

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY WEST SUBURBAN HOSPT. MED. CTR. (14-0049) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, 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	-1565671	1117325		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	199879	-611		5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-1365792	1116714		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2008 TO: 06/30/2009 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? YES 25.01

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
		1	2	3	4	5				
47	HOSPITAL	N	N	N	N	N				47
48	SUBPROVIDER I	N	N	N	N	N				48
49	SKILLED NURSING FACILITY	N	N	N	N	N				49
50	HOME HEALTH AGENCY	N	N							50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.									53
53.01	MDH PERIOD: BEGINNING: ENDING:									53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1671336 PAID LOSSES: 3997601 AND/OR SELF INSURANCE: 6348599									54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						NO			55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.						DATE 0 / / Y/N 1 NO LIMIT 2 0.00 Y/N 3 NO FEES 4			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		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO					63

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		2779	2919	9636	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		2779	2919	9636	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES	1					6	
1 TOTAL SALARIES	64886062		64886062	2178077.79	29.79		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	1532201		1532201	7144.40	214.46	PER WP	4
4.01 TEACHING PHYSICIAN SALARIES	721902		721902	8564.00	84.29	PER WP	4.01
5 PHYSICIAN - PART B	1368963		1368963	13940.90	98.20	PER WP	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	3914776	-1591698	2323078	102400.00	22.69	PER W/P	6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	2003679		2003679	76657.83	26.14		8
8.01 EXCLUDED AREA SALARIES	3340004		3340004	106254.57	31.43	PER W/P	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2405860		2405860	37060.00	64.92	SHIFTWISE	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	12423531		12423531	332397.00	37.38	PER HOCR	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	14824948		14824948			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	720928		720928			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	178425		178425			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	107270		107270			CMS 339	18.01
19 PHYSICIAN PART B	266009		266009			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	727069		727069			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	32822		32822				21
22 ADMINISTRATIVE & GENERAL	4876215	-851141	4025074	66464.29	60.56		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	368480		368480	8769.00	42.02		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2044030		2044030	84199.32	24.28		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	1468076		1468076	113656.33	12.92		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1371893		1371893	90530.26	15.15		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1917093	851141	2768234	64086.07	43.20		30
31 CENTRAL SERVICES AND SUPPLY	562060		562060	30928.50	18.17		31
32 PHARMACY	1917291		1917291	50444.65	38.01		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	792704		792704	38284.11	20.71		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		2	3	4	5	
1 NET SALARIES	59248901	1591698	60840599	2061941.89	29.51	1
2 EXCLUDED AREA SALARIES	5343683		5343683	182912.40	29.21	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	53905218	1591698	55496916	1879029.49	29.53	3
4 SUBTOTAL OTHER WAGES & REL COSTS	14829391		14829391	369457.00	40.14	4
5 SUBTOTAL WAGE-RELATED COSTS	15003373		15003373		27.03%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	83737982	1591698	85329680	2248486.49	37.95	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	15350664		15350664	547362.53	28.04	13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
	1	2	3	4	4.01	4.02	4.03	4.06	5
1	RUC		306						1
2	RUB		1557						2
3	RUA		1340						3
3.01	RUX		420						3.01
3.02	RUL		2639						3.02
4	RVC		135						4
5	RVB		457						5
6	RVA		358						6
6.01	RVX		157						6.01
6.02	RVL		743						6.02
7	RHC		109						7
8	RHB		109						8
