

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 LAKE FOREST HOSPITAL (14-0130) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	146647	84625	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY	521		5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY	1		7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	147169	84625	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: 660 N. WESTMORELAND ROAD
 1.01 CITY: LAKE FOREST STATE: IL

P.O.BOX: 1
 ZIP CODE: 60045 COUNTY: LAKE 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	LAKE FOREST HOSPITAL	14-0130	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	LAKE FOREST HOSPITAL SNF	14-5126	07/01/1970	N	P	N	6
7	HOSPITAL-BASED NF	LAKE FOREST HOSPITAL NF	14-5126	07/01/1970	N		O	7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	LAKE FOREST HOSPITAL HOME HEALTH	14-7045	07/01/1966	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2008	TO: 12/31/2008	17
18	TYPE OF CONTROL	1	2	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?	NO		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?	NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO			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.	NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, 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)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26		
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01		
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03		
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:	BEGINNING:	ENDING:				26.04		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.							NO	27		
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.							NO	28		
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st					100	1.0751	1.0735	28.01		
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.					1	1600	04	28.02		
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>											
28.03	STAFFING					0.00		N	28.03		
28.04	RECRUITMENT					0.00		N	28.04		
28.05	RETENTION OF EMPLOYEES					0.00		N	28.05		
28.06	TRAINING					0.00		N	28.06		
28.07	OTHER (SPECIFY)								28.07		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?							NO	29		
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.							NO	30		
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.								30.01		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?								30.02		
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)								30.03		
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.								30.04		
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).							NO	31		
MISCELLANEOUS COST REPORTING INFORMATION											
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.							NO	32		
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.							NO	33		
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?							NO	34		
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?							NO	35		
<p style="text-align: right;">V XVIII XIX</p> <p style="text-align: right;">1 2 3</p>											
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL											
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?							NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?							NO	NO	NO	37.01

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.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	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 NHCMQ 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			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:					54			
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:					
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.				YES	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? 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)	NO				60
60.01	IF LINE 60 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 '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.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. 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.	NO				61
	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		2945	524	10013	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		2945	524	10013	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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	IN COL.3	COL.4		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	89637228		89637228	2760322.00	32.47		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	223792		223792	1293.00	173.08	GL HRS&CONTRACT	4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	3620522		3620522	21939.00	165.03	GL AND HOURS	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	1312706		1312706	46437.00	28.27	GL AND HOURS	8
8.01 EXCLUDED AREA SALARIES	9881259	-7061	9874198	209856.00	47.05	GL AND HOURS	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3624714		3624714	65690.00	55.18	GL AND INVOICES	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	305607		305607	1693.00	180.51	AP & CONTRACTS	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	20522799		20522799			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	3079553		3079553			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	11866		11866			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	189189		189189			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	2011216		2011216	88972.00	22.61		21
22 ADMINISTRATIVE & GENERAL	11039742	6558	11046300	317126.00	34.83		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1535423		1535423	3570.13	430.07		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1785068		1785068	68845.00	25.93		24
25 LAUNDRY & LINEN SERVICE	348099		348099	24917.00	13.97		25
26 HOUSEKEEPING	1509950	-16959	1492991	101339.00	14.73		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1843949		1843949	101215.00	18.22		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	99621		99621	6795.00	14.66		28
29 MAINTENANCE OF PERSONNEL	23227		23227	1095.00	21.21		29
30 NURSING ADMINISTRATION	1993894		1993894	47075.00	42.36		30
31 CENTRAL SERVICES AND SUPPLY	833063		833063	41568.00	20.04		31
32 PHARMACY	1034410		1034410	28984.00	35.69		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1640860	934	1641794	75656.00	21.70		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.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	IN COL.3	COL.4	
1 NET SALARIES	87552129		87552129	2741953.13	31.93	1
2 EXCLUDED AREA SALARIES	11193965	-7061	11186904	256293.00	43.65	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	76358164	7061	76365225	2485660.13	30.72	3
4 SUBTOTAL OTHER WAGES & REL COSTS	3930321		3930321	67383.00	58.33	4
5 SUBTOTAL WAGE-RELATED COSTS	20534665		20534665		26.89%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	100823150	7061	100830211	2553043.13	39.49	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	25698522	-9467	25689055	907157.13	28.32	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7045

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3170			3170	1
2 UNDUPLICATED CENSUS COUNT		695.00		345.00	1040.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)		1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL		6.21		6.21	5
6 DIRECT NURSING SERVICE		8.47		8.47	6
7 NURSING SUPERVISOR		1.00		1.00	7
8 PHYSICAL THERAPY SERVICE		2.44	2.50	4.94	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE		.01	.25	.26	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE		.07	.25	.32	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE		.43		.43	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE		1.52		1.52	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	2	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		1600	16974		20
20.01			29404		20.01

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7045

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	SKILLED NURSING VISITS	3945	39	165	95		4244	21
22	SKILLED NURSING VISIT CHARGES	916777	8797	39329	22564		987467	22
23	PHYSICAL THERAPY VISITS	3016		8	94		3118	23
24	PHYSICAL THERAPY VISIT CHARGES	721652		1996	22830		746478	24
25	OCCUPATIONAL THERAPY VISITS	49			5		54	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	11864			1205		13069	26
27	SPEECH PATHOLOGY VISITS	62		1			63	27
28	SPEECH PATHOLOGY VISIT CHARGES	14933		248			15181	28
29	MEDICAL SOCIAL SERVICE VISITS	165		1	3		169	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	54285		329	987		55601	30
31	HOME HEALTH AIDE VISITS	781		4	7		792	31
32	HOME HEALTH AIDE VISIT CHARGES	110121		564	987		111672	32
33	TOTAL VISITS	8018	39	179	204		8440	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	1829632	8797	42466	48573		1929468	35
36	TOTAL NUMBER OF EPISODES	618		73	27		718	36
37	TOTAL NUMBER OF OUTLIER EPISODES		1				1	37
38	TOTAL MEDICAL SUPPLY CHARGES	52544	1076	2516			56136	38

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								1
2	RUB		38						2
3	RUA								3
3.01	RUX		6						3.01
3.02	RUL		25						3.02
4	RVC		67						4
5	RVB		151						5
6	RVA								6
6.01	RVX		118						6.01
6.02	RVL		113						6.02
7	RHC		436						7
8	RHB		378						8
9	RHA		14						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		116						10
11	RMB		156						11
12	RMA								12
12.01	RMX		2281						12.01
12.02	RML		1671						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		45						15
16	SE2		110						16
17	SE1								17
18	SSC		90						18
19	SSB								19
20	SSA		84						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		8						38
39	PC2								39
40	PC1		7						40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		5917						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	6517114 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	6517114 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.328329 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	23848076 28
29	TOTAL GROSS MEDICAID COST	7830015 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	16798754 30
31	UNCOMPENSATED CARE COST	5515518 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	7830015 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				5621043	5621043	588610	6209653	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8456124	8456124	33462	8489586	4
5	0500 EMPLOYEE BENEFITS	2011216	22228611	24239827	-504547	23735280	-1838637	21896643	5
6	0600 ADMINISTRATIVE & GENERAL	11039742	32286434	43326176	-5185838	38140338	-2443821	35696517	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1785068	8817344	10602412	-3475681	7126731	-30	7126701	8
9	0900 LAUNDRY & LINEN SERVICE	348099	226870	574969	-21452	553517		553517	9
10	1000 HOUSEKEEPING	1509950	461792	1971742	-115600	1856142	-247	1855895	10
11	1100 DIETARY	1843949	1642367	3486316	-44148	3442168	-500805	2941363	11
12	1200 CAFETERIA	99621	94306	193927	-1864	192063	-228074	-36011	12
13	1300 MAINTENANCE OF PERSONNEL	23227	118147	141374	-61105	80269	-96144	-15875	13
14	1400 NURSING ADMINISTRATION	1993894	175714	2169608	-1750	2167858	-5300	2162558	14
15	1500 CENTRAL SERVICES & SUPPLY	833063	706114	1539177	-137301	1401876	-64818	1337058	15
16	1600 PHARMACY	1034410	6067354	7101764	-5161339	1940425		1940425	16
17	1700 MEDICAL RECORDS & LIBRARY	1640860	720985	2361845	-100032	2261813	-14226	2247587	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	10737326	2464711	13202037	-2426481	10775556		10775556	25
26	2600 INTENSIVE CARE UNIT	1705242	871446	2576688	-159511	2417177	-226040	2191137	26
33	3300 NURSERY	939194	62665	1001859	1722700	2724559		2724559	33
34	3400 SKILLED NURSING FACILITY	1312706	226697	1539403	-56827	1482576	-10950	1471626	34
35	3500 NURSING FACILITY	2300225	2830942	5131167	-1890705	3240462		3240462	35
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	7423302	17862163	25285465	-719749	24565716		24565716	37
39	3900 DELIVERY ROOM & LABOR ROOM	2910632	1266752	4177384	-927855	3249529	-213126	3036403	39
41	4100 RADIOLOGY-DIAGNOSTIC	5711712	6687228	12398940	-1796706	10602234	-21908	10580326	41
41.01	4101 GURNEE IMAGING	361830	284824	646654	-170732	475922		475922	41.01
42	4200 RADIOLOGY-THERAPEUTIC	498851	417391	916242	-98413	817829		817829	42
44	4400 LABORATORY	2897010	4438450	7335460	-191973	7143487	-502233	6641254	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	825513	212943	1038456	-78552	959904		959904	49
50	5000 PHYSICAL THERAPY	2150621	351559	2502180	-32090	2470090	-1145	2468945	50
52	5200 SPEECH PATHOLOGY	995400	359512	1354912	-4408	1350504		1350504	52
53	5300 ELECTROCARDIOLOGY	846532	1344089	2190621	-449471	1741150		1741150	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				2029396	2029396		2029396	55
56	5600 DRUGS CHARGED TO PATIENTS				5010241	5010241		5010241	56
OUTPATIENT SERVICE COST CENTERS									
60.01	6001 BREAST HEALTH		-11265	-11265	11265				60.01
60.02	6002 VERNON HILLS DIAGNOSTIC	269219	188591	457810	-89759	368051		368051	60.02
60.03	6003 GRAYSLAKE CLINIC	7962038	3485055	11447093	-149273	11297820	-114540	11183280	60.03
61	6100 EMERGENCY	6944652	1268030	8212682	-530261	7682421	-3734610	3947811	61
61.01	4950 PAIN CLINIC	483631	108723	592354	-5610	586744	-99695	487049	61.01
61.02	4951 OUTPATIENT PEDIATRIC/ONCOLOGY	236927	42562	279489	-21537	257952		257952	61.02
61.03	4952 CARDIOPULMONARY REHAB	380532	65029	445561	19236	464797	-4162	460635	61.03
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	1536519	1132665	2669184	-20398	2648786	-255	2648531	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
88	8800 INTEREST EXPENSE				4204848	4204848	-4204848		88
95	SUBTOTALS	83592713	119506800	203099513	2443885	205543398	-13703542	191839856	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES	60321	2977741	3038062		3038062		3038062	98
99.01	9901 LAKE FOREST COLLEGE								99.01
99.02	9902 LIFESTYLE CENTER								99.02
99.05	9905 DRS OFFICES	64802	1527421	1592223	-271976	1320247		1320247	99.05
99.07	9907 LAKE FOREST ACADEMY	110980	978	111958		111958		111958	99.07
99.09	9909 OCCUPATIONAL MEDICINE	1483422	267647	1751069	-1553641	197428		197428	99.09

