41 RADIOLOGY-DIAGNOSTIC		1363323					41
42 RADIOLOGY-THERAPEUTIC		668836					42
44 LABORATORY		133503					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		65423					47
49 RESPIRATORY THERAPY		24846					49
50 PHYSICAL THERAPY		1395					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		22201					52
53 ELECTROCARDIOLOGY		303256					53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		954034	898				55
56 DRUGS CHARGED TO PATIENTS		1285185	31				56
57 RENAL DIALYSIS		6312					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC		547611					60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB		441610					60.04
60.05 PULMONARY/CARDIAC		38367					60.05
60.06 ITNCC							60.06
61 EMERGENCY		577179					61
62 OBSERVATION BEDS (NON-DISTINCT)		301947					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		8898306	929				101
102 CRNA CHARGES							102
103 LESS BPB CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8898306	929				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5743) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			151420				151420
39 DELIVERY ROOM & LABOR ROOM							
40 ANESTHESIOLOGY							
41 RADIOLOGY-DIAGNOSTIC							
42 RADIOLOGY-THERAPEUTIC			7385				7385
44 LABORATORY							
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							
49 RESPIRATORY THERAPY							
50 PHYSICAL THERAPY							
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY							
53 ELECTROCARDIOLOGY							
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC							60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB			46229				46229
60.05 PULMONARY/CARDIAC			49188				49188
60.06 ITNCC							60.06
61 EMERGENCY			69171				69171
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			323393				323393

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5743) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	151420	64957151	.002331	.002331	8512	20	37
39 DELIVERY ROOM & LABOR ROOM		11212440					39
40 ANESTHESIOLOGY		7045882					40
41 RADIOLOGY-DIAGNOSTIC		62233233			158450		41
42 RADIOLOGY-THERAPEUTIC	7385	5587348	.001322	.001322	3371	4	42
44 LABORATORY		78103951			1177897		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7011670			11383		47
49 RESPIRATORY THERAPY		9824377			92302		49
50 PHYSICAL THERAPY		11736314			4307217		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1248261			392449		52
53 ELECTROCARDIOLOGY		9233186			65725		53
53.01 SLEEP LAB		1032833					53.01
55 MEDICAL SUPPLIES CHARGED TO P		24867383			594208		55
56 DRUGS CHARGED TO PATIENTS		68187374			2880170		56
57 RENAL DIALYSIS		2592839			2882		57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		1000					60.01
60.02 CLINIC		1719959					60.02
60.03 COMMUNITY WELLNESS		1000					60.03
60.04 PROCTO/GI LAB	46229	8554038	.005404	.005404	1303	7	60.04
60.05 PULMONARY/CARDIAC	49188	7560014	.006506	.006506	4651	30	60.05
60.06 ITNCC							60.06
61 EMERGENCY	69171	41273191	.001676	.001676			61
62 OBSERVATION BEDS (NON-DISTINC		5207965					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	323393	429191409			9700520	61	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5743) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2090992		2090992
26 INTENSIVE CARE UNIT				774947		774947
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				87138		87138
101 TOTAL				2953077		2953077

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	33802	7943			61.86	491354
26 INTENSIVE CARE UNIT	4881	861			158.77	136701
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	4878	2753			17.86	49169
101 TOTAL	43561	11557				677224

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1329174	64957151				.020462	37
39 DELIVERY ROOM & LABOR ROOM		537602	11212440				.047947	39
40 ANESTHESIOLOGY		191384	7045882				.027163	40
41 RADIOLOGY-DIAGNOSTIC		788474	62233233				.012670	41
42 RADIOLOGY-THERAPEUTIC		332038	5587348				.059427	42
44 LABORATORY		572161	78103951				.007326	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		43093	7011670				.006146	47
49 RESPIRATORY THERAPY		263919	9824377				.026864	49
50 PHYSICAL THERAPY		292833	11736314				.024951	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		40239	1248261				.032236	52
53 ELECTROCARDIOLOGY		161445	9233186				.017485	53
53.01 SLEEP LAB		48466	1032833				.046925	53.01
55 MEDICAL SUPPLIES CHARGED TO P		211021	24867383				.008486	55
56 DRUGS CHARGED TO PATIENTS		538848	68187374				.007902	56
57 RENAL DIALYSIS		14602	2592839				.005632	57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		370167	1000			370.167000		60.01
60.02 CLINIC		542621	1719959				.315485	60.02
60.03 COMMUNITY WELLNESS		2815	1000				2.815000	60.03
60.04 PROCTO/GI LAB		682765	8554038				.079818	60.04
60.05 PULMONARY/CARDIAC		388338	7560014				.051367	60.05
60.06 ITNCC								60.06
61 EMERGENCY		646318	41273191				.015660	61
62 OBSERVATION BEDS (NON-DISTINC		155516	5207965				.029861	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8153839	429191409					101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/28/2008 10:29