9	RHA		55						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		13						10
11	RMB		38						11
12	RMA		14						12
12.01	RMX		139						12.01
12.02	RML		114						12.02
13	RLB		3						13
14	RLA		10						14
14.01	RLX		44						14.01
15	SE3		19						15
16	SE2		51						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		12						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								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		2						36
37	PD2								37
38	PD1		1						38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		8845						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	15930020	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	15930020	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.294192	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	110672602	28
29	TOTAL GROSS MEDICAID COST	32558994	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30499126	30
31	UNCOMPENSATED CARE COST	8972599	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32558994	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				3887652	3887652	4706928	8594580	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4729499	4729499	487828	5217327	4
5	0500 EMPLOYEE BENEFITS	32822	11844217	11877039	23482	11900521	923222	12823743	5
6.01	0610 COMMUNICATIONS		221170	221170		221170		221170	6.01
6.02	0620 DATA PROCESSING		26405	26405		26405	4385518	4411923	6.02
6.03	0630 PURCHASING		70143	70143	-3110	67033	581067	648100	6.03
6.04	0640 ADMITTING						1336410	1336410	6.04
6.05	0650 CASHIERING AND COLLECTIONS						2154137	2154137	6.05
6.06	0660 ADMINISTRATIVE AND GENERAL	4876215	44376258	49252473	-9553021	39699452	-6800643	32898809	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	2044030	5720546	7764576	-1862	7762714	-232151	7530563	8
9	0900 LAUNDRY & LINEN SERVICE		745211	745211	-108	745103		745103	9
10	1000 HOUSEKEEPING	1468076	647254	2115330	-50385	2064945		2064945	10
11	1100 DIETARY	1371893	1005694	2377587	-2368	2375219	-754511	1620708	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1917093	238596	2155689	910999	3066688		3066688	14
15	1500 CENTRAL SERVICES & SUPPLY	562060	821862	1383922	-401207	982715	181188	1163903	15
16	1600 PHARMACY	1917291	7099640	9016931	-6900236	2116695	-26183	2090512	16
17	1700 MEDICAL RECORDS & LIBRARY	792704	571060	1363764	-21	1363743	-1695	1362048	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	3081875	1444076	4525951	-2438	4523513	-5355665	-832152	21
22	2200 I&R SERVICES-SALARY & FRINGES A	3914776		3914776	-1591698	2323078		2323078	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		1113066	1113066	1911367	3024433	-1871091	1153342	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	10117089	1581128	11698217	114823	11813040		11813040	25
26	2600 INTENSIVE CARE UNIT	3140449	1447703	4588152	-159819	4428333	406480	4834813	26
33	3300 NURSERY	553911	97710	651621	-449774	201847		201847	33
34	3400 SKILLED NURSING FACILITY	2003679	506695	2510374	-117297	2393077		2393077	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	4130947	6980343	11111290	-1353117	9758173	-90	9758083	37
39	3900 DELIVERY ROOM & LABOR ROOM	2534312	1009192	3543504	-238005	3305499	-207581	3097918	39
40	4000 ANESTHESIOLOGY	104516	816317	920833	-114746	806087	-600000	206087	40
41	4100 RADIOLOGY-DIAGNOSTIC	3719656	3118409	6838065	-310613	6527452	-6620	6520832	41
42	4200 RADIOLOGY-THERAPEUTIC	96796	125828	222624	-2953	219671	-219671		42
44	4400 LABORATORY	3986058	5039282	9025340	-110614	8914726	-15870	8898856	44
47	4700 BLOOD STORING, PROCESSING & TRA	124580	1138554	1263134	-6159	1256975		1256975	47
49	4900 RESPIRATORY THERAPY	1184752	354480	1539232	-77674	1461558	-13202	1448356	49
50	5000 PHYSICAL THERAPY	1359042	1697501	3056543	-24018	3032525	-321	3032204	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY	272589	113460	386049	-59821	326228	-337	325891	52
53	5300 ELECTROCARDIOLOGY	461638	462578	924216	-14452	909764	-219286	690478	53
53.01	3950 SLEEP LAB	167253	39480	206733	-18479	188254	-511	187743	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				4077134	4077134		4077134	55
56	5600 DRUGS CHARGED TO PATIENTS				6491874	6491874		6491874	56
57	5700 RENAL DIALYSIS		699703	699703	-3750	695953		695953	57
OUTPATIENT SERVICE COST CENTERS									
60.01	6001 FAMILY PRACTICE	1492663	398309	1890972	-20037	1870935	-619111	1251824	60.01