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
			1	2	3	4	5	6	7
99.10	9910	WOMENS AUXILLARY	391588	961390	1352978	-129923	1223055		1223055 99.10
100	7950	MEALS ON WHEELS							100
100.01	7951	HEALTH & FITNESS CENTER	3756572	4776280	8532852	-488345	8044507		8044507 100.01
100.02	7952	COMMUNITY HEALTH	176830	53452	230282		230282		230282 100.02
101		TOTAL	89637228	130071709	219708937		219708937	-13703542	206005395 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 SUPPLIES CHG TO PATIENTS 07	A	MEDICAL SUPPLIES CHARGED TO P	55		2029396 1
2	A				2
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					19
20 DRUGS CHARGED TO PATIENTS 07	B	DRUGS CHARGED TO PATIENTS	56		5010241 20
21					21
22 INTEREST ON 2002 AND 2003 BONDS 07	C	INTEREST EXPENSE	88		4204848 22
23	C				23
24	C				24
25	C				25
26	C				26
27	C				27
28	C				28
29					29
30 DIRECTOR OF HOUSEKEEPING 07	D	DRS OFFICES	99.05	272	30
31	D	DRS OFFICES	99.05	111	31
32	D	NURSING FACILITY	35	16576	32
33					33
34					34
35 INDIRECT COST FROM MOBS 07	E	SPEECH PATHOLOGY	52	2230	19984 35
36 SUBTOTAL				19189	11264469 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 SUPPLIES CHG TO PATIENTS 07	A	CENTRAL SERVICES & SUPPLY	15		89950	1
2	A	PHARMACY	16		89292	2
3	A	ADULTS & PEDIATRICS	25		501728	3
4	A	INTENSIVE CARE UNIT	26		85606	4
5	A	NURSERY	33		38288	5
6	A	SKILLED NURSING FACILITY	34		54256	6
7	A	NURSING FACILITY	35		77410	7
8	A	DELIVERY ROOM & LABOR ROOM	39		512067	8
9	A	EMERGENCY	61		380366	9
10	A	RESPIRATORY THERAPY	49		44468	10
11	A	PHYSICAL THERAPY	50		32521	11
12	A	SPEECH PATHOLOGY	52		7998	12
13	A	ELECTROCARDIOLOGY	53		18100	13
14	A	GURNEE IMAGING	41.01		30199	14
15	A	RADIOLOGY-THERAPEUTIC	42		40597	15
16	A	PAIN CLINIC	61.01		1380	16
17	A	OUTPATIENT PEDIATRIC/ONCOLOGY	61.02		20158	17
18	A	CARDIOPULMONARY REHAB	61.03		5011	18
19						19
20 DRUGS CHARGED TO PATIENTS 07	B	PHARMACY	16		5010241	20
21						21
22 INTEREST ON 2002 AND 2003 BONDS 0	C	ADMINISTRATIVE & GENERAL	6		3821096	22
23	C	MAINTENANCE OF PERSONNEL	13		8004	23
24	C	NURSING FACILITY	35		15996	24
25	C	EMPLOYEE BENEFITS	5		9000	25
26	C	DRS OFFICES	99.05		31992	26
27	C	OCCUPATIONAL MEDICINE	99.09		91161	27
28	C	HEALTH & FITNESS CENTER	100.01		227599	28
29						29
30 DIRECTOR OF HOUSEKEEPING 07	D	HOUSEKEEPING	10	16959		30
31	D					31
32	D					32
33						33
34						34
35 INDIRECT COST FROM MOBS 07	E	DRS OFFICES	99.05	4295	67253	35
36 SUBTOTAL				21254	11311737	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	E	ADMINISTRATIVE & GENERAL	6	2065	18504	1
2	E	NEW CAP REL COSTS-BLDG & FIXT	3		28766	2
3	E	RADIOLOGY-DIAGNOSTIC	41	993	8630	3
4	E	PHYSICAL THERAPY	50	1374	11947	4
5	E	NEW CAP REL COSTS-BLDG & FIXT	3		17625	5
6	E	ADMINISTRATIVE & GENERAL	6	3032	45824	6
7	E	ADMINISTRATIVE & GENERAL	6	1035	15638	7
8	E	MEDICAL RECORDS & LIBRARY	17	934	14112	8
9	E	NEW CAP REL COSTS-BLDG & FIXT	3		63456	9
10	E	RADIOLOGY-DIAGNOSTIC	41	3213	38034	10
11	E	HOME HEALTH AGENCY	71	2002	23696	11
12	E	NEW CAP REL COSTS-BLDG & FIXT	3		81173	12
13	E	SPEECH PATHOLOGY	52	3777	14200	13
14	E	NEW CAP REL COSTS-BLDG & FIXT	3		4953	14
15	E	CARDIOPULMONARY REHAB	61.03	1823	29628	15
16	E	PHYSICAL THERAPY	50	3118	50677	16
17	E	ADMINISTRATIVE & GENERAL	6	426	6918	17
18	E	NEW CAP REL COSTS-BLDG & FIXT	3		107837	18
19						19
20	F	NURSERY	33	1506432	261529	20
21						21
22						22
23	G	NEW CAP REL COSTS-MVBLE EQUIP	4		8456124	23
24	G					24
25	G					25
26	G					26
27	G					27
28	G					28
29	G					29
30	G					30
31	G					31
32	G					32
33	G					33
34	G					34
35	G					35
36		SUBTOTAL		1549413	20563740	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	E					1
2	E					9 2
3	E	OCCUPATIONAL MEDICINE	99.09	2367	38202	3
4	E					4
5	E					9 5
6	E	DRS OFFICES	99.05	5001	139029	6
7	E					7
8	E					8
9	E					9 9
10	E	OCCUPATIONAL MEDICINE	99.09	5215	142903	10
11	E					11
12	E					9 12
13	E	DRS OFFICES	99.05	3777	19153	13
14	E					9 14
15	E	OCCUPATIONAL MEDICINE	99.09	5367	195062	15
16	E					16
17	E					17
18	E					9 18
19						19
20	F	ADULTS & PEDIATRICS	25	1506432	261529	20
21						21
22						22
23	G	EMPLOYEE BENEFITS	5		84338	9 23
24	G	ADMINISTRATIVE & GENERAL	6		3020142	24
25	G	OPERATION OF PLANT	8		337317	25
26	G	LAUNDRY & LINEN SERVICE	9		20262	26
27	G	HOUSEKEEPING	10		33598	27
28	G	DIETARY	11		22341	28
29	G	CAFETERIA	12		1524	29
30	G	MAINTENANCE OF PERSONNEL	13		1755	30
31	G	NURSING ADMINISTRATION	14		1750	31
32	G	CENTRAL SERVICES & SUPPLY	15		47351	32
33	G	PHARMACY	16		13991	33
34	G	MEDICAL RECORDS & LIBRARY	17		115078	34
35	G	ADULTS & PEDIATRICS	25		154436	35
36		SUBTOTAL		1549413	15961498	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	G				9
10	G				10
11	G				11
12	G				12
13	G				13
14	G				14
15	G				15
16	G				16
17	G				17
18	G				18
19	G				19
20	G				20
21	G				21
22	G				22
23	G				23
24	G				24
25	G				25
26	G				26
27					27
28					28
29					29
30 BUILDING DEPRECIATION 07	H	NEW CAP REL COSTS-BLDG & FIXT	3		5317233 30
31	H				31
32	H				32
33	H				33
34	H				34
35	H				35
36 SUBTOTAL				1549413	25880973 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	G	INTENSIVE CARE UNIT	26		73905	1
2	G	NURSERY	33		6973	2
3	G	SKILLED NURSING FACILITY	34		2571	3
4	G	NURSING FACILITY	35		28797	4
5	G	OPERATING ROOM	37		710391	5
6	G	DELIVERY ROOM & LABOR ROOM	39		414738	6
7	G	RADIOLOGY-DIAGNOSTIC	41		1807321	7
8	G	GURNEE IMAGING	41.01		140533	8
9	G	RADIOLOGY-THERAPEUTIC	42		56839	9
10	G	LABORATORY	44		191663	10
11	G	RESPIRATORY THERAPY	49		34084	11
12	G	PHYSICAL THERAPY	50		66685	12
13	G	SPEECH PATHOLOGY	52		36601	13
14	G	ELECTROCARDIOLOGY	53		318829	14
15	G	VERNON HILLS DIAGNOSTIC	60.02		89759	15
16	G	GRAYSLAKE CLINIC	60.03		144692	16
17	G	EMERGENCY	61		143355	17
18	G	PAIN CLINIC	61.01		4230	18
19	G	OUTPATIENT PEDIATRIC/ONCOLOGY	61.02		1379	19
20	G	CARDIOPULMONARY REHAB	61.03		7204	20
21	G	HOME HEALTH AGENCY	71		46096	21
22	G	OCCUPATIONAL MEDICINE	99.09		8464	22
23	G	DRS OFFICES	99.05		1859	23
24	G	OCCUPATIONAL MEDICINE	99.09		4412	24
25	G	WOMENS AUXILLARY	99.10		116	25
26	G	HEALTH & FITNESS CENTER	100.01		260746	26
27						27
28						28
29						29
30	BUILDING DEPRECIATION 07	H	EMPLOYEE BENEFITS	5	68945	9 30
31		H	ADMINISTRATIVE & GENERAL	6	1651573	31
32		H	OPERATION OF PLANT	8	3138364	32
33		H	LAUNDRY & LINEN SERVICE	9	1190	33
34		H	HOUSEKEEPING	10	65043	34
35		H	DIETARY	11	21807	35
36	SUBTOTAL				1549413	25510662 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	H				1
2	H				2
3	H				3
4	H				4
5	H				5
6	H				6
7	H				7
8	H				8
9	H				9
10	H				10
11	H				11
12	H				12
13	H				13
14					14
15 REVERSE INTERNAL ALLOCATION	I	ADMINISTRATIVE & GENERAL	6		15
16	I			3213531	16
17	I				17
18	I				18
19					19
20 CLOSE OUT CC	J	BREAST HEALTH	60.01		20
21				11265	21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1549413	29105769 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	H	CAFETERIA	12		340	1
2	H	MAINTENANCE OF PERSONNEL	13		51346	2
3	H	PHARMACY	16		47815	3
4	H	ADULTS & PEDIATRICS	25		2356	4
5	H	NURSING FACILITY	35		104106	5
6	H	OPERATING ROOM	37		9358	6
7	H	DELIVERY ROOM & LABOR ROOM	39		1050	7
8	H	RADIOLOGY-DIAGNOSTIC	41		28990	8
9	H	RADIOLOGY-THERAPEUTIC	42		977	9
10	H	LABORATORY	44		310	10
11	H	ELECTROCARDIOLOGY	53		112542	11
12	H	GRAYSLAKE CLINIC	60.03		4581	12
13	H	EMERGENCY	61		6540	13
14						14
15	I	REVERSE INTERNAL ALLOCATION	5		342264	15
16	I	EMPLOYEE BENEFITS	35		1680972	16
17	I	NURSING FACILITY	99.09		1060488	17
18	I	OCCUPATIONAL MEDICINE	99.10		129807	18
19						19
20	J	CLOSE OUT CC	41		11265	20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		1549413	29105769	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS	26181603	3101470		3101470		29283073		2
3 BUILDINGS AND FIXTURES	101367822	66402481		66402481		167770303		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	67006321	24196268		24196268		91202589		6
7 SUBTOTAL	194555746	93700219		93700219		288255965		7
8 RECONCILING ITEMS								8
9 TOTAL	194555746	93700219		93700219		288255965		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-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					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4771638			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-500805	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-96144	MAINTENANCE OF PERSONNEL	13	17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-14226	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					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
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				27
	A-8-3		HOME HEALTH AGENCY	71	
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			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				35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 PATIENT TELEPHONE	A	-11867	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37
37.01 PATIENT TELEPHONE	A	-146563	ADMINISTRATIVE & GENERAL	6	37.01
38 COFFEE SHOP CAFE REVENUE	B	-228074	CAFETERIA	12	38
38.06 NUSING EDUCATION REVENUE	B	-5300	NURSING ADMINISTRATION	14	38.06
38.08 OTHER INCOME	B	-63717	CENTRAL SERVICES & SUPPLY	15	38.08
38.09 CAFETERIA REVENUE	B	-114540	GRAYSLAKE CLINIC	60.03	38.09
38.10 OTHER REVENUE	B	-10645	PAIN CLINIC	61.01	38.10
38.12 MEDICARE VS BOOK DEPRECIATION	A	644744	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.12
38.13 MEDICARE VS BOOK DEP	A	49003	NEW CAP REL COSTS-MVBLE EQUIP	4	9 38.13
38.17 OTHER INCOME HHA	B	-255	HOME HEALTH AGENCY	71	38.17
39 DEARHAVEN NON EMP COST	A	-113561	ADMINISTRATIVE & GENERAL	6	39
39.03 DEARHAVEN NON EMP COST	A	-56134	NEW CAP REL COSTS-BLDG & FIXT	3	9 39.03
39.04 DEARHAVEN NON EMP COST	A	-3674	NEW CAP REL COSTS-MVBLE EQUIP	4	9 39.04
39.05 DEARHAVEN - EMP REVENUE	B	-256557	EMPLOYEE BENEFITS	5	39.05
39.06 DEARHAVEN NON EMP COST	A	-1545765	EMPLOYEE BENEFITS	5	39.06
39.11 LAB REVENUE	B	-480107	LABORATORY	44	39.11
40					40
40.01 IHHA DUES-LOBBYING PORTION	A	-45869	ADMINISTRATIVE & GENERAL	6	40.01
40.02 MHC DUES-LOBBYING PORTION	A	-11446	ADMINISTRATIVE & GENERAL	6	40.02
41 2002 BOND ISSUANCE INT	A	-4204848	INTEREST EXPENSE	88	41
42 NON ALLOW BEVERAGES	A	-10000	ADMINISTRATIVE & GENERAL	6	42
43 NON ALLOW ADVERTISING	A	-839729	ADMINISTRATIVE & GENERAL	6	43
44 REAL ESTATE TAXES	A	-30087	ADMINISTRATIVE & GENERAL	6	44
44.01 REAL ESTATE TAXES	A	-10950	SKILLED NURSING FACILITY	34	44.01
45 MISC REVENUE	B	-599368	ADMINISTRATIVE & GENERAL	6	45
46 FILM SALE REVENUE	B	-15708	RADIOLOGY-DIAGNOSTIC	41	46
47					47
48 REAL ESTATE TAXES	A	-29160	EMPLOYEE BENEFITS	5	48
49 REHAB SERVICE REV	B	-1145	PHYSICAL THERAPY	50	49
49.04 OTHER INCOME	B	-161751	DELIVERY ROOM & LABOR ROOM	39	49.04

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.05 DONATIONS	A	-5612	ADMINISTRATIVE & GENERAL	6	49.05
49.06 OTHER REVENUE	B	-7155	EMPLOYEE BENEFITS	5	49.06
49.08 OTHER REVENUE	B	-30	OPERATION OF PLANT	8	49.08
49.09 OTHER REVENUE	B	-247	HOUSEKEEPING	10	49.09
49.10 OTHER REVENUE	B	-450	EMERGENCY	61	49.10
49.11 OTHER REVENUE	B	-4162	CARDIOPULMONARY REHAB	61.03	49.11
50 TOTAL		-13703542			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						1
2						2
3						3
4						4
5	TOTALS					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.