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	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		319695				319695	25
26 INTENSIVE CARE UNIT		69161				69161	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY		51126				51126	33
34 SKILLED NURSING FACILITY		136178				136178	34
35 NURSING FACILITY							35
101 TOTAL		576160				576160	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 11/28/2008 10:29

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	PER	INPATIENT	INPATIENT	
		PATIENT	DIEM	PROGRAM	PROGRAM	
		DAYS	6	DAYS	PASS THRU	
		5		7	COSTS	8
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	33802	9.46	7943	75141	25
26	INTENSIVE CARE UNIT	4881	14.17	861	12200	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	4878	10.48	2753	28851	33
34	SKILLED NURSING FACILITY	11611	11.73	13	152	34
35	NURSING FACILITY					35
101	TOTAL	55172		11570	116344	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			151420				151420
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC			7385				7385
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC							60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB			46229				46229
60.05 PULMONARY/CARDIAC			49188				49188
60.06 ITNCC							60.06
61 EMERGENCY			69171				69171
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			323393				323393

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0049) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	151420	64957151	.002331	.002331			37
39 DELIVERY ROOM & LABOR ROOM		11212440					39
40 ANESTHESIOLOGY		7045882					40
41 RADIOLOGY-DIAGNOSTIC		62233233					41
42 RADIOLOGY-THERAPEUTIC	7385	5587348	.001322	.001322			42
44 LABORATORY		78103951					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7011670					47
49 RESPIRATORY THERAPY		9824377					49
50 PHYSICAL THERAPY		11736314					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1248261					52
53 ELECTROCARDIOLOGY		9233186					53
53.01 SLEEP LAB		1032833					53.01
55 MEDICAL SUPPLIES CHARGED TO P		24867383					55
56 DRUGS CHARGED TO PATIENTS		68187374					56
57 RENAL DIALYSIS		2592839					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		1000					60.01
60.02 CLINIC		1719959					60.02
60.03 COMMUNITY WELLNESS		1000					60.03
60.04 PROCTO/GI LAB	46229	8554038	.005404	.005404			60.04
60.05 PULMONARY/CARDIAC	49188	7560014	.006506	.006506			60.05
60.06 ITNCC							60.06
61 EMERGENCY	69171	41273191	.001676	.001676			61
62 OBSERVATION BEDS (NON-DISTINC		5207965					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	323393	429191409					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0049)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5743)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33802					11611	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33802					11611	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33802					11611	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							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							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12475					8657	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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5743)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	26669299					6023708	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26669299					6023708	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52391087					7271893	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52391087					7271893	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.509043					.828355	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1549.94					626.29	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	26669299					6023708	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	788.99					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9842650					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9842650					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	8189536	4881	1677.84	2154	3614067	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	14604852					48
49 TOTAL PROGRAM INPATIENT COSTS	28061569					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1262231					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	936707					51
52 TOTAL PROGRAM EXCLUDABLE COST	2198938					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	25862631					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