60.02	6002 CLINIC	2005580	1640115	3645695	-41081	3604614	-1244481	2360133	60.02
60.03	6003 COMMUNITY WELLNESS		638358	638358		638358		638358	60.03
60.04	6004 PROCTO/GI LAB	735321	477336	1212657	-221826	990831	-8333	982498	60.04
60.05	6005 PULMONARY/CARDIAC	405623	1183905	1589528	-140792	1448736		1448736	60.05
60.06	6006 ITNCC								60.06
61	6100 EMERGENCY	4052644	2761549	6814193	-606928	6207265	-1413189	4794076	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
89	8900 UTILIZATION REVIEW-SNF				55073	55073	-55073		89
95	SUBTOTALS	64627933	108273133	172901066	-396506	172504560	-4502837	168001723	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	102696	106687	209383	-102	209281		209281	96
97.01	9701 CARING CENTERS	84584	10951	95535		95535		95535	97.01
97.02	9702 RETAIL PHARMACY				396608	396608		396608	97.02
97.03	9703 POB SHELL								97.03
97.04	9704 CLOSED UNITS								97.04
97.05	9705 OFFSITE PHYSICIAN PRACTICES		71973	71973		71973		71973	97.05
98	9800 PHYSICIANS' PRIVATE OFFICES	70849	6554	77403		77403		77403	98

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/30/2009 08:49

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES		OTHER	TOTAL	RECLASSI-	RECLASS.	ADJUST-	NET EXP
	1	2	2	3	FICATIONS	TRIAL	MENTS	FOR
					4	BALANCE	6	ALLOCATION
101	TOTAL	64886062	108469298	173355360		173355360	-4502837	168852523 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS CHARGEABLE SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		4077134
2	A				
3	A				
4	A				
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13	A				
14	A				
15	A				
16	A				
17	A				
18	A				
19	A				
20	A				
21	A				
22	A				
23	A				
24	A				
25	A				
26	A				
27	A				
28	A				
29	A				
30	A				
31	A				
32	A				
33	A				
34	A				
35	A				
36 SUBTOTAL					4077134

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS CHARGEABLE SUPPLIES	A	PURCHASING	6.03		3110	1
2	A	ADMINISTRATIVE AND GENERAL	6.06		1113	2
3	A	OPERATION OF PLANT	8		1862	3
4	A	LAUNDRY & LINEN SERVICE	9		108	4
5	A	HOUSEKEEPING	10		50385	5
6	A	DIETARY	11		2368	6
7	A	NURSING ADMINISTRATION	14		276	7
8	A	CENTRAL SERVICES & SUPPLY	15		401207	8
9	A	PHARMACY	16		11754	9
10	A	MEDICAL RECORDS & LIBRARY	17		21	10
11	A	NURSING SCHOOL	21		2438	11
12	A	I&R SERVICES-OTHER PRGM COSTS	23		1742	12
13	A	ADULTS & PEDIATRICS	25		308704	13
14	A	INTENSIVE CARE UNIT	26		159819	14
15	A	NURSERY	33		26247	15
16	A	SKILLED NURSING FACILITY	34		62224	16
17	A	OPERATING ROOM	37		1353117	17
18	A	DELIVERY ROOM & LABOR ROOM	39		238005	18
19	A	ANESTHESIOLOGY	40		114746	19
20	A	RADIOLOGY-DIAGNOSTIC	41		310613	20
21	A	RADIOLOGY-THERAPEUTIC	42		2953	21
22	A	LABORATORY	44		110614	22
23	A	BLOOD STORING, PROCESSING & T	47		6159	23
24	A	RESPIRATORY THERAPY	49		77674	24
25	A	PHYSICAL THERAPY	50		24018	25
26	A	SPEECH PATHOLOGY	52		59821	26
27	A	ELECTROCARDIOLOGY	53		14452	27
28	A	SLEEP LAB	53.01		18479	28
29	A	RENAL DIALYSIS	57		3750	29
30	A	FAMILY PRACTICE	60.01		20037	30
31	A	CLINIC	60.02		41081	31
32	A	PROCTO/GI LAB	60.04		221826	32
33	A	PULMONARY/CARDIAC	60.05		140792	33
34	A	EMERGENCY	61		285517	34
35	A	GIFT, FLOWER, COFFEE SHOP & C	96		102	35
36 SUBTOTAL					4077134	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A				1
2	A				2
3					3
4	B	NEW CAP REL COSTS-BLDG & FIXT	3		725654 4
5	B	NEW CAP REL COSTS-BLDG & FIXT	3		3069727 5
6	B	NEW CAP REL COSTS-MVBLE EQUIP	4		4729499 6
7					7
8	C	EMPLOYEE BENEFITS	5		23482 8
9					9
10	D	I&R SERVICES-SALARY & FRINGES	22	220217	
11					10
12	E	NURSING ADMINISTRATION	14	851141	60134 12
13					11
14	F	DRUGS CHARGED TO PATIENTS	56		6882528 14
15					13
16	G	RETAIL PHARMACY	97.02		396608 16
17	G				15
18	H	ADULTS & PEDIATRICS	25	453104	
19	H	NURSERY	33		29577 19
20	I	I&R SERVICES-SALARY & FRINGES	22	101194	
21					18
22	J	NEW CAP REL COSTS-BLDG & FIXT	3		92271 22
23					21
24	K	UTILIZATION REVIEW-SNF	89		55073 24
25					23
26	L	I&R SERVICES-OTHER PRGM COSTS	23	1913109	
27					26
28					27
29					28
30					29
31					30
32					31
33					32
34					33
35					34
36		TOTAL RECLASSIFICATIONS		3538765	20141687 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A					1
2	A					2
3						3
4	DEPR EXP FROM A&G TO DEPR CST CT	B ADMINISTRATIVE AND GENERAL	6.06		8524880	9 4
5		B				9 5
6		B				9 6
7						7
8	RECLASS WORKERS COMP TO EH&W	C ADMINISTRATIVE AND GENERAL	6.06		23482	8
9						9