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

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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	61	EMERGENCY	3844314	3581751	262563	177200	1293	110154	5508
2	6	ADMINISTRATIVE & GENERAL	758811	508204	250607	177200	1376	117225	5861
3	26	INTENSIVE CARE UNIT	226040	226040		177200			
4	15	CENTRAL SERVICES & SUPPL	1101	1101					
5	44	LABORATORY	55000		55000	215700	317	32874	1644
6	39	DELIVERY ROOM & LABOR RO	51375	51375					
7	41	RADIOLOGY-DIAGNOSTIC	6200	6200					
8	61.01	PAIN CLINIC	89050	89050					
101		TOTAL	5031891	4463721	568170		2986	260253	13013

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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 61	EMERGENCY	AGGREGATE				110154	152409	3734160
2 6	ADMINISTRATIVE & GENERAL	AGGREGATE				117225	133382	641586
3 26	INTENSIVE CARE UNIT	MEDICAL DIRECTOR						226040
4 15	CENTRAL SERVICES & SUPPL	AGGREGATE						1101
5 44	LABORATORY	MEDICAL DIRECTOR				32874	22126	22126
6 39	DELIVERY ROOM & LABOR RO	AGGREGATE						51375
7 41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						6200
8 61.01	PAIN CLINIC	AGGREGATE						89050
101	TOTAL					260253	307917	4771638

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	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
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	6209653	6209653							3
4 NEW CAP REL COSTS-MVBLE EQUIP	8489586		8489586						4
5 EMPLOYEE BENEFITS	21896643	47222	84672	22028537					5
6 ADMINISTRATIVE & GENERAL	35696517	1269396	3032095	2776932	42774940	42774940			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	7126701	912662	338652	448754	8826769	2312825	11139594		8
9 LAUNDRY & LINEN SERVICE	553517	2680	20342	87510	664049	173997	7499	845545	9
10 HOUSEKEEPING	1855895	2005	33731	375327	2266958	593997	5611		10
11 DIETARY	2941363	213224	22429	463556	3640572	953917	596735		11
12 CAFETERIA	-36011		1530	25044					12
13 MAINTENANCE OF PERSONNEL	-15875		1762	5839					13
14 NURSING ADMINISTRATION	2162558	73602	1757	501251	2739168	717728	205985		14
15 CENTRAL SERVICES & SUPPLY	1337058	63638	47538	209426	1657660	434347	178098		15
16 PHARMACY	1940425	28008	14046	260043	2242522	587595	78383		16
17 MEDICAL RECORDS & LIBRARY	2247587	49902	115533	412736	2825758	740416	139657		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	10775556	898589	155047	2320582	14149774	3707580	2514824	462454	25
26 INTENSIVE CARE UNIT	2191137	244269	74197	428686	2938289	769902	683618	51195	26
33 NURSERY	2724559	52959	7001	614813	3399332	890707	148212	117358	33
34 SKILLED NURSING FACILITY	1471626		2581	330005	1804212	472747		12453	34
35 NURSING FACILITY	3240462		28911	582428	3851801	1009264		75469	35
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	24565716	810477	713202	1866166	27955561	7325033	2268227	28891	37
39 DELIVERY ROOM & LABOR ROOM	3036403	221799	416379	731713	4406294	1154555	620733	34874	39
41 RADIOLOGY-DIAGNOSTIC	10580326	340003	1814473	1436942	14171744	3713337	951543		41
41.01 GURNEE IMAGING	475922		141089	90962	707973	185506			41.01
42 RADIOLOGY-THERAPEUTIC	817829	112329	57064	125408	1112630	291536	314366		42
44 LABORATORY	6641254	164473	192421	728288	7726436	2024512	460300		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	959904	10778	34219	207528	1212429	317685	30165		49
50 PHYSICAL THERAPY	2468945	107148	66949	541780	3184822	834500	299867	7167	50
52 SPEECH PATHOLOGY	1350504	21993	36746	251747	1660990	435219	61551		52
53 ELECTROCARDIOLOGY	1741150	11294	320091	212812	2285347	598816	31609		53
55 MEDICAL SUPPLIES CHARGED TO PAT	2029396				2029396	531750			55
56 DRUGS CHARGED TO PATIENTS	5010241				5010241	1312803			56
OUTPATIENT SERVICE COST CENTERS									
60.01 BREAST HEALTH									60.01
60.02 VERNON HILLS DIAGNOSTIC	368051		90114	67680	525845	137784			60.02
60.03 GRAYSLAKE CLINIC	11183280	150023	145265	2001601	13480169	3532128	419859		60.03
61 EMERGENCY	3947811	265766	143922	1745837	6103336	1599221	743780	52202	61
61.01 PAIN CLINIC	487049		4247	121581	612877	160588			61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	257952	34082	1384	59562	352980	92489	95382		61.02
61.03 CARDIOPULMONARY REHAB	460635		7233	96121	563989	147779		3482	61.03
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	2648531		46278	386773	3081582	807448			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	191839856	6108321	8212900	20515433	189948734	38567711	10856004	845545	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		19949			19949	5227	55829		96
98 PHYSICIANS' PRIVATE OFFICES	3038062			15164	3053226	800018			98
99.01 LAKE FOREST COLLEGE									99.01
99.02 LIFESTYLE CENTER		67369	8497		75866	19879	188542		99.02
99.05 DRS OFFICES	1320247		1866	13101	1335214	349858			99.05
99.07 LAKE FOREST ACADEMY	111958			27900	139858	36646			99.07
99.09 OCCUPATIONAL MEDICINE	197428		4429	369667	571524	149753			99.09
99.10 WOMENS AUXILLARY	1223055	14014	116	98442	1335627	349966	39219		99.10

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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	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
100 MEALS ON WHEELS									100
100.01HEALTH & FITNESS CENTER	8044507		261778	944376	9250661	2423895			100.01
100.02COMMUNITY HEALTH	230282			44454	274736	71987			100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	206005395	6209653	8489586	22028537	206005395	42774940	11139594	845545	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY
	10	11	12	13	14	15	16	17
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 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	2866566							10
11 DIETARY	43433	5234657						11
12 CAFETERIA	11582	1419000	1421145					12
13 MAINTENANCE OF PERSONNEL	5791		856	-1627				13
14 NURSING ADMINISTRATION			36540		3699421			14
15 CENTRAL SERVICES & SUPPLY	28955		32261			2331321		15
16 PHARMACY	17373		22493		94148		3042514	16
17 MEDICAL RECORDS & LIBRARY	63701		58710					3828242
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	1627284	2007776	274802		1150258		38913	292173
26 INTENSIVE CARE UNIT	130298	170839	34554		144635		8996	49365
33 NURSERY	40537		18892		79076		3211	40404
34 SKILLED NURSING FACILITY	92657	436796	36056		150921		4987	31781
35 NURSING FACILITY		1172075	79975		334757		857	32968
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	249015		193310		809147		159379	722890
39 DELIVERY ROOM & LABOR ROOM	52119		65734		275145		28226	106048
41 RADIOLOGY-DIAGNOSTIC	69493		147711				190732	629875
41.01 GURNEE IMAGING			7169				55	34657
42 RADIOLOGY-THERAPEUTIC			10108				7	101850
44 LABORATORY	86866		91197				324	435517
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	26060		19005		79549		1082	56236
50 PHYSICAL THERAPY	31851		51702				188	67946
52 SPEECH PATHOLOGY			25577					30381
53 ELECTROCARDIOLOGY			17584		73602		4297	122713
55 MEDICAL SUPPLIES CHARGED TO PAT						2331321		45963
56 DRUGS CHARGED TO PATIENTS							2478089	237301
OUTPATIENT SERVICE COST CENTERS								
60.01 BREAST HEALTH								60.01
60.02 VERNON HILLS DIAGNOSTIC							1	8979
60.03 GRAYSLAKE CLINIC							22925	472950
61 EMERGENCY	112925		87322		365508		41535	282488
61.01 PAIN CLINIC			12659					7268
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	136089		5215				6145	9601
61.03 CARDIOPULMONARY REHAB			8412				20	8888
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	17373		34086		142675		26	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	2843402	5206486	1371930		3699421	2331321	2989995	3828242
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	23164							96
98 PHYSICIANS' PRIVATE OFFICES								98
99.01 LAKE FOREST COLLEGE								99.01
99.02 LIFESTYLE CENTER			26723				52318	99.02
99.05 DRS OFFICES			2034					99.05
99.07 LAKE FOREST ACADEMY			2148				187	99.07
99.09 OCCUPATIONAL MEDICINE			1695					99.09
99.10 WOMENS AUXILLARY			12255					99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN-TENANCE OF PERSONNEL 13	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17
100 MEALS ON WHEELS		28171	4360					100
100.01HEALTH & FITNESS CENTER							14	100.01
100.02COMMUNITY HEALTH								100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER				-1627				102
103 TOTAL	2866566	5234657	1421145	-1627	3699421	2331321	3042514	3828242 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 ADMINISTRATIVE & GENERAL				6
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	26225838		26225838	25
26 INTENSIVE CARE UNIT	4981691		4981691	26
33 NURSERY	4737729		4737729	33
34 SKILLED NURSING FACILITY	3042610		3042610	34
35 NURSING FACILITY	6557166		6557166	35
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	39711453		39711453	37
39 DELIVERY ROOM & LABOR ROOM	6743728		6743728	39
41 RADIOLOGY-DIAGNOSTIC	19874435		19874435	41
41.01 GURNEE IMAGING	935360		935360	41.01
42 RADIOLOGY-THERAPEUTIC	1830497		1830497	42
44 LABORATORY	10825152		10825152	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	1742211		1742211	49
50 PHYSICAL THERAPY	4478043		4478043	50
52 SPEECH PATHOLOGY	2213718		2213718	52
53 ELECTROCARDIOLOGY	3133968		3133968	53
55 MEDICAL SUPPLIES CHARGED TO PAT	4938430		4938430	55
56 DRUGS CHARGED TO PATIENTS	9038434		9038434	56
OUTPATIENT SERVICE COST CENTERS				
60.01 BREAST HEALTH				60.01
60.02 VERNON HILLS DIAGNOSTIC	672609		672609	60.02
60.03 GRAYSLAKE CLINIC	17928031		17928031	60.03
61 EMERGENCY	9388317		9388317	61
61.01 PAIN CLINIC	793392		793392	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	697901		697901	61.02
61.03 CARDIOPULMONARY REHAB	732570		732570	61.03
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	4083190		4083190	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	185306473		185306473	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	104169		104169	96
98 PHYSICIANS' PRIVATE OFFICES	3853244		3853244	98
99.01 LAKE FOREST COLLEGE				99.01
99.02 LIFESTYLE CENTER	363328		363328	99.02
99.05 DRS OFFICES	1687106		1687106	99.05
99.07 LAKE FOREST ACADEMY	178839		178839	99.07
99.09 OCCUPATIONAL MEDICINE	722972		722972	99.09
99.10 WOMENS AUXILLARY	1737067		1737067	99.10

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WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100 MEALS ON WHEELS	32531		32531	100
100.01HEALTH & FITNESS CENTER	11674570		11674570	100.01
100.02COMMUNITY HEALTH	346723		346723	100.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER	-1627		-1627	102
103 TOTAL	206005395		206005395	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
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		47222	84672	131894	131894				5
6 ADMINISTRATIVE & GENERAL	143120	1269396	3032095	4444611	16641	4461252			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	5382	912662	338652	1256696	2687	241218	1500601		8
9 LAUNDRY & LINEN SERVICE		2680	20342	23022	524	18147	1010	42703	9
10 HOUSEKEEPING		2005	33731	35736	2247	61951	756		10
11 DIETARY	22365	213224	22429	258018	2775	99490	80385		11
12 CAFETERIA			1530	1530	150				12
13 MAINTENANCE OF PERSONNEL			1762	1762	35				13
14 NURSING ADMINISTRATION		73602	1757	75359	3001	74856	27748		14
15 CENTRAL SERVICES & SUPPLY	232634	63638	47538	343810	1254	45301	23991		15
16 PHARMACY	320387	28008	14046	362441	1557	61284	10559		16
17 MEDICAL RECORDS & LIBRARY		49902	115533	165435	2471	77222	18813		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		898589	155047	1053636	13892	386685	338770	23356	25
26 INTENSIVE CARE UNIT		244269	74197	318466	2566	80298	92089	2586	26
33 NURSERY	575	52959	7001	60535	3681	92897	19965	5927	33
34 SKILLED NURSING FACILITY	384		2581	2965	1976	49306		629	34
35 NURSING FACILITY	667		28911	29578	3487	105262		3811	35
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	145557	810477	713202	1669236	11172	763975	305550	1459	37
39 DELIVERY ROOM & LABOR ROOM	27243	221799	416379	665421	4381	120415	83618	1761	39
41 RADIOLOGY-DIAGNOSTIC		340003	1814473	2154476	8602	387285	128181		41
41.01 GURNEE IMAGING			141089	141089	545	19347			41.01
42 RADIOLOGY-THERAPEUTIC		112329	57064	169393	751	30406	42348		42
44 LABORATORY	102073	164473	192421	458967	4360	211148	62007		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	7674	10778	34219	52671	1242	33133	4063		49
50 PHYSICAL THERAPY		107148	66949	174097	3243	87035	40395	362	50
52 SPEECH PATHOLOGY	1079	21993	36746	59818	1507	45392	8291		52
53 ELECTROCARDIOLOGY	27500	11294	320091	358885	1274	62454	4258		53
55 MEDICAL SUPPLIES CHARGED TO PAT						55459			55
56 DRUGS CHARGED TO PATIENTS						136920			56
OUTPATIENT SERVICE COST CENTERS									
60.01 BREAST HEALTH									60.01
60.02 VERNON HILLS DIAGNOSTIC			90114	90114	405	14370			60.02
60.03 GRAYSLAKE CLINIC	97517	150023	145265	392805	11983	368386	56559		60.03
61 EMERGENCY		265766	143922	409688	10452	166792	100194	2636	61
61.01 PAIN CLINIC			4247	4247	728	16749			61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		34082	1384	35466	357	9646	12849		61.02
61.03 CARDIOPULMONARY REHAB			7233	7233	575	15413		176	61.03
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	477		46278	46755	2315	84213			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	1134634	6108321	8212900	15455855	122836	4022455	1462399	42703	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		19949		19949		545	7521		96
98 PHYSICIANS' PRIVATE OFFICES					91	83439			98
99.01 LAKE FOREST COLLEGE									99.01
99.02 LIFESTYLE CENTER	922	67369	8497	76788		2073	25398		99.02
99.05 DRS OFFICES			1866	1866		36489			99.05
99.07 LAKE FOREST ACADEMY					167	3822			99.07
99.09 OCCUPATIONAL MEDICINE			4429	4429	2213	15619			99.09
99.10 WOMENS AUXILLARY	146960	14014	116	161090	589	36500	5283		99.10