	SNF (PPS) (14-5743)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	6023708	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	518.79	67
68 PROGRAM ROUTINE SERVICE COST	4491165	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4491165	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	507063	71
72 PER DIEM CAPITAL RELATED COSTS	43.67	72
73 PROGRAM CAPITAL RELATED COSTS	378051	73
74 INPATIENT ROUTINE SERVICE COST	4113114	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4113114	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4491165	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2571340	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	55073	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	7117578	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2514	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	788.99	84
85 OBSERVATION BED COST	1983521	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL	OBSERVATION BED	
				OBSERVATION BED COST (FROM LINE 85) 4	PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		26669299		1983521		86
87 NEW CAPITAL-RELATED COST	2090992	26669299	.078404	1983521	155516	87
88 NON PHYSICIAN ANESTHETIST		26669299		1983521		88
89 NURSING SCHOOL	319695	26669299	.011987	1983521	23776	89
89.01 ALLIED HEALTH		26669299		1983521		89.01
89.02 ALL OTHER		26669299		1983521		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33802						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33802						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33802						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							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							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7943						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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	4878						15
16 TITLE V OR XIX NURSERY DAYS	2753						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	26669299						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26669299						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52391087						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52391087						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.509043						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1549.94						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	26669299						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	788.99						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6266948						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6266948						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)	1930647	4878	395.79	2753	1089610		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	8189536	4881	1677.84	861	1444620		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	8801178						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	793416						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	793416						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/28/2008 10:29

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2007 TO 06/30/2008

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VERSION: 2008.05
11/28/2008 10:29