10	RECLASS ER TO MED ED	D EMERGENCY	61	220217		10
11						11
12	QUALITY NURSING MANAGEMENT	E ADMINISTRATIVE AND GENERAL	6.06	851141	60134	12
13						13
14	PHARMACY COST OF GOODS SOLD	F PHARMACY	16		6882528	14
15						15
16	RETAIL PHARMACY	G PHARMACY	16		5954	16
17		G DRUGS CHARGED TO PATIENTS	56		390654	17
18	WELL BABY NURSERY	H NURSERY	33	453104		18
19		H ADULTS & PEDIATRICS	25		29577	19
20	COOK COUNTY EMERGENCY ROOM RESIDE	I EMERGENCY	61	101194		20
21						21
22	PROPERTY INSURANCE	J ADMINISTRATIVE AND GENERAL	6.06		92271	9 22
23						23
24	SNF UTILIZATION REVIEW	K SKILLED NURSING FACILITY	34		55073	24
25						25
26	RECLASS TEACHING SALARIES	L I&R SERVICES-SALARY & FRINGES	22	1913109		26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			3538765	20141687	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1930352					1930352		1
2 LAND IMPROVEMENTS	2359425	964		964		2360389		2
3 BUILDINGS AND FIXTURES	132898981				942577	131956404		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	7757330					7757330		5
6 MOVABLE EQUIPMENT	96461553				3068836	93392717		6
7 SUBTOTAL	241407641	964		964	4011413	237397192		7
8 RECONCILING ITEMS								8
9 TOTAL	241407641	964		964	4011413	237397192		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT	725654		725654	.097448				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	3069727	1078314	1991413	.267427				3
4 NEW CAP REL COSTS-MVBLE EQUIP	4729499		4729499	.635125				4
5 TOTAL	8524880	1078314	7446566	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	5335632		3258948				8594580 3
4 NEW CAP REL COSTS-MVBLE EQUIP	5217327						5217327 4
5 TOTAL	10552959		3258948				13811907 5

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 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	A	-48	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6935035			12
13 SALE OF SCRAP, WASTE, ETC.					9
14 RELATED ORGANIZATION TRANSACTIONS	WKST				13
	A-8-1	3903056			
15 LAUNDRY AND LINEN SERVICE					14
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-748976	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-26183	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-5355665	NURSING SCHOOL	21	21
22 VENDING MACHINES	B	-5535	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	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				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A	-55073	UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MARKETING ADJUSTMENT	A	-90	OPERATING ROOM	37	37
37.03 MARKETING ADJUSTMENT	A	-893	DELIVERY ROOM & LABOR ROOM	39	37.03
37.04 MARKETING ADJUSTMENT	A	-525	EMERGENCY	61	37.04
37.05 MARKETING ADJUSTMENT	A	-1049	RADIOLOGY-DIAGNOSTIC	41	37.05
37.06 MARKETING ADJUSTMENT	A	-6370	ADMINISTRATIVE AND GENERAL	6.06	37.06
37.08 PROPERTY TAXES	A	-86870	ADMINISTRATIVE AND GENERAL	6.06	37.08
37.09 PHYSICIAN RECRUITMENT	A	-616409	ADMINISTRATIVE AND GENERAL	6.06	37.09
37.19 RADIOLOGY MISC REVENUE	B	-5246	RADIOLOGY-DIAGNOSTIC	41	37.19
37.20 FAMILY PRACTICE INCOME	B	-12848	FAMILY PRACTICE	60.01	37.20
37.23 CLINIC MISC REVENUE	B	-22001	CLINIC	60.02	37.23
37.41 MISCEL LAB INCOME	B	-15870	LABORATORY	44	37.41
38 MEDICAL STAFF FEES COLLECTED	B	-244816	ADMINISTRATIVE AND GENERAL	6.06	38
39 HEALTH INFO MGMT FEES	B	-1695	MEDICAL RECORDS & LIBRARY	17	39
40 MISC REVENUE	B	-431	EMPLOYEE BENEFITS	5	40
40.01 MISC REVENUE	B	-113	OPERATION OF PLANT	8	40.01
40.02 MISC REVENUE	B	-5968	DELIVERY ROOM & LABOR ROOM	39	40.02
40.03 MISC REVENUE	B	-182951	RADIOLOGY-THERAPEUTIC	42	40.03
40.04 MISC REVENUE	B	-321	PHYSICAL THERAPY	50	40.04
40.05 MISC REVENUE	B	-337	SPEECH PATHOLOGY	52	40.05
40.06 MISC REVENUE	B	-511	SLEEP LAB	53.01	40.06
41 INTERNAL MEDICINE INCOME	B	-15640	I&R SERVICES-OTHER PRGM COSTS A	23	41
42 CLOSED UNIT	A	-309729	NEW CAP REL COSTS-BLDG & FIXT	3	9
43 CLOSED UNIT	A	-7530	ADMINISTRATIVE AND GENERAL	6.06	43
44 CLOSED UNIT	A	-231990	OPERATION OF PLANT	8	44
45					45
45.10 INVESTMENT FEES	A	6325	NEW CAP REL COSTS-BLDG & FIXT	3	11
45.11 INVESTMENT FEES	A	130644	NEW CAP REL COSTS-BLDG & FIXT	3	11
45.20 INVESTMENT INCOME	B	-140277	NEW CAP REL COSTS-BLDG & FIXT	3	11
45.21 INVESTMENT INCOME	B	-60352	NEW CAP REL COSTS-BLDG & FIXT	3	11
46					46

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7	
			COST CENTER	LINE NO.	REF	
	1	2	3	4	5	
47 AMORTIZED LOSS ON REFUNDING	A	875190	NEW CAP REL COSTS-BLDG & FIXT	3	11	47