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
100 MEALS ON WHEELS								100
100.01HEALTH & FITNESS CENTER	140088		261778	401866	5654	252802		100.01
100.02COMMUNITY HEALTH					266	7508		100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1422604	6209653	8489586	16121843	131894	4461252	1500601	42703 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	MAIN-	NURSING	CENTRAL	PHARMACY	MEDICAL
	KEEPING			TENANCE OF	ADMINIS-	SERVICES &		RECORDS +
	10	11	12	PERSONNEL	TRATION	SUPPLY	16	LIBRARY
				13	14	15	17	17
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 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	100690							10
11 DIETARY	1526	442194						11
12 CAFETERIA	407	119869	118943					12
13 MAINTENANCE OF PERSONNEL	203		72	2072				13
14 NURSING ADMINISTRATION			3058		184022			14
15 CENTRAL SERVICES & SUPPLY	1017		2700			418073		15
16 PHARMACY	610		1883		4683		443017	16
17 MEDICAL RECORDS & LIBRARY	2238		4914					271093
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	57158	169606	22995		57217		5666	20683
26 INTENSIVE CARE UNIT	4577	14431	2892		7195		1310	3495
33 NURSERY	1424		1581		3934		468	2860
34 SKILLED NURSING FACILITY	3255	36898	3018		7507		726	2250
35 NURSING FACILITY		99010	6694		16652		125	2334
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8747		16179		40250		23207	51263
39 DELIVERY ROOM & LABOR ROOM	1831		5502		13687		4110	7507
41 RADIOLOGY-DIAGNOSTIC	2441		12363				27772	44589
41.01 GURNEE IMAGING			600				8	2453
42 RADIOLOGY-THERAPEUTIC			846				1	7210
44 LABORATORY	3051		7633				47	30830
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	915		1591		3957		158	3981
50 PHYSICAL THERAPY	1119		4327				27	4810
52 SPEECH PATHOLOGY			2141					2151
53 ELECTROCARDIOLOGY			1472		3661		626	8687
55 MEDICAL SUPPLIES CHARGED TO PAT						418073		3254
56 DRUGS CHARGED TO PATIENTS							360831	16799
OUTPATIENT SERVICE COST CENTERS								
60.01 BREAST HEALTH								60.01
60.02 VERNON HILLS DIAGNOSTIC								636
60.03 GRAYSLAKE CLINIC							3338	33480
61 EMERGENCY	3967		7308		18182		6048	19997
61.01 PAIN CLINIC			1060					515
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	4780		437				895	680
61.03 CARDIOPULMONARY REHAB			704				3	629
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	610		2853		7097		4	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	99876	439814	114823		184022	418073	435370	271093
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	814							96
98 PHYSICIANS' PRIVATE OFFICES								98
99.01 LAKE FOREST COLLEGE								99.01
99.02 LIFESTYLE CENTER			2237				7618	99.02
99.05 DRS OFFICES			170					99.05
99.07 LAKE FOREST ACADEMY			180				27	99.07
99.09 OCCUPATIONAL MEDICINE			142					99.09
99.10 WOMENS AUXILLARY			1026					99.10

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	MAIN-TENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17
100 MEALS ON WHEELS		2380	365					100
100.01HEALTH & FITNESS CENTER							2	100.01
100.02COMMUNITY HEALTH								100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER			3013	2072				102
103 TOTAL	100690	442194	121956	2072	184022	418073	443017	271093 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 ADMINISTRATIVE & GENERAL				6
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	2149664		2149664	25
26 INTENSIVE CARE UNIT	529905		529905	26
33 NURSERY	193272		193272	33
34 SKILLED NURSING FACILITY	108530		108530	34
35 NURSING FACILITY	266953		266953	35
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	2891038		2891038	37
39 DELIVERY ROOM & LABOR ROOM	908233		908233	39
41 RADIOLOGY-DIAGNOSTIC	2765709		2765709	41
41.01 GURNEE IMAGING	164042		164042	41.01
42 RADIOLOGY-THERAPEUTIC	250955		250955	42
44 LABORATORY	778043		778043	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	101711		101711	49
50 PHYSICAL THERAPY	315415		315415	50
52 SPEECH PATHOLOGY	119300		119300	52
53 ELECTROCARDIOLOGY	441317		441317	53
55 MEDICAL SUPPLIES CHARGED TO PAT	476786		476786	55
56 DRUGS CHARGED TO PATIENTS	514550		514550	56
OUTPATIENT SERVICE COST CENTERS				
60.01 BREAST HEALTH				60.01
60.02 VERNON HILLS DIAGNOSTIC	105525		105525	60.02
60.03 GRAYSLAKE CLINIC	866551		866551	60.03
61 EMERGENCY	745264		745264	61
61.01 PAIN CLINIC	23299		23299	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	65110		65110	61.02
61.03 CARDIOPULMONARY REHAB	24733		24733	61.03
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	143847		143847	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	14949752		14949752	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	28829		28829	96
98 PHYSICIANS' PRIVATE OFFICES	83530		83530	98
99.01 LAKE FOREST COLLEGE				99.01
99.02 LIFESTYLE CENTER	114114		114114	99.02
99.05 DRS OFFICES	38603		38603	99.05
99.07 LAKE FOREST ACADEMY	4196		4196	99.07
99.09 OCCUPATIONAL MEDICINE	22403		22403	99.09
99.10 WOMENS AUXILLARY	204488		204488	99.10

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100 MEALS ON WHEELS	2745		2745	100
100.01HEALTH & FITNESS CENTER	660324		660324	100.01
100.02COMMUNITY HEALTH	7774		7774	100.02
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER	5085		5085	102
103 TOTAL	16121843		16121843	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	SQUARE FEET	DOLLAR VALUE	GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
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	312836							3
4 NEW CAP REL COSTS-MVBLE EQUIP		8456125						4
5 EMPLOYEE BENEFITS	2379	84338	87626012					5
6 ADMINISTRATIVE & GENERAL	63951	3020142	11046300	-42774940	163248166			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	45979	337317	1785068		8826769	200527		8
9 LAUNDRY & LINEN SERVICE	135	20262	348099		664049	135	1572112	9
10 HOUSEKEEPING	101	33598	1492991		2266958	101		10
11 DIETARY	10742	22341	1843949		3640572	10742		11
12 CAFETERIA		1524	99621	9437				12
13 MAINTENANCE OF PERSONNEL		1755	23227	8274				13
14 NURSING ADMINISTRATION	3708	1750	1993894		2739168	3708		14
15 CENTRAL SERVICES & SUPPLY	3206	47351	833063		1657660	3206		15
16 PHARMACY	1411	13991	1034410		2242522	1411		16
17 MEDICAL RECORDS & LIBRARY	2514	115078	1641794		2825758	2514		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	45270	154436	9230894		14149774	45270	859836	25
26 INTENSIVE CARE UNIT	12306	73905	1705242		2938289	12306	95187	26
33 NURSERY	2668	6973	2445626		3399332	2668	218202	33
34 SKILLED NURSING FACILITY		2571	1312706		1804212		23154	34
35 NURSING FACILITY		28797	2316801		3851801		140318	35
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	40831	710391	7423302		27955561	40831	53717	37
39 DELIVERY ROOM & LABOR ROOM	11174	414738	2910632		4406294	11174	64840	39
41 RADIOLOGY-DIAGNOSTIC	17129	1807321	5715918		14171744	17129		41
41.01 GURNEE IMAGING		140533	361830		707973			41.01
42 RADIOLOGY-THERAPEUTIC	5659	56839	498851		1112630	5659		42
44 LABORATORY	8286	191663	2897010		7726436	8286		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	543	34084	825513		1212429	543		49
50 PHYSICAL THERAPY	5398	66685	2155113		3184822	5398	13326	50
52 SPEECH PATHOLOGY	1108	36601	1001407		1660990	1108		52
53 ELECTROCARDIOLOGY	569	318829	846532		2285347	569		53
55 MEDICAL SUPPLIES CHARGED TO P					2029396			55
56 DRUGS CHARGED TO PATIENTS					5010241			56
OUTPATIENT SERVICE COST CENTERS								
60.01 BREAST HEALTH								60.01
60.02 VERNON HILLS DIAGNOSTIC		89759	269219		525845			60.02
60.03 GRAYSLAKE CLINIC	7558	144692	7962038		13480169	7558		60.03
61 EMERGENCY	13389	143355	6944652		6103336	13389	97058	61
61.01 PAIN CLINIC		4230	483631		612877			61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	1717	1379	236927		352980	1717		61.02
61.03 CARDIOPULMONARY REHAB		7204	382355		563989		6474	61.03
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		46096	1538521		3081582			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	307731	8180528	81607136	-42757229	147191505	195422	1572112	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1005				19949	1005		96
98 PHYSICIANS' PRIVATE OFFICES			60321		3053226			98
99.01 LAKE FOREST COLLEGE								99.01
99.02 LIFESTYLE CENTER	3394	8464			75866	3394		99.02
99.05 DRS OFFICES		1859	52112		1335214			99.05
99.07 LAKE FOREST ACADEMY			110980		139858			99.07

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	LAUNDRY
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		TRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET	
	3	4	5	6A	6	8	9
99.09 OCCUPATIONAL MEDICINE		4412	1470473		571524		99.09
99.10 WOMENS AUXILLARY	706	116	391588		1335627	706	99.10
100 MEALS ON WHEELS							100
100.01 HEALTH & FITNESS CENTER		260746	3756572		9250661		100.01
100.02 COMMUNITY HEALTH			176830		274736		100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	6209653	8489586	22028537		42774940	11139594	845545 103
104 UNIT COST MULT-WS B PT I		1.003957				55.551592	104
104 UNIT COST MULT-WS B PT I	19.849547		.251393		.262024		.537840 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			131894		4461252	1500601	42703 107
108 UNIT COST MULT-WS B PT III						7.483287	108
108 UNIT COST MULT-WS B PT III			.001505		.027328		.027163 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE
	HOURS OF SERVICE	MEALS SERVED	FTE'S	13	14	15	16	17
	10	11	12					
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10	HOUSEKEEPING	990						10
11	DIETARY	15	242860					11
12	CAFETERIA	4	65834	88014				12
13	MAINTENANCE OF PERSONNEL	2		53	1100			13
14	NURSING ADMINISTRATION			2263		54736		14
15	CENTRAL SERVICES & SUPPLY	10		1998		2029395		15
16	PHARMACY	6		1393	1393		6151406	16
17	MEDICAL RECORDS & LIBRARY	22		3636				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	562	93150	17019	400	17019	78674	42124075
26	INTENSIVE CARE UNIT	45	7926	2140		2140	18189	7117184
33	NURSERY	14		1170		1170	6493	5825316
34	SKILLED NURSING FACILITY	32	20265	2233		2233	10082	4582045
35	NURSING FACILITY		54378	4953		4953	1732	4753230
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	86		11972		11972	322234	104241471
39	DELIVERY ROOM & LABOR ROOM	18		4071		4071	57067	15289469
41	RADIOLOGY-DIAGNOSTIC	24		9148			385624	90812385
41.01	GURNEE IMAGING			444			111	4996617
42	RADIOLOGY-THERAPEUTIC			626			15	14684302
44	LABORATORY	30		5648	100		655	62790825
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
49	RESPIRATORY THERAPY	9		1177		1177	2188	8107873
50	PHYSICAL THERAPY	11		3202	100		380	9796111
52	SPEECH PATHOLOGY			1584				4380241
53	ELECTROCARDIOLOGY			1089		1089	8688	17692202
55	MEDICAL SUPPLIES CHARGED TO P					2029395		6626793
56	DRUGS CHARGED TO PATIENTS						5010241	34212924
OUTPATIENT SERVICE COST CENTERS								
60.01	BREAST HEALTH							60.01
60.02	VERNON HILLS DIAGNOSTIC						3	1294509
60.03	GRAYSLAKE CLINIC						46351	68187781
61	EMERGENCY	39		5408	200	5408	83976	40727808
61.01	PAIN CLINIC			784				1047931
61.02	OUTPATIENT PEDIATRIC/ONCOLOGY	47		323			12424	1384289
61.03	CARDIOPULMONARY REHAB			521			41	1281396
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	6		2111		2111	53	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	982	241553	84966	800	54736	2029395	6045221
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	8						96
98	PHYSICIANS' PRIVATE OFFICES							98
99.01	LAKE FOREST COLLEGE							99.01
99.02	LIFESTYLE CENTER			1655			105778	99.02
99.05	DRS OFFICES			126				99.05
99.07	LAKE FOREST ACADEMY			133			378	99.07