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2514	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	788.99	84
85 OBSERVATION BED COST	1983521	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0049) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		19587316		25
26 INTENSIVE CARE UNIT		5615285		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250057	9406777	2352230	37
39 DELIVERY ROOM & LABOR ROOM	.523527	30090	15753	39
40 ANESTHESIOLOGY	.088138	976004	86023	40
41 RADIOLOGY-DIAGNOSTIC	.176868	7441805	1316217	41
42 RADIOLOGY-THERAPEUTIC	.330792	26116	8639	42
44 LABORATORY	.180118	13147774	2368151	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.224345	1416972	317891	47
49 RESPIRATORY THERAPY	.248449	2902576	721142	49
50 PHYSICAL THERAPY	.340956	877271	299111	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.412311	186670	76966	52
53 ELECTROCARDIOLOGY	.143401	4270076	612333	53
53.01 SLEEP LAB	.406436			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.267922	9815269	2629727	55
56 DRUGS CHARGED TO PATIENTS	.173901	13108005	2279495	56
57 RENAL DIALYSIS	.292101	1534022	448089	57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE	2524.745000			60.01
60.02 CLINIC	2.348698	1322	3105	60.02
60.03 COMMUNITY WELLNESS	749.104000			60.03
60.04 PROCTO/GI LAB	.350809	487278	170942	60.04
60.05 PULMONARY/CARDIAC	.269940	107347	28977	60.05
60.06 ITNCC				60.06
61 EMERGENCY	.217873	3993430	870061	61
62 OBSERVATION BEDS (NON-DISTINCT	.380863			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		69728804	14604852	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		69728804		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5743)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250057	8512	2128	37
39 DELIVERY ROOM & LABOR ROOM	.523527			39
40 ANESTHESIOLOGY	.088138			40
41 RADIOLOGY-DIAGNOSTIC	.176868	158450	28025	41
42 RADIOLOGY-THERAPEUTIC	.330792	3371	1115	42
44 LABORATORY	.180118	1177897	212160	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.224345	11383	2554	47
49 RESPIRATORY THERAPY	.248449	92302	22932	49
50 PHYSICAL THERAPY	.340956	4307217	1468571	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.412311	392449	161811	52
53 ELECTROCARDIOLOGY	.143401	65725	9425	53
53.01 SLEEP LAB	.406436			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.267922	594208	159201	55
56 DRUGS CHARGED TO PATIENTS	.173901	2880170	500864	56
57 RENAL DIALYSIS	.292101	2882	842	57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE	2490.270000			60.01
60.02 CLINIC	2.348698			60.02
60.03 COMMUNITY WELLNESS	749.104000			60.03
60.04 PROCTO/GI LAB	.350809	1303	457	60.04
60.05 PULMONARY/CARDIAC	.269940	4651	1255	60.05
60.06 ITNCC				60.06
61 EMERGENCY	.217873			61
62 OBSERVATION BEDS (NON-DISTINCT	.380863			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		9700520	2571340	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9700520		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0049)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.250057		37
39 DELIVERY ROOM & LABOR ROOM	.523527		39
40 ANESTHESIOLOGY	.088138		40
41 RADIOLOGY-DIAGNOSTIC	.176868		41
42 RADIOLOGY-THERAPEUTIC	.330792		42
44 LABORATORY	.180118		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.224345		47
49 RESPIRATORY THERAPY	.248449		49
50 PHYSICAL THERAPY	.340956		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.412311		52
53 ELECTROCARDIOLOGY	.143401		53
53.01 SLEEP LAB	.406436		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.267922		55
56 DRUGS CHARGED TO PATIENTS	.173901		56
57 RENAL DIALYSIS	.292101		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	2490.270000		60.01
60.02 CLINIC	2.348698		60.02
60.03 COMMUNITY WELLNESS	749.104000		60.03
60.04 PROCTO/GI LAB	.350809		60.04
60.05 PULMONARY/CARDIAC	.269940		60.05
60.06 ITNCC			60.06
61 EMERGENCY	.217873		61
62 OBSERVATION BEDS (NON-DISTINCT	.380863		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5576385					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5426619					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11440858					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	133234					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	10964					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	113871					1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	417185					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	177.13					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	58.80					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00	58.80			3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	52.83					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE	52.83					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	53.68					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	52.82					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	53.11				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.299836				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.296465				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.296465				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	835683				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	813957				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	1729639				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	3379279 0	3379279			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1105				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3302				4.01
4.02	SUM OF 4 AND 4.01	0.4407				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2557				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5738896				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	31979222				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	31979222				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2463911				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2097239				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	172141				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	148536				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	31986				15
16	TOTAL	36893035				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	36893035				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1955488				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	153624				20
21	REIMBURSABLE BAD DEBTS	1009890				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	706923				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	810842				21.02
22	SUBTOTAL	35490846				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	SON WS B-1 REV ADJ	271954				24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	35762800				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	32856379				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	2906421				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	510034				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02	
1 MEDICAL AND OTHER SERVICES	1833			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8860151			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3982767	3982767		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.878	0.878		1.03
1.04 LINE 1.01 TIMES LINE 1.03	7779213			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	51.20			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	38155			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	1833			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	8724			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	8724			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	8724			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	6891			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1833			17
17.01 TOTAL PPS PAYMENTS	8003689			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	670		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2054410		18.01
19 SUBTOTAL	5950442		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	573369		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6523811		23
24 PRIMARY PAYER PAYMENTS	472		24
25 SUBTOTAL	6523339		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	720885		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	504620		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	540116		27.02
28 SUBTOTAL	7027959		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7027959		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6992261		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	35698		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5743)	SNF (14-5743)	SNF (14-5743)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5743) 1	SNF (14-5743) 1.01	SNF (14-5743) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
 (14-0049)
 OCTOBER 1, 1997
 PRIOR TO ON OR AFTER
 1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 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)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0049)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0049)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0049)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		32856379		6992261	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		32856379		6992261	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 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	2906421		35698	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		35762800		7027959	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5743)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3983121		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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3983121		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	170333		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4153454		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