48						48
48.01 CPA AUDIT AJE- TEMP RESTR FUNDS	A	10941	ADMINISTRATIVE AND GENERAL	6.06		48.01
48.02 CPA AUDIT AJE - CIP RECLASS	A	743750	NEW CAP REL COSTS-BLDG & FIXT	3	9	48.02
48.03 CPA AUDIT AJE - INVESTMENT INCOME	A	-750000	ADMINISTRATIVE AND GENERAL	6.06		48.03
48.04 CPA AUDIT AJE - PENSION EXPENSE	A	68390	EMPLOYEE BENEFITS	5		48.04
48.05 CPA AUDT AJE - WORKERS COMP	A	93447	EMPLOYEE BENEFITS	5		48.05
48.06 CPA AUDIT AJE - EMPLOYEE BENEFITS	A	-47625	EMPLOYEE BENEFITS	5		48.06
49 CPA ADJUSTMENT - PROVIDER TAX	A	5560392	ADMINISTRATIVE AND GENERAL	6.06		49
50 TOTAL		-4502837				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE EXPENSES	5738481	15745749	-10007268	1
2	6.05	CASHIERING AND COLLECTIONS	PATIENT ACCOUNTING	2154137		2154137	2
3	6.02	DATA PROCESSING	INFORMATION SYSTEMS	4385518		4385518	3
4	5	EMPLOYEE BENEFITS	BENEFITS	809441		809441	4
4.01	6.03	PURCHASING	PURCHASING & STORES	581067		581067	4.01
4.02	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	181188		181188	4.02
4.03	3	NEW CAP REL COSTS-BLDG & FIXT	BLDG DEPRECIATION	1013959		1013959	9 4.03
4.04	4	NEW CAP REL COSTS-MVBLE EQUIP	EQUIP DEPRECIATION	487828		487828	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	NET INTEREST EXPENSE	2447418		2447418	11 4.05
4.06	6.04	ADMITTING	ADMITTING	1336410		1336410	4.06
4.07	26	INTENSIVE CARE UNIT	EICU	513358		513358	4.07
5		TOTALS		19648805	15745749	3903056	5

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	34	SKILLED NURSING FACILITY	55073		55073	177200	2080	177200	8860
2	37	OPERATING ROOM							
3	39	DELIVERY ROOM & LABOR RO	200720	200720					
4	42	RADIOLOGY-THERAPEUTIC	36720	36720					
5	49	RESPIRATORY THERAPY	13202	13202					
6	40	ANESTHESIOLOGY	600000	600000					
7	53	ELECTROCARDIOLOGY	219286	219286					
8	60.01	FAMILY PRACTICE	711088	532601	178487	138700	1572	104825	5241
9	60.02	CLINIC	1389298	1222480	166818	177200	2421	206251	10313
10	60.06	ITNCC							
11	60.04	PROCTO/GI LAB	8333	8333					
12	60.05	PULMONARY/CARDIAC							
13	61	EMERGENCY	1523514	1412664	110850	177200	2216	188786	9439
16	6.06	ADMINISTRATIVE AND GENER	1208121	652713	555408	177200	11108	946316	47316
17	16	PHARMACY							
18	23	I&R SERVICES-OTHER PRGM	2301348	1818036	483312	177200	5234	445897	22295
19	26	INTENSIVE CARE UNIT	106878	106878					
20	41	RADIOLOGY-DIAGNOSTIC	325	325					
101		TOTAL	8373906	6823958	1549948		24631	2069275	103464

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	34 SKILLED NURSING FACILITY	AGGREGATE				177200		
2	37 OPERATING ROOM	AGGREGATE						
3	39 DELIVERY ROOM & LABOR RO	AGGREGATE						200720
4	42 RADIOLOGY-THERAPEUTIC	AGGREGATE						36720
5	49 RESPIRATORY THERAPY	AGGREGATE						13202
6	40 ANESTHESIOLOGY	AGGREGATE						600000
7	53 ELECTROCARDIOLOGY	AGGREGATE						219286
8	60.01 FAMILY PRACTICE	AGGREGATE				104825	73662	606263
9	60.02 CLINIC	AGGREGATE				206251		1222480
10	60.06 ITNCC	AGGREGATE						
11	60.04 PROCTO/GI LAB	AGGREGATE						8333
12	60.05 PULMONARY/CARDIAC	AGGREGATE						
13	61 EMERGENCY	AGGREGATE				188786		1412664
16	6.06 ADMINISTRATIVE AND GENER	AGGREGATE				946316		652713
17	16 PHARMACY	AGGREGATE						
18	23 I&R SERVICES-OTHER PRGM	AGGREGATE				445897	37415	1855451
19	26 INTENSIVE CARE UNIT	AGGREGATE						106878
20	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						325
101	TOTAL					2069275	111077	6935035

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PROCESSING			
	ALLOCATION	FIXTURES	EQUIPMENT		6.01	6.02	6.03	6.04	
	0	3	4	5					
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	8594580	8594580							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5217327		5217327						4
5 EMPLOYEE BENEFITS	12823743		9286	12833029					5
6.01 COMMUNICATIONS	221170	25821	9558		256549				6.01
6.02 DATA PROCESSING	4411923	83884	914441		6687	5416935			6.02
6.03 PURCHASING	648100	156598	122613		3648		930959		6.03
6.04 ADMITTING	1336410	53839	6236		6079	541694		1944258	6.04
6.05 CASHIERING AND COLLECTIONS	2154137	52149	2364		9727	1625080			6.05
6.06 ADMINISTRATIVE AND GENERAL	32898809	362016	90626	796474	55927	1300064	13278		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	7530563	2221085	263403	404469	8511		1147		8
9 LAUNDRY & LINEN SERVICE	745103	28761	517		304		1		9
10 HOUSEKEEPING	2064945	63673	23926	290500	1216		8650		10