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
	HOURS OF SERVICE 10	MEALS SERVED 11	FTE'S 12						
99.09 OCCUPATIONAL MEDICINE				105	300				99.09
99.10 WOMENS AUXILLARY				759					99.10
100 MEALS ON WHEELS		1307	270						100
100.01 HEALTH & FITNESS CENTER							29		100.01
100.02 COMMUNITY HEALTH									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2866566	5234657	1421145		3699421	2331321	3042514	3828242	103
104 UNIT COST MULT-WS B PT I	2895.521212		16.146806		67.586616		.494605		104
104 UNIT COST MULT-WS B PT I		21.554216				1.148776		.006936	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	100690	442194	118943		184022	418073	443017	271093	107
108 UNIT COST MULT-WS B PT III	101.707071		1.351410		3.361992		.072019		108
108 UNIT COST MULT-WS B PT III		1.820777				.206009		.000491	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	ADMINISTRATIVE & GENERAL	6
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
35	NURSING FACILITY	35
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
39	DELIVERY ROOM & LABOR ROOM	39
41	RADIOLOGY-DIAGNOSTIC	41
41.01	GURNEE IMAGING	41.01
42	RADIOLOGY-THERAPEUTIC	42
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
OUTPATIENT SERVICE COST CENTERS		
60.01	BREAST HEALTH	60.01
60.02	VERNON HILLS DIAGNOSTIC	60.02
60.03	GRAYSLAKE CLINIC	60.03
61	EMERGENCY	61
61.01	PAIN CLINIC	61.01
61.02	OUTPATIENT PEDIATRIC/ONCOLOGY	61.02
61.03	CARDIOPULMONARY REHAB	61.03
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
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
99.01	LAKE FOREST COLLEGE	99.01
99.02	LIFESTYLE CENTER	99.02
99.05	DRS OFFICES	99.05
99.07	LAKE FOREST ACADEMY	99.07

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

99.09	OCCUPATIONAL MEDICINE	99.09
99.10	WOMENS AUXILLARY	99.10
100	MEALS ON WHEELS	100
100.01	HEALTH & FITNESS CENTER	100.01
100.02	COMMUNITY HEALTH	100.02
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 COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	26225838		26225838		26225838	25
26 INTENSIVE CARE UNIT	4981691		4981691		4981691	26
33 NURSERY	4737729		4737729		4737729	33
34 SKILLED NURSING FACILITY	3042610		3042610		3042610	34
35 NURSING FACILITY	6557166		6557166		6557166	35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	39711453		39711453		39711453	37
39 DELIVERY ROOM & LABOR ROOM	6743728		6743728		6743728	39
41 RADIOLOGY-DIAGNOSTIC	19874435		19874435		19874435	41
41.01 GURNEE IMAGING	935360		935360		935360	41.01
42 RADIOLOGY-THERAPEUTIC	1830497		1830497		1830497	42
44 LABORATORY	10825152		10825152	22126	10847278	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1742211		1742211		1742211	49
50 PHYSICAL THERAPY	4478043		4478043		4478043	50
52 SPEECH PATHOLOGY	2213718		2213718		2213718	52
53 ELECTROCARDIOLOGY	3133968		3133968		3133968	53
55 MEDICAL SUPPLIES CHARGED TO	4938430		4938430		4938430	55
56 DRUGS CHARGED TO PATIENTS	9038434		9038434		9038434	56
OUTPATIENT SERVICE COST CENTERS						
60.01 BREAST HEALTH						60.01
60.02 VERNON HILLS DIAGNOSTIC	672609		672609		672609	60.02
60.03 GRAYSLAKE CLINIC	17928031		17928031		17928031	60.03
61 EMERGENCY	9388317		9388317	152409	9540726	61
61.01 PAIN CLINIC	793392		793392		793392	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLO	697901		697901		697901	61.02
61.03 CARDIOPULMONARY REHAB	732570		732570		732570	61.03
62 OBSERVATION BEDS (NON-DISTI	1662850		1662850		1662850	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	182886133		182886133	174535	183060668	101
102 LESS OBSERVATION BEDS	1662850		1662850		1662850	102
103 TOTAL	181223283		181223283	174535	181397818	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	39117719		39117719			25
26 INTENSIVE CARE UNIT	7117184		7117184			26
33 NURSERY	5825316		5825316			33
34 SKILLED NURSING FACILITY	4582045		4582045			34
35 NURSING FACILITY	4753230		4753230			35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	35807040	68434431	104241471	.380956	.380956	.380956 37
39 DELIVERY ROOM & LABOR ROOM	13887113	1402356	15289469	.441070	.441070	.441070 39
41 RADIOLOGY-DIAGNOSTIC	25714341	65098044	90812385	.218852	.218852	.218852 41
41.01 GURNEE IMAGING	29417	4967200	4996617	.187199	.187199	.187199 41.01
42 RADIOLOGY-THERAPEUTIC	383488	14300814	14684302	.124657	.124657	.124657 42
44 LABORATORY	31776581	31014244	62790825	.172400	.172400	.172753 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	7143334	964539	8107873	.214879	.214879	.214879 49
50 PHYSICAL THERAPY	4246968	5549143	9796111	.457125	.457125	.457125 50
52 SPEECH PATHOLOGY	754737	3625504	4380241	.505387	.505387	.505387 52
53 ELECTROCARDIOLOGY	8792764	8899438	17692202	.177138	.177138	.177138 53
55 MEDICAL SUPPLIES CHARGED TO	6389524	237269	6626793	.745222	.745222	.745222 55
56 DRUGS CHARGED TO PATIENTS	21664607	12548317	34212924	.264182	.264182	.264182 56
OUTPATIENT SERVICE COST CENTERS						
60.01 BREAST HEALTH						60.01
60.02 VERNON HILLS DIAGNOSTIC	75307	1219202	1294509	.519586	.519586	.519586 60.02
60.03 GRAYSLAKE CLINIC	1931656	66256125	68187781	.262921	.262921	.262921 60.03
61 EMERGENCY	10668164	30059644	40727808	.230514	.230514	.234256 61
61.01 PAIN CLINIC	549	1047382	1047931	.757103	.757103	.757103 61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLO	29431	1354858	1384289	.504158	.504158	.504158 61.02
61.03 CARDIOPULMONARY REHAB	1754	1279642	1281396	.571697	.571697	.571697 61.03
62 OBSERVATION BEDS (NON-DISTI	16601	2989755	3006356	.553111	.553111	.553111 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	230708870	321247907	551956777			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	230708870	321247907	551956777			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				2149664		2149664
26 INTENSIVE CARE UNIT				529905		529905
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				193272		193272
101 TOTAL				2872841		2872841

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	33152	11293			64.84	732238
26 INTENSIVE CARE UNIT	2642	1225			200.57	245698
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	6755				28.61	
101 TOTAL	42549	12518				977936

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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		2891038	104241471	11358183			.027734	315008 37
39 DELIVERY ROOM & LABOR ROOM		908233	15289469	10281			.059403	611 39
41 RADIOLOGY-DIAGNOSTIC		2765709	90812385	11718007			.030455	356872 41
41.01 GURNEE IMAGING		164042	4996617	10469			.032831	344 41.01
42 RADIOLOGY-THERAPEUTIC		250955	14684302	175412			.017090	2998 42
44 LABORATORY		778043	62790825	13186192			.012391	163390 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		101711	8107873	3500807			.012545	43918 49
50 PHYSICAL THERAPY		315415	9796111	1391776			.032198	44812 50
52 SPEECH PATHOLOGY		119300	4380241	175735			.027236	4786 52
53 ELECTROCARDIOLOGY		441317	17692202	4772523			.024944	119046 53
55 MEDICAL SUPPLIES CHARGED TO P		476786	6626793	1976212			.071948	142185 55
56 DRUGS CHARGED TO PATIENTS		514550	34212924	7033549			.015040	105785 56
OUTPATIENT SERVICE COST CENTERS								
60.01 BREAST HEALTH								60.01
60.02 VERNON HILLS DIAGNOSTIC		105525	1294509	30282			.081517	2468 60.02
60.03 GRAYSLAKE CLINIC		866551	68187781	469093			.012708	5961 60.03
61 EMERGENCY		745264	40727808	4573583			.018299	83692 61
61.01 PAIN CLINIC		23299	1047931	540			.022233	12 61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		65110	1384289	11428			.047035	538 61.02
61.03 CARDIOPULMONARY REHAB		24733	1281396	1726			.019302	33 61.03
62 OBSERVATION BEDS (NON-DISTINC		136299	3006356				.045337	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11693880	490561283	60395798				1392459 101

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						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						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	33152		11293		25
26	INTENSIVE CARE UNIT	2642		1225		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	6755				33
34	SKILLED NURSING FACILITY	6755		5917		34
35	NURSING FACILITY	18126				35
101	TOTAL	67430		18435		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 GURNEE IMAGING							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC							60.02
60.03 GRAYSLAKE CLINIC							60.03
61 EMERGENCY							61
61.01 PAIN CLINIC							61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY							61.02
61.03 CARDIOPULMONARY REHAB							61.03
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 ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104241471			11358183		10984946 37
39 DELIVERY ROOM & LABOR ROOM		15289469			10281		39
41 RADIOLOGY-DIAGNOSTIC		90812385			11718007		14085374 41
41.01 GURNEE IMAGING		4996617			10469		759244 41.01
42 RADIOLOGY-THERAPEUTIC		14684302			175412		5785634 42
44 LABORATORY		62790825			13186192		746578 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		8107873			3500807		211518 49
50 PHYSICAL THERAPY		9796111			1391776		50
52 SPEECH PATHOLOGY		4380241			175735		52
53 ELECTROCARDIOLOGY		17692202			4772523		2459744 53
55 MEDICAL SUPPLIES CHARGED TO P		6626793			1976212		87735 55
56 DRUGS CHARGED TO PATIENTS		34212924			7033549		3373462 56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC		1294509			30282		261855 60.02
60.03 GRAYSLAKE CLINIC		68187781			469093		9234260 60.03
61 EMERGENCY		40727808			4573583		3141333 61
61.01 PAIN CLINIC		1047931			540		254090 61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		1384289			11428		552529 61.02
61.03 CARDIOPULMONARY REHAB		1281396			1726		726088 61.03
62 OBSERVATION BEDS (NON-DISTINC		3006356					736986 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		490561283			60395798		53401376 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 GURNEE IMAGING					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60.01 BREAST HEALTH					60.01
60.02 VERNON HILLS DIAGNOSTIC					60.02
60.03 GRAYSLAKE CLINIC					60.03
61 EMERGENCY					61
61.01 PAIN CLINIC					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY					61.02
61.03 CARDIOPULMONARY REHAB					61.03
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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0130) [] 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	.380956	.380956	.380956			37
39 DELIVERY ROOM & LABOR ROOM	.441070	.441070	.441070			39
41 RADIOLOGY-DIAGNOSTIC	.218852	.218852	.218852			41
41.01 GURNEE IMAGING	.187199	.187199	.187199			41.01
42 RADIOLOGY-THERAPEUTIC	.124657	.124657	.124657			42
44 LABORATORY	.172400	.172400	.172400			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.214879	.214879	.214879			49
50 PHYSICAL THERAPY	.457125	.457125	.457125			50
52 SPEECH PATHOLOGY	.505387	.505387	.505387			52
53 ELECTROCARDIOLOGY	.177138	.177138	.177138			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.745222	.745222	.745222			55
56 DRUGS CHARGED TO PATIENTS	.264182	.264182	.264182			56
OUTPATIENT SERVICE COST CENTERS						
60.01 BREAST HEALTH						60.01
60.02 VERNON HILLS DIAGNOSTIC	.519586	.519586	.519586			60.02
60.03 GRAYSLAKE CLINIC	.262921	.262921	.262921			60.03
61 EMERGENCY	.230514	.230514	.230514			61
61.01 PAIN CLINIC	.757103	.757103	.757103			61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	.504158	.504158	.504158			61.02
61.03 CARDIOPULMONARY REHAB	.571697	.571697	.571697			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.553111	.553111	.553111			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	.264182	1
2 PROGRAM VACCINE CHARGES	32147	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	8493	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 (14-0130) [] 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 CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		10984946						37
39 DELIVERY ROOM & LABOR ROOM								39
41 RADIOLOGY-DIAGNOSTIC		14085374						41
41.01 GURNEE IMAGING		759244						41.01
42 RADIOLOGY-THERAPEUTIC		5785634						42
44 LABORATORY		746578						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		211518	3599					49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2459744						53
55 MEDICAL SUPPLIES CHARGED TO PA		87735						55
56 DRUGS CHARGED TO PATIENTS		3373462						56
OUTPATIENT SERVICE COST CENTERS								
60.01 BREAST HEALTH								60.01
60.02 VERNON HILLS DIAGNOSTIC		261855						60.02
60.03 GRAYSLAKE CLINIC		9234260						60.03
61 EMERGENCY		3141333						61
61.01 PAIN CLINIC		254090						61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		552529						61.02
61.03 CARDIOPULMONARY REHAB		726088						61.03
62 OBSERVATION BEDS (NON-DISTINCT)		736986						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		53401376	3599					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		53401376	3599					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0130) [] 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		4184781					37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC		3082612					41
41.01 GURNEE IMAGING		142130					41.01
42 RADIOLOGY-THERAPEUTIC		721220					42
44 LABORATORY		128710					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		45451	773				49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		435714					53
55 MEDICAL SUPPLIES CHARGED TO PAT		65382					55
56 DRUGS CHARGED TO PATIENTS		891208					56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC		136056					60.02
60.03 GRAYSLAKE CLINIC		2427881					60.03
61 EMERGENCY		724121					61
61.01 PAIN CLINIC		192372					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		278562					61.02
61.03 CARDIOPULMONARY REHAB		415102					61.03
62 OBSERVATION BEDS (NON-DISTINCT)		407635					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		14278937	773				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14278937	773				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 (14-5126) [] 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							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 GURNEE IMAGING							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC							60.02
60.03 GRAYSLAKE CLINIC							60.03
61 EMERGENCY							61
61.01 PAIN CLINIC							61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY							61.02
61.03 CARDIOPULMONARY REHAB							61.03
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 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 (14-5126) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104241471			3608		37
39 DELIVERY ROOM & LABOR ROOM		15289469					39
41 RADIOLOGY-DIAGNOSTIC		90812385			204831		41
41.01 GURNEE IMAGING		4996617					41.01
42 RADIOLOGY-THERAPEUTIC		14684302			42651		42
44 LABORATORY		62790825			691455		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		8107873			7659		49
50 PHYSICAL THERAPY		9796111			1678882		50
52 SPEECH PATHOLOGY		4380241			34115		52
53 ELECTROCARDIOLOGY		17692202			23356		53
55 MEDICAL SUPPLIES CHARGED TO P		6626793			21410		55
56 DRUGS CHARGED TO PATIENTS		34212924			922061		56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC		1294509			20775		60.02
60.03 GRAYSLAKE CLINIC		68187781					60.03
61 EMERGENCY		40727808			6650		61
61.01 PAIN CLINIC		1047931					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		1384289			5199		61.02
61.03 CARDIOPULMONARY REHAB		1281396					61.03
62 OBSERVATION BEDS (NON-DISTINC		3006356					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		490561283			3662652		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 (14-5126)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	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
41 RADIOLOGY-DIAGNOSTIC					41
41.01 GURNEE IMAGING					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60.01 BREAST HEALTH					60.01
60.02 VERNON HILLS DIAGNOSTIC					60.02
60.03 GRAYSLAKE CLINIC					60.03
61 EMERGENCY					61
61.01 PAIN CLINIC					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY					61.02
61.03 CARDIOPULMONARY REHAB					61.03
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				2149664		2149664
26 INTENSIVE CARE UNIT				529905		529905
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				193272		193272
101 TOTAL				2872841		2872841