SNF I
 (14-5743)
 (PPS)
 2

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	4257397
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	101547
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	61
30	SUBTOTAL	4359005
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	4359005
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5743) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	4359005	35
36	COINSURANCE	274276	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	14985	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10540	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	13652	38.03
39	UTILIZATION REVIEW	55073	39
40	SUBTOTAL	4153454	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	PPS PAYMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	4153454	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4153454	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	3983121	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	170333	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	
				SUB IV	
				NF I (PPS)	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	8801178			
3	MEDICAL AND OTHER SERVICES				1
4	INTERNS AND RESIDENTS				2
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				3
6	COST OF TEACHING PHYSICIANS				4
7	SUBTOTAL	8801178			5
8	INPATIENT PRIMARY PAYER PAYMENTS				6
9	OUTPATIENT PRIMARY PAYER PAYMENTS				7
	SUBTOTAL	8801178			8
	COMPUTATION OF LESSER OF COST OR CHARGES				9
10	ROUTINE SERVICE CHARGES				10
11	ANCILLARY SERVICE CHARGES				11
12	INTERNS AND RESIDENTS SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
14	TEACHING PHYSICIANS				14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
16	TOTAL REASONABLE CHARGES				16
	CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				18
19	RATIO OF LINE 17 TO LINE 18				19
20	TOTAL CUSTOMARY CHARGES				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	8801178			22
23	COST OF COVERED SERVICES	8801178			23
	PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS				24
25	OUTLIER PAYMENTS				25
26	PROGRAM CAPITAL PAYMENTS				26
27	CAPITAL EXCEPTION PAYMENTS				27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
30	SUBTOTAL	8801178			30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				31
32	LESSER OF LINES 30 OR 31	8801178			32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	8801178					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	PPS PAYMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	58.80 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	58.80 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	52.83 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	52.83 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	42.95 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	9.88 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	52.83 3.09
3.10	SEE INSTRUCTIONS	52.83 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	9.88 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	9.32 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	9.89 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	9.70 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	9.70 3.16
3.17	SEE INSTRUCTIONS	118324.79 3.17
3.18	SEE INSTRUCTIONS	1147750 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		44.33	3.19
3.20	SEE INSTRUCTIONS		42.35	3.20
3.21	SEE INSTRUCTIONS		43.21	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		43.21	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		124895.42	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		5396731	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		6544481	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		14629	4
5	TOTAL INPATIENT DAYS		36169	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.404462	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2646994	0	2646994	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		152	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		36169	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		23614	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2592839	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	32552734	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	32552734	16
PART B REASONABLE COST			
17	REASONABLE COST	8900139	17
18	PRIMARY PAYER PAYMENTS	472	18
19	TOTAL PART B REASONABLE COST	8899667	19
20	TOTAL REASONABLE COST	41452401	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.785304	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.214696	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	2670608	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2097239	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	573369	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	8804	4
5	TOTAL INPATIENT DAYS	36169	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.243413	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	36169	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS					1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	25447194				4
5 OTHER RECEIVABLES	4439467				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	1524164				7
8 PREPAID EXPENSES					8
9 OTHER CURRENT ASSETS	2781159				9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	34191984				11
FIXED ASSETS					