11 DIETARY	1620708	287984	76616	271467	2432		32046		11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3066688	24875	132059	547773	3040		2329		14
15 CENTRAL SERVICES & SUPPLY	1163903	104247	83026	111219	1216		215		15
16 PHARMACY	2090512	62338	3533	379390	3040		457		16
17 MEDICAL RECORDS & LIBRARY	1362048	12201	13087	156859	6383	379185	925		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	-832152	272910	141395	609835	13679		5332		21
22 I&R SERVICES-SALARY & FRINGES A	2323078			459686					22
23 I&R SERVICES-OTHER PRGM COSTS A	1153342	111648	6099	314962	6383		3064		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11813040	1087180	252117	2084238	19150	606697	13021	1122231	25
26 INTENSIVE CARE UNIT	4834813	266117	421557	621426	5471	92088	4679	195744	26
33 NURSERY	201847	13823	39606	27317	2128	92088	796	169497	33
34 SKILLED NURSING FACILITY	2393077	273451	29436	396484	4560	238345	2756	456786	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9758083	481167	384262	817424	15198		189362		37
39 DELIVERY ROOM & LABOR ROOM	3097918	297329	140440	501485	4256		8499		39
40 ANESTHESIOLOGY	206087	12015	218240	20681	1216		3374		40
41 RADIOLOGY-DIAGNOSTIC	6520832	346909	280289	736038	11247	270847	40653		41
42 RADIOLOGY-THERAPEUTIC		48634	40699	19154	2128		286		42
44 LABORATORY	8898856	248255	134719	788753	17022		60626		44
47 BLOOD STORING, PROCESSING & TRA	1256975	11440	8291	24652	912		43351		47
49 RESPIRATORY THERAPY	1448356	58993	172632	234436	1824		4414		49
50 PHYSICAL THERAPY	3032204	76651	27369	268925	3040		1209		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	325891	25280	6688	53939	1216		1108		52
53 ELECTROCARDIOLOGY	690478	47704	78436	91348	3040		281		53
53.01 SLEEP LAB	187743	21951	23609	33096			74		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	4077134						157830		55
56 DRUGS CHARGED TO PATIENTS	6491874					270847	251310		56
57 RENAL DIALYSIS	695953	9041			608		60		57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	1251824	54785	18434	295365	4256		7219		60.01
60.02 CLINIC	2360133	105683	66606	396860	5471		6125		60.02
60.03 COMMUNITY WELLNESS	638358								60.03
60.04 PROCTO/GI LAB	982498	329740	263969	145504	3952		5104		60.04
60.05 PULMONARY/CARDIAC	1448736	51811	318938	80264	3648		32613		60.05
60.06 ITNCC									60.06
61 EMERGENCY	4794076	192845	320277	801929	6991		13355		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	168001723	7984833	5145399	12781952	245606	5416935	915549	1944258	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	209281	37227	5367	20321			237		96
97.01 CARING CENTERS	95535		127	16737			11		97.01
97.02 RETAIL PHARMACY	396608						15123		97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES	71973		66434		3040		1		97.05
98 PHYSICIANS' PRIVATE OFFICES	77403	572520		14019	7903		38		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	168852523	8594580	5217327	12833029	256549	5416935	930959	1944258	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	ACCOUNTS		&	OF PLANT	& LINE	KEEPING			
	RECEIVABLE		GENERAL		SERVICE				
	6.05	5A	6.06	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS	3843457								6.05
6.06 ADMINISTRATIVE AND GENERAL		35517194	35517194						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		10429178	2778072	13207250					8
9 LAUNDRY & LINEN SERVICE		774686	206357	67360	1048403				9
10 HOUSEKEEPING		2452910	653394	149126		3255430			10
11 DIETARY		2291253	610333	674472		169020	3745078		11
12 CAFETERIA							2265846	2265846	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		3776764	1006036	58257		14599		112119	14
15 CENTRAL SERVICES & SUPPLY		1463826	389927	244151	4972	61183		22765	15
16 PHARMACY		2539270	676398	146000		36587		77654	16
17 MEDICAL RECORDS & LIBRARY		1930688	514287	28575		7161		32106	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		210999	56205	639169		160173		124822	21
22 I&R SERVICES-SALARY & FRINGES A		2782764	741259					94089	22
23 I&R SERVICES-OTHER PRGM COSTS A		1595498	425001	261485		65527		64467	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	430663	17428337	4642468	2546227	433619	638075	951786	426601	25
26 INTENSIVE CARE UNIT	102651	6544546	1743303	623259	89051	156186	124512	127194	26
33 NURSERY	37472	584574	155716	32374		8113		5591	33
34 SKILLED NURSING FACILITY	58058	3852953	1026330	640435	106015	160490	387411	81153	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	587701	12233197	3258618	1126916	128985	282400		167312	37