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	33152	1054			64.84	68341
26 INTENSIVE CARE UNIT	2642	106			200.57	21260
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	6755	227			28.61	6494
101 TOTAL	42549	1387				96095

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		2891038	104241471	360286			.027734	9992 37
39 DELIVERY ROOM & LABOR ROOM		908233	15289469	406208			.059403	24130 39
41 RADIOLOGY-DIAGNOSTIC		2765709	90812385	654338			.030455	19928 41
41.01 GURNEE IMAGING		164042	4996617				.032831	41.01
42 RADIOLOGY-THERAPEUTIC		250955	14684302	1269			.017090	22 42
44 LABORATORY		778043	62790825	954763			.012391	11830 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		101711	8107873	428325			.012545	5373 49
50 PHYSICAL THERAPY		315415	9796111	26192			.032198	843 50
52 SPEECH PATHOLOGY		119300	4380241	23031			.027236	627 52
53 ELECTROCARDIOLOGY		441317	17692202	130086			.024944	3245 53
55 MEDICAL SUPPLIES CHARGED TO P		476786	6626793	153157			.071948	11019 55
56 DRUGS CHARGED TO PATIENTS		514550	34212924	598433			.015040	9000 56
OUTPATIENT SERVICE COST CENTERS								
60.01 BREAST HEALTH								60.01
60.02 VERNON HILLS DIAGNOSTIC		105525	1294509	881			.081517	72 60.02
60.03 GRAYSLAKE CLINIC		866551	68187781	88620			.012708	1126 60.03
61 EMERGENCY		745264	40727808	457169			.018299	8366 61
61.01 PAIN CLINIC		23299	1047931				.022233	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		65110	1384289	771			.047035	36 61.02
61.03 CARDIOPULMONARY REHAB		24733	1281396				.019302	61.03
62 OBSERVATION BEDS (NON-DISTINC		136299	3006356				.045337	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11693880	490561283	4283529				105609 101

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
 05/22/2009 16:13

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	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						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						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
05/22/2009 16:13

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	33152		1054		25
26	INTENSIVE CARE UNIT	2642		106		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	6755		227		33
34	SKILLED NURSING FACILITY	6755				34
35	NURSING FACILITY	18126				35
101	TOTAL	67430		1387		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 GURNEE IMAGING							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC							60.02
60.03 GRAYSLAKE CLINIC							60.03
61 EMERGENCY							61
61.01 PAIN CLINIC							61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY							61.02
61.03 CARDIOPULMONARY REHAB							61.03
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 ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104241471			360286		37
39 DELIVERY ROOM & LABOR ROOM		15289469			406208		39
41 RADIOLOGY-DIAGNOSTIC		90812385			654338		41
41.01 GURNEE IMAGING		4996617					41.01
42 RADIOLOGY-THERAPEUTIC		14684302			1269		42
44 LABORATORY		62790825			954763		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		8107873			428325		49
50 PHYSICAL THERAPY		9796111			26192		50
52 SPEECH PATHOLOGY		4380241			23031		52
53 ELECTROCARDIOLOGY		17692202			130086		53
55 MEDICAL SUPPLIES CHARGED TO P		6626793			153157		55
56 DRUGS CHARGED TO PATIENTS		34212924			598433		56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC		1294509			881		60.02
60.03 GRAYSLAKE CLINIC		68187781			88620		60.03
61 EMERGENCY		40727808			457169		61
61.01 PAIN CLINIC		1047931					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		1384289			771		61.02
61.03 CARDIOPULMONARY REHAB		1281396					61.03
62 OBSERVATION BEDS (NON-DISTINC		3006356					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		490561283			4283529		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0130) [] 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 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
41 RADIOLOGY-DIAGNOSTIC					41
41.01 GURNEE IMAGING					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60.01 BREAST HEALTH					60.01
60.02 VERNON HILLS DIAGNOSTIC					60.02
60.03 GRAYSLAKE CLINIC					60.03
61 EMERGENCY					61
61.01 PAIN CLINIC					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY					61.02
61.03 CARDIOPULMONARY REHAB					61.03
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 ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] NF (14-5126) [] 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							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
41.01 GURNEE IMAGING							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC							60.02
60.03 GRAYSLAKE CLINIC							60.03
61 EMERGENCY							61
61.01 PAIN CLINIC							61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY							61.02
61.03 CARDIOPULMONARY REHAB							61.03
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 ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] NF (14-5126) [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104241471					37
39 DELIVERY ROOM & LABOR ROOM		15289469					39
41 RADIOLOGY-DIAGNOSTIC		90812385					41
41.01 GURNEE IMAGING		4996617					41.01
42 RADIOLOGY-THERAPEUTIC		14684302					42
44 LABORATORY		62790825					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		8107873					49
50 PHYSICAL THERAPY		9796111					50
52 SPEECH PATHOLOGY		4380241					52
53 ELECTROCARDIOLOGY		17692202					53
55 MEDICAL SUPPLIES CHARGED TO P		6626793					55
56 DRUGS CHARGED TO PATIENTS		34212924					56
OUTPATIENT SERVICE COST CENTERS							
60.01 BREAST HEALTH							60.01
60.02 VERNON HILLS DIAGNOSTIC		1294509					60.02
60.03 GRAYSLAKE CLINIC		68187781					60.03
61 EMERGENCY		40727808					61
61.01 PAIN CLINIC		1047931					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		1384289					61.02
61.03 CARDIOPULMONARY REHAB		1281396					61.03
62 OBSERVATION BEDS (NON-DISTINC		3006356					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		490561283					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS	
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA	
BOXES	[XX]	TITLE XIX	[]	SUB II	[XX]	NF	(14-5126)	[]	OTHER
			[]	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
41 RADIOLOGY-DIAGNOSTIC					41
41.01 GURNEE IMAGING					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60.01 BREAST HEALTH					60.01
60.02 VERNON HILLS DIAGNOSTIC					60.02
60.03 GRAYSLAKE CLINIC					60.03
61 EMERGENCY					61
61.01 PAIN CLINIC					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY					61.02
61.03 CARDIOPULMONARY REHAB					61.03
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) (14-0130)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5126)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33152					6755	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33152					6755	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33152					6755	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)	11293					5917	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) (14-0130)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5126)	
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	26225838					3042610	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	26225838					3042610	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39117719					4582045	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	39117719					4582045	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.670434					.664029	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1179.95					678.32	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	26225838					3042610	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) (14-0130)	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	791.08					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8933666					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8933666					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	4981691	2642	1885.58	1225	2309836	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) (14-0130)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16068936					48
49 TOTAL PROGRAM INPATIENT COSTS	27312438					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	977936					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1392459					51
52 TOTAL PROGRAM EXCLUDABLE COST	2370395					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	24942043					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) (14-0130)	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) (14-5126) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3042610	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	450.42	67
68 PROGRAM ROUTINE SERVICE COST	2665135	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2665135	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	108530	71
72 PER DIEM CAPITAL RELATED COSTS	16.07	72
73 PROGRAM CAPITAL RELATED COSTS	95086	73
74 INPATIENT ROUTINE SERVICE COST	2570049	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2570049	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2665135	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1235704	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	3900839	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0130)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2102	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	791.08	84
85 OBSERVATION BED COST	1662850	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 COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		26225838		1662850		86
87 NEW CAPITAL-RELATED COST	2149664	26225838	.081967	1662850	136299	87
88 NON PHYSICIAN ANESTHETIST		26225838		1662850		88
89 NURSING SCHOOL		26225838		1662850		89
89.01 ALLIED HEALTH		26225838		1662850		89.01
89.02 ALL OTHER		26225838		1662850		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) (14-0130)	SUB I	SUB II	SUB III	SUB IV	NF (OTHER) (14-5126)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33152					18126	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33152					18126	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33152					18126	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)	1054						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	6755						15
16 TITLE V OR XIX NURSERY DAYS	227						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) (14-0130)	SUB I	SUB II	SUB III	SUB IV	NF (OTHER) (14-5126)	
SWING-BED ADJUSTMENT							
17		1	1	1	1	1	17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	26225838					6557166	21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	26225838					6557166	27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	39117719						28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	39117719						30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.670434						31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1179.95						33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	26225838					6557166	37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0130)	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	791.08					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	833798					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	833798					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)	4737729	6755	701.37	227	159211	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4981691	2642	1885.58	106	199871	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) (14-0130)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1164837					48
49 TOTAL PROGRAM INPATIENT COSTS	2357717					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	96095					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	105609					51
52 TOTAL PROGRAM EXCLUDABLE COST	201704					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) (14-0130)	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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

	NF (OTHER) (14-5126)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	6557166	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	361.75	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	266953	71
72 PER DIEM CAPITAL RELATED COSTS	14.73	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. 14-0130 LAKE FOREST HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
05/22/2009 16:13