12 LAND	1930352				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	2359425				13
13.01 ACCUMULATED DEPRECIATION	-2219536				13.01
14 BUILDINGS	130005604				14
14.01 ACCUMULATED DEPRECIATION	-89606922				14.01
15 LEASEHOLD IMPROVEMENTS	2893378				15
15.01 ACCUMULATED AMORTIZATION	-2330144				15.01
16 FIXED EQUIPMENT	7757330				16
16.01 ACCUMULATED DEPRECIATION	-3790533				16.01
17 AUTOMOBILES AND TRUCKS	228393				17
17.01 ACCUMULATED DEPRECIATION	-207222				17.01
18 MAJOR MOVABLE EQUIPMENT	95489410				18
18.01 ACCUMULATED DEPRECIATION	-78791434				18.01
19 MINOR EQUIPMENT DEPRECIABLE	743750				19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	64461851				21
OTHER ASSETS					
22 INVESTMENTS	594667				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	82003				25
26 TOTAL OTHER ASSETS	676670				26
27 TOTAL ASSETS	99330505				27
LIABILITIES AND FUND BALANCES					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	7658143				28
29 SALARIES, WAGES & FEES PAYABLE					29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS	99339705				34
35 OTHER CURRENT LIABILITIES	5580605				35
36 TOTAL CURRENT LIABILITIES	112578453				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES	43337000				41
42 TOTAL LONG TERM LIABILITIES	43337000				42
43 TOTAL LIABILITIES	155915453				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	-56584948				44
45 SPECIFIC PURPOSE FUND BALANCE					45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49 PLANT FUND BALANCE - INVESTED IN PLANT					49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51 TOTAL FUND BALANCES	-56584948				51
52 TOTAL LIABILITIES AND FUND BALANCES	99330505				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	-43673282			1
2 NET INCOME (LOSS)	-13004936			2
3 TOTAL	-56678218			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN INTEREST IN NET ASSETS	93270			5
6 CHANGE IN ACCTG				6
7 CONTRIBUTIONS				7
8 INVESTMENT INCOME				8
9				9
10 TOTAL ADDITIONS	93270			10
11 SUBTOTAL	-56584948			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET REALIZED LOSS ON INVESTMENTS				13
14 TRANSFER TO AFFILIATES				14
15 NET ASSETS RELEASED FROM RESTRICTIO				15
16 TRANS TO AFFILIATES				16
17 MIN PENSION LIABILITY				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-56584948			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	57051306		57051306	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	7271893		7271893	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	64323199		64323199	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12668725		12668725	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12668725		12668725	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	76991924		76991924	18
18.50 ANCILLARY SERVICES	180874928	183999311	364874239	18.50
18.60 OUTPATIENT SERVICES	17552536	46762634	64315170	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
25 HOSPICE/CARING CENTER				25
26 PRO FEES	3319298	7963228	11282526	26
27 TOTAL PATIENT REVENUES	278738686	238725173	517463859	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		157405555	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	21419541		28
29 SUPPLIES AUDIT ADJUSTMENT	-1372209		29
30 TAXES AND ASSESSMENTS	8236815		30
31			31
32			32
33 TOTAL ADDITIONS		28284147	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		185689702	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	517463859	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	351935682	2
3	NET PATIENT REVENUES	165528177	3
4	LESS - TOTAL OPERATING EXPENSES	185689702	4
5	NET INCOME FROM SERVICE TO PATIENTS	-20161525	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	569435	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	4795	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	4173538	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	998335	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ALL OTHER MISCELLANEOUS INCOME	1536018	24
24.05	ASSETS RELEASED FROM RESTRICTIONS	13832	24.05
25	TOTAL OTHER INCOME	7295953	25
26	TOTAL	-12865572	26
27			27
27.01	NON OPERATING EXPENSES	139364	27.01
27.04	TRANSFERS TO AFFILIATES		27.04
27.05	UNREALIZED LOSSES		27.05
27.06	LOSS FROM INVESTMENTS		27.06
28			28
29			29
30	TOTAL OTHER EXPENSES	139364	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-13004936	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1941334			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	23460			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	98.82			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	53.11	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	16.38			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	317991			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.1105			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.3302			5.01
5.02	SUM OF LINES 5 AND 5.01	0.4407			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0933			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	181126			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2463911			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				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				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING AND COLLECTIONS					6.05
6.06 ADMINISTRATIVE AND GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
11/28/2008 10:29