39 DELIVERY ROOM & LABOR ROOM	109415	4159342	1107945	696358	13697	174504		102645	39
40 ANESTHESIOLOGY	57281	518894	138220	28139		7052		4233	40
41 RADIOLOGY-DIAGNOSTIC	521224	8728039	2324931	812477	64394	203603		150654	41
42 RADIOLOGY-THERAPEUTIC	3984	114885	30602	113903		28544		3920	42
44 LABORATORY	542884	10691115	2847846	581426		145703		161443	44
47 BLOOD STORING, PROCESSING & TRA	54929	1400550	373072	26794		6714		5046	47
49 RESPIRATORY THERAPY	111329	2031984	541270	138163	5244	34623		47985	49
50 PHYSICAL THERAPY	94367	3503765	933315	179521	7153	44987		55044	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	10476	424598	113102	59207	67	14837		11040	52
53 ELECTROCARDIOLOGY	69562	980849	261274	111726	960	27998		18697	53
53.01 SLEEP LAB	7402	273875	72953	51411		12883		6774	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	38077	4273041	1138231						55
56 DRUGS CHARGED TO PATIENTS	463839	7477870	1991918						56
57 RENAL DIALYSIS	23020	728682	194103	21174	2018	5306			57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE		1631883	434693	128309		32154		60456	60.01
60.02 CLINIC	15397	2956275	787478	247515	6463	62026		81230	60.02
60.03 COMMUNITY WELLNESS		638358	170043						60.03
60.04 PROCTO/GI LAB	78193	1808960	481862	772267	25855	193527		29782	60.04
60.05 PULMONARY/CARDIAC	83046	2019056	537826	121343	2855	30408		16429	60.05
60.06 ITNCC									60.06
61 EMERGENCY	342487	6471960	1723968	451653	157055	113182		164140	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	3843457	167242618	35088356	11779192	1048403	2897565	3729555	2255391	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		272433	72569	87188		21849		4159	96
97.01 CARING CENTERS		112410	29943					3426	97.01
97.02 RETAIL PHARMACY		411731	109675						97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES		141448	37678						97.05
98 PHYSICIANS' PRIVATE OFFICES		671883	178973	1340870		336016	15523	2870	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3843457	168852523	35517194	13207250	1048403	3255430	3745078	2265846	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING & SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS									6.05
6.06 ADMINISTRATIVE AND GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4967775								14
15 CENTRAL SERVICES & SUPPLY		2186824							15
16 PHARMACY			3475909						16
17 MEDICAL RECORDS & LIBRARY				2512817					17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	12264		38		1203670				21
22 I&R SERVICES-SALARY & FRINGES A						3618112			22
23 I&R SERVICES-OTHER PRGM COSTS A	15219		2870				2430067		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1818997		27568	824204	427777	1104075	741541	32011275	25
26 INTENSIVE CARE UNIT	515889		9234	123128	92542	363245	243970	10756059	26
33 NURSERY	88459		1418	123128	68410			1067783	33
34 SKILLED NURSING FACILITY	451842		2128	311589	182216			7202562	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	667163	2186824	38444	85436	202612	162504	109144	20649555	37
39 DELIVERY ROOM & LABOR ROOM	369465		17974			129048	86673	6857651	39
40 ANESTHESIOLOGY	758		36577			9559	6420	749852	40
41 RADIOLOGY-DIAGNOSTIC	63289		73604			57354	38522	12516867	41
42 RADIOLOGY-THERAPEUTIC					9882			301736	42
44 LABORATORY			2634			52575	35311	14518053	44
47 BLOOD STORING, PROCESSING & TRA			5711					1817887	47
49 RESPIRATORY THERAPY	2308		1416					2802993	49
50 PHYSICAL THERAPY			39					4723824	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			22					622873	52
53 ELECTROCARDIOLOGY			247					1401751	53
53.01 SLEEP LAB								417896	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			15911					5427183	55
56 DRUGS CHARGED TO PATIENTS			2902035					12371823	56
57 RENAL DIALYSIS			562					951845	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	91313		65010			353686	237549	3035053	60.01
60.02 CLINIC	111866		18336			817301	548932	5637422	60.02
60.03 COMMUNITY WELLNESS								808401	60.03
60.04 PROCTO/GI LAB	151368		9776	165846	61857	23898	16051	3741049	60.04
60.05 PULMONARY/CARDIAC	95499		2627		65818	162504	109144	3163509	60.05
60.06 ITNCC									60.06
61 EMERGENCY	511184		66508	879486	92556	382363	256810	11270865	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	4966883	2186824	3300689	2512817	1203670	3618112	2430067	164825767	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			588					458786	96