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0130)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2102	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	791.08	84
85 OBSERVATION BED COST	1662850	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0130) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		15458421		25
26 INTENSIVE CARE UNIT		3547196		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380956	11358183	4326968	37
39 DELIVERY ROOM & LABOR ROOM	.441070	10281	4535	39
41 RADIOLOGY-DIAGNOSTIC	.218852	11718007	2564509	41
41.01 GURNEE IMAGING	.187199	10469	1960	41.01
42 RADIOLOGY-THERAPEUTIC	.124657	175412	21866	42
44 LABORATORY	.172753	13186192	2277954	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.214879	3500807	752250	49
50 PHYSICAL THERAPY	.457125	1391776	636216	50
52 SPEECH PATHOLOGY	.505387	175735	88814	52
53 ELECTROCARDIOLOGY	.177138	4772523	845395	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.745222	1976212	1472717	55
56 DRUGS CHARGED TO PATIENTS	.264182	7033549	1858137	56
OUTPATIENT SERVICE COST CENTERS				
60.01 BREAST HEALTH				60.01
60.02 VERNON HILLS DIAGNOSTIC	.519586	30282	15734	60.02
60.03 GRAYSLAKE CLINIC	.262921	469093	123334	60.03
61 EMERGENCY	.234256	4573583	1071389	61
61.01 PAIN CLINIC	.757103	540	409	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	.504158	11428	5762	61.02
61.03 CARDIOPULMONARY REHAB	.571697	1726	987	61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.553111			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		60395798	16068936	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		60395798		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5126)	<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	.380956	3608	1374	37
39 DELIVERY ROOM & LABOR ROOM	.441070			39
41 RADIOLOGY-DIAGNOSTIC	.218852	204831	44828	41
41.01 GURNEE IMAGING	.187199			41.01
42 RADIOLOGY-THERAPEUTIC	.124657	42651	5317	42
44 LABORATORY	.172400	691455	119207	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.214879	7659	1646	49
50 PHYSICAL THERAPY	.457125	1678882	767459	50
52 SPEECH PATHOLOGY	.505387	34115	17241	52
53 ELECTROCARDIOLOGY	.177138	23356	4137	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.745222	21410	15955	55
56 DRUGS CHARGED TO PATIENTS	.264182	922061	243592	56
OUTPATIENT SERVICE COST CENTERS				
60.01 BREAST HEALTH				60.01
60.02 VERNON HILLS DIAGNOSTIC	.519586	20775	10794	60.02
60.03 GRAYSLAKE CLINIC	.262921			60.03
61 EMERGENCY	.230514	6650	1533	61
61.01 PAIN CLINIC	.757103			61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	.504158	5199	2621	61.02
61.03 CARDIOPULMONARY REHAB	.571697			61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.553111			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3662652	1235704	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3662652		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0130)	<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		1059998		25
26 INTENSIVE CARE UNIT		314923		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380956	360286	137253	37
39 DELIVERY ROOM & LABOR ROOM	.441070	406208	179166	39
41 RADIOLOGY-DIAGNOSTIC	.218852	654338	143203	41
41.01 GURNEE IMAGING	.187199			41.01
42 RADIOLOGY-THERAPEUTIC	.124657	1269	158	42
44 LABORATORY	.172400	954763	164601	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.214879	428325	92038	49
50 PHYSICAL THERAPY	.457125	26192	11973	50
52 SPEECH PATHOLOGY	.505387	23031	11640	52
53 ELECTROCARDIOLOGY	.177138	130086	23043	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.745222	153157	114136	55
56 DRUGS CHARGED TO PATIENTS	.264182	598433	158095	56
OUTPATIENT SERVICE COST CENTERS				
60.01 BREAST HEALTH				60.01
60.02 VERNON HILLS DIAGNOSTIC	.519586	881	458	60.02
60.03 GRAYSLAKE CLINIC	.262921	88620	23300	60.03
61 EMERGENCY	.230514	457169	105384	61
61.01 PAIN CLINIC	.757103			61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	.504158	771	389	61.02
61.03 CARDIOPULMONARY REHAB	.571697			61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.553111			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4283529	1164837	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4283529		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input checked="" type="checkbox"/> NF (14-5126)	<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	.380956		37
39 DELIVERY ROOM & LABOR ROOM	.441070		39
41 RADIOLOGY-DIAGNOSTIC	.218852		41
41.01 GURNEE IMAGING	.187199		41.01
42 RADIOLOGY-THERAPEUTIC	.124657		42
44 LABORATORY	.172400		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.214879		49
50 PHYSICAL THERAPY	.457125		50
52 SPEECH PATHOLOGY	.505387		52
53 ELECTROCARDIOLOGY	.177138		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.745222		55
56 DRUGS CHARGED TO PATIENTS	.264182		56
OUTPATIENT SERVICE COST CENTERS			
60.01 BREAST HEALTH			60.01
60.02 VERNON HILLS DIAGNOSTIC	.519586		60.02
60.03 GRAYSLAKE CLINIC	.262921		60.03
61 EMERGENCY	.230514		61
61.01 PAIN CLINIC	.757103		61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	.504158		61.02
61.03 CARDIOPULMONARY REHAB	.571697		61.03
62 OBSERVATION BEDS (NON-DISTINCT)	.553111		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

DRG AMOUNT	HOSPITAL (14-0130)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	14382573					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4859870					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	390661					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	111.30					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						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)						3.06
		[FOR CR PERIODS ENDING]				
		[ON OR AFTER 7/1/2005]				
		[E-3,PT.VI,LN.15][PLUS LN.3.06]				
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						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						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						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..						3.16
		RES. IN				
		INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0130)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	19633104					6
7						7
7.01						7.01
8	19633104					8
9	1689436					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	21322540					16
17	18033					17
18	21304507					18
19	2256046					19
20	14848					20
21	204488					21
21.01	143142					21.01
21.02	107460					21.02
22	19176755					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0130)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	19176755					26
27						27
28	19030108					28
28.01						28.01
29	146647					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0130) 1	HOSPITAL (14-0130) 1.01	HOSPITAL (14-0130) 1.02	
1 MEDICAL AND OTHER SERVICES	9266			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14278937			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11573073			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.844			1.03
1.04 LINE 1.01 TIMES LINE 1.03	12051423			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	96.03			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	9266			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	35746			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	35746			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	35746			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	26480			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9266			17
17.01 TOTAL PPS PAYMENTS	11573073			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0130)	HOSPITAL (14-0130)	HOSPITAL (14-0130)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	720		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3098827		18.01
19 SUBTOTAL	8482792		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8482792		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	8482792		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	122682		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	85877		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	74846		27.02
28 SUBTOTAL	8568669		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	8568669		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8484044		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	84625		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 (14-5126)	SNF (14-5126)	SNF (14-5126)	
	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 (14-5126)	SNF (14-5126)	SNF (14-5126)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			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			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0130)
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
(14-0130)
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
(14-0130)
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 (14-0130)

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		19030108		8484044	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	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50				3.50
	TO .51				3.51
	PROGRAM .52	NONE		NONE	3.52
	TO .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		19030108		8484044	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	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	146647		84625	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		19176755		8568669	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5126)

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		2253822		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			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		2253822		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROGRAM .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	521		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		2254343		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 (14-5126) (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	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	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
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 (14-5126) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	2466942	35
36 COINSURANCE	213120	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS	744	38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	521	38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	2254343	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 OTHER ADJUSTMENTS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	2254343	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	2254343	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	2253822	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM	521	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			NF I
		HOSPITAL (14-0130) (OTHER)	SUB I	SUB II	SUB III	SUB IV (14-5126) (OTHER)
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2357717				1
2	MEDICAL AND OTHER SERVICES					2
3	INTERNS AND RESIDENTS					3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
5	COST OF TEACHING PHYSICIANS					5
6	SUBTOTAL	2357717				6
7	INPATIENT PRIMARY PAYER PAYMENTS					7
8	OUTPATIENT PRIMARY PAYER PAYMENTS					8
9	SUBTOTAL	2357717				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES	4283529				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	4283529				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	4283529				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1925812				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES	2357717				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	2357717				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
32	LESSER OF LINES 30 OR 31	2357717				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			NF I
	HOSPITAL (14-0130) (OTHER)	SUB I	SUB II	SUB III	SUB IV	(14-5126) (OTHER)
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					2357717
36	COINSURANCE					36
37	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 BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					2357717
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 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 UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					2357717
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					2357717
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					2357717
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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	31264308			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	23723503			4
5	OTHER RECEIVABLES	2422636			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	308003			7
8	PREPAID EXPENSES	984153			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	58702603			11
FIXED ASSETS					
12	LAND	18014044			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	14562793			13
13.01	ACCUMULATED DEPRECIATION	-9962282			13.01
14	BUILDINGS	186896267			14
14.01	ACCUMULATED DEPRECIATION	-110829634			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	104653797			16
16.01	ACCUMULATED DEPRECIATION	-68912017			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	134422968			21
OTHER ASSETS					
22	INVESTMENTS	129380717			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	7645794			25
26	TOTAL OTHER ASSETS	137026511			26
27	TOTAL ASSETS	330152082			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	98567786			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1476757			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	100044543			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	71246143			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				41
42	TOTAL LONG TERM LIABILITIES	71246143			42
43	TOTAL LIABILITIES	171290686			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	158861396			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	158861396			51
52	TOTAL LIABILITIES AND FUND BALANCES	330152082			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	207212181			1
2 NET INCOME (LOSS)	-30987906			2
3 TOTAL	176224275			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1			4
5 NET ASSETS RELEASED	283228			5
6 CONTRIBUTIONS	1516770			6
7 INV INCOME	70810			7
8 ENDOWMENTS	61125			8
9				9
10 TOTAL ADDITIONS	1931934			10
11 SUBTOTAL	178156209			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 RECOGNITION OF CHANGE IN PENSION	18595376			13
14 NET ASSETS RELEASED FOR CAPITAL ACQ	283228			14
15 NET ASSETS RELEASED FOR OPERATIONS	416209			15
16				16
17				17
18 TOTAL DEDUCTIONS	19294813			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	158861396			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	44943035		44943035	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	4582045		4582045	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	49525080		49525080	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	7117184		7117184	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	7117184		7117184	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	56642264		56642264	18
19 ANCILLARY SERVICES	169313376	321247807	490561183	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		3103314	3103314	23
24 AMBULANCE				24
24.01 CORF				24.01
24.03 ASC				24.03
24.04 HOSPICE				24.04
25 PROFESSIONAL CHARGES	3123285	10456214	13579499	25
25 OCCUPATIONAL MEDICINE		1927964	1927964	25
25 RECON		100	100	25
25 TOTAL PATIENT REVENUES	229078925	336735399	565814324	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		219708937	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	9304133		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		9304133	33
34 DEDUCT (SPECIFY)			34
35 RECON ITEM		-6	35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-6	39
40 TOTAL OPERATING EXPENSES		229013064	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	565814324	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	343766620	2
3	NET PATIENT REVENUES	222047704	3
4	LESS - TOTAL OPERATING EXPENSES	229013064	4
5	NET INCOME FROM SERVICE TO PATIENTS	-6965360	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	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.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CHILD CARE		24
24.01	MEALS ON WHEELS		24.01
24.02	OTHER REVENUE	26117918	24.02
24.04	WOMENS AUX GROSS	2817053	24.04
25	TOTAL OTHER INCOME	28934971	25
26	TOTAL	21969611	26
27			27
27.01	RECONCILIING ITEM	12	27.01
27.02	NON OPERATING REVENUE	52957505	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	52957517	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-30987906	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7045

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	546573		66917		205006	818496
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	652259					652259
7 PHYSICAL THERAPY	237609			805145		1042754
8 OCCUPATIONAL THERAPY	1032			13304		14336
9 SPEECH PATHOLOGY	7883			12483		20366
10 MEDICAL SOCIAL SERVICES	30362					30362
11 HOME HEALTH AIDE	60802					60802
12 SUPPLIES					29809	29809
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1536520		66917	830932	234815	2669184

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7045

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	-20398	798098	-255	797843	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		652259		652259	6
7 PHYSICAL THERAPY		1042754		1042754	7
8 OCCUPATIONAL THERAPY		14336		14336	8
9 SPEECH PATHOLOGY		20366		20366	9
10 MEDICAL SOCIAL SERVICES		30362		30362	10
11 HOME HEALTH AIDE		60802		60802	11
12 SUPPLIES		29809		29809	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-20398	2648786	-255	2648531	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7045

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	797843					797843	797843	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	652259					652259	281193	933452 6
7 PHYSICAL THERAPY	1042754					1042754	449538	1492292 7
8 OCCUPATIONAL THERAPY	14336					14336	6180	20516 8
9 SPEECH PATHOLOGY	20366					20366	8780	29146 9
10 MEDICAL SOCIAL SERVICES	30362					30362	13089	43451 10
11 HOME HEALTH AIDE	60802					60802	26212	87014 11
12 SUPPLIES	29809					29809	12851	42660 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2648531					2648531		2648531 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7045

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-797843	1850688	5
6 SKILLED NURSING CARE						652259	6
7 PHYSICAL THERAPY						1042754	7
8 OCCUPATIONAL THERAPY						14336	8
9 SPEECH PATHOLOGY						20366	9
10 MEDICAL SOCIAL SERVICES						30362	10
11 HOME HEALTH AIDE						60802	11
12 SUPPLIES						29809	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-797843	1850688	24
25 COST TO BE ALLOC (PER W/S H)						797843	25
26 UNIT COST MULTIPLIER						.431106	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7045

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		740681		740681			1
2 SKILLED NURSING CARE		1178039		1178039	261046	1439085	2
3 PHYSICAL THERAPY		1883307		1883307	417331	2300638	3
4 OCCUPATIONAL THERAPY		25892		25892	5738	31630	4
5 SPEECH PATHOLOGY		36783		36783	8151	44934	5
6 MEDICAL SOCIAL SERVICES		54836		54836	12151	66987	6
7 HOME HEALTH AIDE		109814		109814	24334	134148	7
8 SUPPLIES		53838		53838	11930	65768	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		4083190		4083190	740681	4083190	20
21 UNIT COST MULTIPLIER					.221594		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7045

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL				46096	1538521		433051		1
2 SKILLED NURSING CARE							933452		2
3 PHYSICAL THERAPY							1492292		3
4 OCCUPATIONAL THERAPY							20516		4
5 SPEECH PATHOLOGY							29146		5
6 MEDICAL SOCIAL SERVICES							43451		6
7 HOME HEALTH AIDE							87014		7
8 SUPPLIES							42660		8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				46096	1538521		3081582		20
21 TOTAL COST TO BE ALLOCATED				46278	386773		807448		21
22 UNIT COST MULTIPLIER					.251393		.262024		22
22 UNIT COST MULTIPLIER				1.003948					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7045