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
97.01 CARING CENTERS						97.01
97.02 RETAIL PHARMACY						97.02
97.03 POB SHELL						97.03
97.04 CLOSED UNITS						97.04
97.05 OFFSITE PHYICIAN PRACTICES						97.05
98 PHYSICIANS' PRIVATE OFFICES						98
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	36.91		23.50				60.41 25
26 INTENSIVE CARE UNIT	44.13		17.64				61.77 26
33 NURSERY			56.44				56.44 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	14.48	13.01					27.49 37
39 DELIVERY ROOM & LABOR ROOM	0.27	0.05					0.32 39
40 ANESTHESIOLOGY	13.85	7.68					21.53 40
41 RADIOLOGY-DIAGNOSTIC	11.96	12.39					24.35 41
42 RADIOLOGY-THERAPEUTIC	0.47	36.19					36.66 42
44 LABORATORY	16.83	0.95					17.78 44
47 BLOOD STORING, PROCESSING & TRA	20.21	4.16					24.37 47
49 RESPIRATORY THERAPY	29.54	1.02					30.56 49
50 PHYSICAL THERAPY	7.47	0.03					7.50 50
52 SPEECH PATHOLOGY	14.95	4.31					19.26 52
53 ELECTROCARDIOLOGY	46.25	22.90					69.15 53
55 MEDICAL SUPPLIES CHARGED TO PAT	39.47	14.32					53.79 55
56 DRUGS CHARGED TO PATIENTS	19.22	10.84					30.06 56
57 RENAL DIALYSIS	59.16	0.83					59.99 57
60.02 CLINIC	0.08	13.56					13.64 60.02
60.04 PROCTO/GI LAB	5.70	14.72					20.42 60.04
60.05 PULMONARY/CARDIAC	1.42	1.88					3.30 60.05
61 EMERGENCY	9.68	6.42					16.10 61
62 OBSERVATION BEDS (NON-DISTINCT		15.22					15.22 62
101 TOTAL CHARGES	13.78	7.52					21.30 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	74.56						74.56	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.01						0.01	37
41 RADIOLOGY-DIAGNOSTIC	0.25						0.25	41
42 RADIOLOGY-THERAPEUTIC	0.06						0.06	42
44 LABORATORY	1.51						1.51	44
47 BLOOD STORING, PROCESSING & TRA	0.16						0.16	47
49 RESPIRATORY THERAPY	0.94						0.94	49
50 PHYSICAL THERAPY	36.70						36.70	50
52 SPEECH PATHOLOGY	31.44						31.44	52
53 ELECTROCARDIOLOGY	0.71						0.71	53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.39						2.39	55
56 DRUGS CHARGED TO PATIENTS	4.22						4.22	56
57 RENAL DIALYSIS	0.11						0.11	57
60.04 PROCTO/GI LAB	0.02						0.02	60.04
60.05 PULMONARY/CARDIAC	0.06						0.06	60.05
101 TOTAL CHARGES	1.92						1.92	101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	6189854	4.02	-6189854	-7.90			3
4	NEW CAP REL COSTS-MVBLE EQUIP	5005488	3.25	-5005488	-6.39			4
5	EMPLOYEE BENEFITS	16235486	10.54	-16235486	-20.72			5
6.01	COMMUNICATIONS	452092	.29	-452092	-.58			6.01
6.02	DATA PROCESSING	4073252	2.64	-4073252	-5.20			6.02
6.03	PURCHASING	759255	.49	-759255	-.97			6.03
6.04	ADMITTING	1269492	.82	-1269492	-1.62			6.04
6.05	CASHIERING AND COLLECTIONS	2736662	1.78	-2736662	-3.49			6.05
6.06	ADMINISTRATIVE AND GENERAL	20899073	13.56	-20899073	-26.68			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	6138710	3.98	-6138710	-7.84			8
9	LAUNDRY & LINEN SERVICE	674852	.44	-674852	-.86			9
10	HOUSEKEEPING	1931955	1.25	-1931955	-2.47			10
11	DIETARY	1575722	1.02	-1575722	-2.01			11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2853769	1.85	-2853769	-3.64			14
15	CENTRAL SERVICES & SUPPLY	734162	.48	-734162	-.94			15
16	PHARMACY	2175196	1.41	-2175196	-2.78			16
17	MEDICAL RECORDS & LIBRARY	1237986	.80	-1237986	-1.58			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL	-1202047	-.78	1202047	1.53			21
22	I&R SERVICES-SALARY & FRINGES A	2968206	1.93	-2968206	-3.79			22
23	I&R SERVICES-OTHER PRGM COSTS A	1637074	1.06	-1637074	-2.09			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	10922130	7.09	17983163	22.95	28905293	18.76	25
26	INTENSIVE CARE UNIT	4023038	2.61	4902150	6.26	8925188	5.79	26
33	NURSERY	994677	.65	935970	1.19	1930647	1.25	33
34	SKILLED NURSING FACILITY	2063624	1.34	3960084	5.05	6023708	3.91	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	8382174	5.44	8189919	10.45	16572093	10.75	37
39	DELIVERY ROOM & LABOR ROOM	2997667	1.95	3133701	4.00	6131368	3.98	39
40	ANESTHESIOLOGY	204279	.13	436094	.56	640373	.42	40
41	RADIOLOGY-DIAGNOSTIC	6065838	3.94	5057372	6.46	11123210	7.22	41
42	RADIOLOGY-THERAPEUTIC	1079915	.70	768336	.98	1848251	1.20	42
44	LABORATORY	9011704	5.85	5162670	6.59	14174374	9.20	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	1154267	.75	418763	.53	1573030	1.02	47
49	RESPIRATORY THERAPY	1332870	.86	1107989	1.41	2440859	1.58	49
50	PHYSICAL THERAPY	2654797	1.72	1346774	1.72	4001571	2.60	50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY	276102	.18	238570	.30	514672	.33	52