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	1439085		1439085	6456	222.91	1
2	PHYSICAL THERAPY	3	2300638		2300638	4902	469.33	2
3	OCCUPATIONAL THERAPY	4	31630		31630	81	390.49	3
4	SPEECH PATHOLOGY	5	44934		44934	76	591.24	4
5	MEDICAL SOCIAL SERV	6	66987		66987	237	282.65	5
6	HOME HEALTH AIDE SERV	7	134148		134148	820	163.60	6
7	TOTAL		4017422		4017422	12572		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
8	SKILLED NURSING CARE		1	2	3	4	5	8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
15	COST OF MEDICAL SUPPLIES	8	65768	2	65768	56136	1.171583	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7045

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
		6	7	8	9	10	11	12		
1	SKILLED NURSING CARE	2906	1338		647776	298254		946030	1	
2	PHYSICAL THERAPY	2398	720		1125453	337918		1463371	2	
3	OCCUPATIONAL THERAPY	36	18		14058	7029		21087	3	
4	SPEECH PATHOLOGY	29	34		17146	20102		37248	4	
5	MEDICAL SOCIAL SERV	129	40		36462	11306		47768	5	
6	HOME HEALTH AIDE SERV	314	478		51370	78201		129571	6	
7	TOTAL	5812	2628		1892265	752810		2645075	7	

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
		6	7	8	9	10	11	12		
8	SKILLED NURSING CARE								8	
9	PHYSICAL THERAPY								9	
10	OCCUPATIONAL THERAPY								10	
11	SPEECH PATHOLOGY								11	
12	MEDICAL SOCIAL SERV								12	
13	HOME HEALTH AIDE SERV								13	
14	TOTAL								14	

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				TOTAL PROGRAM COST
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		TOTAL PROGRAM COST		
OTHER PATIENT SERVICES		PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO			
		6	7	8	9	10	11	12		
15	COST OF MEDICAL SUPPLIES	21462	34674	7.01	25145	40623	10.01	15	15	
16	COST OF DRUGS							16	16	
16.20	COST OF ADMINISTERING VA							16.20	16.20	

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7045

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.457125			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.505387			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.745222			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.264182			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY	469.33	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	390.49						2
3	SPEECH PATHOLOGY	591.24						3
4	TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7045

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	1376398	609206		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	1376398	609206		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1376398	609206		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1126240	466548	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2049		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	8636	11088	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	9993	7380	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1146918	485016	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1146918	485016	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1146918	485016	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1146918	485016	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1146918	485016	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1146918	485016	24
25 TOTAL INTERIM PAYMENTS	1146917	485016	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM	1		26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7045

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1146917		485016
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			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		1146917		485016
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	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	1		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1146918		485016

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0130)	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	1628893			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	44091			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0152			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0343			5.01
5.02	SUM OF LINES 5 AND 5.01	0.0495			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0101			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	16452			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1689436			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 ADMINISTRATIVE & GENERAL					6
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
35 NURSING FACILITY					35
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
41.01 GURNEE IMAGING					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60.01 BREAST HEALTH					60.01
60.02 VERNON HILLS DIAGNOSTIC					60.02
60.03 GRAYSLAKE CLINIC					60.03
61 EMERGENCY					61
61.01 PAIN CLINIC					61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY					61.02
61.03 CARDIOPULMONARY REHAB					61.03
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
98 PHYSICIANS' PRIVATE OFFICES					98
99.01 LAKE FOREST COLLEGE					99.01
99.02 LIFESTYLE CENTER					99.02
99.05 DRS OFFICES					99.05
99.07 LAKE FOREST ACADEMY					99.07
99.09 OCCUPATIONAL MEDICINE					99.09
99.10 WOMENS AUXILLARY					99.10

PROVIDER NO. 14-0130 LAKE FOREST HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2008.05
05/22/2009 16:13

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	
00 MEALS ON WHEELS						00
00.01 HEALTH & FITNESS CENTER						00.01
00.02 COMMUNITY HEALTH						00.02
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	34.06		3.18				37.24 25
26 INTENSIVE CARE UNIT	46.37		4.01				50.38 26
33 NURSERY			3.36				3.36 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	10.90	10.54	0.35				21.79 37
39 DELIVERY ROOM & LABOR ROOM	0.07		2.66				2.73 39
41 RADIOLOGY-DIAGNOSTIC	12.90	15.51	0.72				29.13 41
41.01 GURNEE IMAGING	0.21	15.20					15.41 41.01
42 RADIOLOGY-THERAPEUTIC	1.19	39.40	0.01				40.60 42
44 LABORATORY	21.00	1.19	1.52				23.71 44
49 RESPIRATORY THERAPY	43.18	2.61	5.28				51.07 49
50 PHYSICAL THERAPY	14.21		0.27				14.48 50
52 SPEECH PATHOLOGY	4.01		0.53				4.54 52
53 ELECTROCARDIOLOGY	26.98	13.90	0.74				41.62 53
55 MEDICAL SUPPLIES CHARGED TO PAT	29.82	1.32	2.31				33.45 55
56 DRUGS CHARGED TO PATIENTS	20.56	9.86	1.75				32.17 56
60.02 VERNON HILLS DIAGNOSTIC	2.34	20.23	0.07				22.64 60.02
60.03 GRAYSLAKE CLINIC	0.69	13.54	0.13				14.36 60.03
61 EMERGENCY	11.23	7.71	1.12				20.06 61
61.01 PAIN CLINIC	0.05	24.25					24.30 61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	0.83	39.91	0.06				40.80 61.02
61.03 CARDIOPULMONARY REHAB	0.13	56.66					56.79 61.03
62 OBSERVATION BEDS (NON-DISTINCT)		24.51					24.51 62
101 TOTAL CHARGES	10.94	9.67	0.78				21.39 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL	
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----				
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT			
	1	2	3	4	5	6	7		
UTILIZATION PERCENTAGES BASED ON DAYS									
34 SKILLED NURSING FACILITY		87.59					87.59	34	
UTILIZATION PERCENTAGES BASED ON CHARGES									
41 RADIOLOGY-DIAGNOSTIC		0.23					0.23	41	
42 RADIOLOGY-THERAPEUTIC		0.29					0.29	42	
44 LABORATORY		1.10					1.10	44	
49 RESPIRATORY THERAPY		0.09					0.09	49	
50 PHYSICAL THERAPY		17.14					17.14	50	
52 SPEECH PATHOLOGY		0.78					0.78	52	
53 ELECTROCARDIOLOGY		0.13					0.13	53	
55 MEDICAL SUPPLIES CHARGED TO PAT		0.32					0.32	55	
56 DRUGS CHARGED TO PATIENTS		2.70					2.70	56	
60.02 VERNON HILLS DIAGNOSTIC		1.60					1.60	60.02	
61 EMERGENCY		0.02					0.02	61	
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY		0.38					0.38	61.02	
101 TOTAL CHARGES		0.66					0.66	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	6209653	3.01	-6209653	-6.72			3
4	NEW CAP REL COSTS-MVBLE EQUIP	8489586	4.12	-8489586	-9.19			4
5	EMPLOYEE BENEFITS	21896643	10.63	-21896643	-23.70			5
6	ADMINISTRATIVE & GENERAL	35696517	17.33	-35696517	-38.63			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	7126701	3.46	-7126701	-7.71			8
9	LAUNDRY & LINEN SERVICE	553517	.27	-553517	-.60			9
10	HOUSEKEEPING	1855895	.90	-1855895	-2.01			10
11	DIETARY	2941363	1.43	-2941363	-3.18			11
12	CAFETERIA	-36011	-.02	36011	.04			12
13	MAINTENANCE OF PERSONNEL	-15875	-.01	15875	.02			13
14	NURSING ADMINISTRATION	2162558	1.05	-2162558	-2.34			14
15	CENTRAL SERVICES & SUPPLY	1337058	.65	-1337058	-1.45			15
16	PHARMACY	1940425	.94	-1940425	-2.10			16
17	MEDICAL RECORDS & LIBRARY	2247587	1.09	-2247587	-2.43			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	10775556	5.23	15450282	16.72	26225838	12.73	25
26	INTENSIVE CARE UNIT	2191137	1.06	2790554	3.02	4981691	2.42	26
33	NURSERY	2724559	1.32	2013170	2.18	4737729	2.30	33
34	SKILLED NURSING FACILITY	1471626	.71	1570984	1.70	3042610	1.48	34
35	NURSING FACILITY	3240462	1.57	3316704	3.59	6557166	3.18	35
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	24565716	11.92	15145737	16.39	39711453	19.28	37
39	DELIVERY ROOM & LABOR ROOM	3036403	1.47	3707325	4.01	6743728	3.27	39
41	RADIOLOGY-DIAGNOSTIC	10580326	5.14	9294109	10.06	19874435	9.65	41
41.01	GURNEE IMAGING	475922	.23	459438	.50	935360	.45	41.01
42	RADIOLOGY-THERAPEUTIC	817829	.40	1012668	1.10	1830497	.89	42
44	LABORATORY	6641254	3.22	4183898	4.53	10825152	5.25	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	959904	.47	782307	.85	1742211	.85	49
50	PHYSICAL THERAPY	2468945	1.20	2009098	2.17	4478043	2.17	50
52	SPEECH PATHOLOGY	1350504	.66	863214	.93	2213718	1.07	52
53	ELECTROCARDIOLOGY	1741150	.85	1392818	1.51	3133968	1.52	53
55	MEDICAL SUPPLIES CHARGED TO PAT	2029396	.99	2909034	3.15	4938430	2.40	55
56	DRUGS CHARGED TO PATIENTS	5010241	2.43	4028193	4.36	9038434	4.39	56
60.01	BREAST HEALTH							60.01
60.02	VERNON HILLS DIAGNOSTIC	368051	.18	304558	.33	672609	.33	60.02
60.03	GRAYSLAKE CLINIC	11183280	5.43	6744751	7.30	17928031	8.70	60.03

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
61 EMERGENCY	3947811	1.92	5440506	5.89	9388317	4.56	61
61.01 PAIN CLINIC	487049	.24	306343	.33	793392	.39	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	257952	.13	439949	.48	697901	.34	61.02
61.03 CARDIOPULMONARY REHAB	460635	.22	271935	.29	732570	.36	61.03
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	2648531	1.29	1434659	1.55	4083190	1.98	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			104169	.11	104169	.05	96
98 PHYSICIANS' PRIVATE OFFICES	3038062	1.47	815182	.88	3853244	1.87	98
99.01 LAKE FOREST COLLEGE							99.01
99.02 LIFESTYLE CENTER			363328	.39	363328	.18	99.02
99.05 DRS OFFICES	1320247	.64	366859	.40	1687106	.82	99.05
99.07 LAKE FOREST ACADEMY	111958	.05	66881	.07	178839	.09	99.07
99.09 OCCUPATIONAL MEDICINE	197428	.10	525544	.57	722972	.35	99.09
99.10 WOMENS AUXILLARY	1223055	.59	514012	.56	1737067	.84	99.10
100 MEALS ON WHEELS			32531	.04	32531	.02	100
100.01 HEALTH & FITNESS CENTER	8044507	3.90	3630063	3.93	11674570	5.67	100.01
100.02 COMMUNITY HEALTH	230282	.11	116441	.13	346723	.17	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER			-1627		-1627		102
103 TOTAL	206005395	100.00	0	.00	206005395	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	2891038	104241471	.027734	11358183	315008	37
39 DELIVERY ROOM & LABOR ROOM	908233	15289469	.059403	10281	611	39
41 RADIOLOGY-DIAGNOSTIC	2765709	90812385	.030455	11718007	356872	41
41.01 GURNEE IMAGING	164042	4996617	.032831	10469	344	41.01
42 RADIOLOGY-THERAPEUTIC	250955	14684302	.017090	175412	2998	42
44 LABORATORY	778043	62790825	.012391	13186192	163390	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	101711	8107873	.012545	3500807	43918	49
50 PHYSICAL THERAPY	315415	9796111	.032198	1391776	44812	50
52 SPEECH PATHOLOGY	119300	4380241	.027236	175735	4786	52
53 ELECTROCARDIOLOGY	441317	17692202	.024944	4772523	119046	53
55 MEDICAL SUPPLIES CHARGED TO PAT	476786	6626793	.071948	1976212	142185	55
56 DRUGS CHARGED TO PATIENTS	514550	34212924	.015040	7033549	105785	56
OUTPATIENT SERVICE COST CENTERS						
60.01 BREAST HEALTH						60.01
60.02 VERNON HILLS DIAGNOSTIC	105525	1294509	.081517	30282	2468	60.02
60.03 GRAYSLAKE CLINIC	866551	68187781	.012708	469093	5961	60.03
61 EMERGENCY	745264	40727808	.018299	4573583	83692	61
61.01 PAIN CLINIC	23299	1047931	.022233	540	12	61.01
61.02 OUTPATIENT PEDIATRIC/ONCOLOGY	65110	1384289	.047035	11428	538	61.02
61.03 CARDIOPULMONARY REHAB	24733	1281396	.019302	1726	33	61.03
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	136299	3006356	.045337			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	11693880	490561283		60395798	1392459	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	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2149664		2149664	33152	64.84	11293	732238 25
26 INTENSIVE CARE UNIT	529905		529905	2642	200.57	1225	245698 26
101 TOTAL	2679569		2679569			12518	977936 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 977936

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1392459

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2370395

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)	24942043
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	79401415
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.314

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)	2370395
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.030

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	14278937
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	53401376
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.267