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53 ELECTROCARDIOLOGY	712341	.46	611705	.78	1324046	.86	53
53.01 SLEEP LAB	211195	.14	208585	.27	419780	.27	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	5118835	3.32	1543690	1.97	6662525	4.32	55
56 DRUGS CHARGED TO PATIENTS	6506683	4.22	5351184	6.83	11857867	7.69	56
57 RENAL DIALYSIS	593342	.39	164030	.21	757372	.49	57
60.01 FAMILY PRACTICE	1410819	.92	1795744	2.29	3206563	2.08	60.01
60.02 CLINIC	2330227	1.51	3364656	4.29	5694883	3.70	60.02
60.03 COMMUNITY WELLNESS	635632	.41	113472	.14	749104	.49	60.03
60.04 PROCTO/GI LAB	836064	.54	2213169	2.82	3049233	1.98	60.04
60.05 PULMONARY/CARDIAC	1004507	.65	1365349	1.74	2369856	1.54	60.05
60.06 ITNCC							60.06
61 EMERGENCY	4225212	2.74	5541464	7.07	9766676	6.34	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	199975	.13	199919	.26	399894	.26	96
97.01 CARING CENTERS	212349	.14	94322	.12	306671	.20	97.01
97.02 RETAIL PHARMACY	460636	.30	102130	.13	562766	.37	97.02
97.03 POB SHELL							97.03
97.04 CLOSED UNITS							97.04
97.05 OFFSITE PHYICIAN PRACTICES	136107	.09	137176	.18	273283	.18	97.05
98 PHYSICIANS' PRIVATE OFFICES	1209		1898089	2.42	1899298	1.23	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	154104454	100.00	0	.00	154104454	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1329174	64957151	.020462	9406777	192481	37
39 DELIVERY ROOM & LABOR ROOM	537602	11212440	.047947	30090	1443	39
40 ANESTHESIOLOGY	191384	7045882	.027163	976004	26511	40
41 RADIOLOGY-DIAGNOSTIC	788474	62233233	.012670	7441805	94288	41
42 RADIOLOGY-THERAPEUTIC	332038	5587348	.059427	26116	1552	42
44 LABORATORY	572161	78103951	.007326	13147774	96321	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	43093	7011670	.006146	1416972	8709	47
49 RESPIRATORY THERAPY	263919	9824377	.026864	2902576	77975	49
50 PHYSICAL THERAPY	292833	11736314	.024951	877271	21889	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	40239	1248261	.032236	186670	6017	52
53 ELECTROCARDIOLOGY	161445	9233186	.017485	4270076	74662	53
53.01 SLEEP LAB	48466	1032833	.046925			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	211021	24867383	.008486	9815269	83292	55
56 DRUGS CHARGED TO PATIENTS	538848	68187374	.007902	13108005	103579	56
57 RENAL DIALYSIS	14602	2592839	.005632	1534022	8640	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	370167	1000	370.167000			60.01
60.02 CLINIC	542621	1719959	.315485	1322	417	60.02
60.03 COMMUNITY WELLNESS	2815	1000	2.815000			60.03
60.04 PROCTO/GI LAB	682765	8554038	.079818	487278	38894	60.04
60.05 PULMONARY/CARDIAC	388338	7560014	.051367	107347	5514	60.05
60.06 ITNCC						60.06
61 EMERGENCY	646318	41273191	.015660	3993430	62537	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	155516	5207965	.029861			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8153839	429191409		69728804	904721	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2090992		2090992	33802	61.86	12475	771704 25
26 INTENSIVE CARE UNIT	774947		774947	4881	158.77	2154	341991 26
101 TOTAL	2865939		2865939			14629	1113695 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1113695

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 904721

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2018416

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

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)	25862631
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	94931405
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.272

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2018416
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.021

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	8830245
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	38000556
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.232