97.01 CARING CENTERS								145779	97.01
97.02 RETAIL PHARMACY			174632					696038	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES								179126	97.05
98 PHYSICIANS' PRIVATE OFFICES	892							2547027	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4967775	2186824	3475909	2512817	1203670	3618112	2430067	168852523	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
6.06				6.06
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	-1845616	30165659		25
26	-607215	10148844		26
33		1067783		33
34		7202562		34
ANCILLARY SERVICE COST CENTERS				
37	-271648	20377907		37
39	-215721	6641930		39
40	-15979	733873		40
41	-95876	12420991		41
42		301736		42
44	-87886	14430167		44
47		1817887		47
49		2802993		49
50		4723824		50
51				51
52		622873		52
53		1401751		53
53.01		417896		53.01
55		5427183		55
56		12371823		56
57		951845		57
OUTPATIENT SERVICE COST CENTERS				
60.01	-591235	2443818		60.01
60.02	-1366233	4271189		60.02
60.03		808401		60.03
60.04	-39949	3701100		60.04
60.05	-271648	2891861		60.05
60.06				60.06
61	-639173	10631692		61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
71				71
SPECIAL PURPOSE COST CENTERS				
95	-6048179	158777588		95
NONREIMBURSABLE COST CENTERS				
96		458786		96
97.01		145779		97.01
97.02		696038		97.02
97.03				97.03
97.04				97.04
97.05		179126		97.05
98		2547027		98
101				101
102				102
103	-6048179	162804344		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	ACCOUNTS RECEIVABLE 6.05	& GENERAL 6.06	OF PLANT 8	& LINE SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	160838								6.04
6.05 CASHIERING AND COLLECTIONS		355629							6.05
6.06 ADMINISTRATIVE AND GENERAL			714036						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			55848	2558469					8
9 LAUNDRY & LINEN SERVICE			4148	13049	46517				9
10 HOUSEKEEPING			13135	28888		135488			10
11 DIETARY			12270	130657		7034	544386		11
12 CAFETERIA							329365	329365	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			20225	11285		608		16297	14
15 CENTRAL SERVICES & SUPPLY			7839	47296	221	2546		3309	15
16 PHARMACY			13598	28283		1523		11287	16
17 MEDICAL RECORDS & LIBRARY			10339	5535		298		4667	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL			1130	123818		6666		18143	21
22 I&R SERVICES-SALARY & FRINGES A			14902					13676	22
23 I&R SERVICES-OTHER PRGM COSTS A			8544	50654		2727		9370	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	92836	39878	93353	493249	19238	26558	138352	62026	25
26 INTENSIVE CARE UNIT	16193	9505	35046	120736	3951	6500	18099	18488	26
33 NURSERY	14022	3470	3130	6271		338		813	33
34 SKILLED NURSING FACILITY	37787	5376	20633	124063	4704	6679	56314	11796	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		54153	65509	218303	5723	11753		24319	37
39 DELIVERY ROOM & LABOR ROOM		10132	22273	134896	608	7263		14919	39
40 ANESTHESIOLOGY		5304	2779	5451		293		615	40
41 RADIOLOGY-DIAGNOSTIC		48264	46739	157391	2857	8474		21898	41
42 RADIOLOGY-THERAPEUTIC		369	615	22065		1188		570	42
44 LABORATORY		50270	57251	112632		6064		23466	44
47 BLOOD STORING, PROCESSING & TRA		5086	7500	5190		279		733	47
49 RESPIRATORY THERAPY		10309	10881	26765	233	1441		6975	49
50 PHYSICAL THERAPY		8738	18763	34776	317	1872		8001	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY		970	2274	11469	3	618		1605	52
53 ELECTROCARDIOLOGY		6441	5252	21643	43	1165		2718	53
53.01 SLEEP LAB		685	1467	9959		536		985	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		3526	22882						55
56 DRUGS CHARGED TO PATIENTS		42950	40044						56
57 RENAL DIALYSIS		2132	3902	4102	90	221			57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE			8739	24856		1338		8787	60.01
60.02 CLINIC		1426	15831	47948	287	2581		11807	60.02
60.03 COMMUNITY WELLNESS			3418						60.03
60.04 PROCTO/GI LAB		7241	9687	149601	1147	8054		4329	60.04
60.05 PULMONARY/CARDIAC		7690	10812	23506	127	1266		2388	60.05
60.06 ITNCC									60.06
61 EMERGENCY		31714	34657	87493	6968	4711		23858	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	160838	355629	705415	2281830	46517	120594	542130	327845	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1459	16890		909		605	96
97.01 CARING CENTERS			602					498	97.01
97.02 RETAIL PHARMACY			2205						97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES			757						97.05
98 PHYSICIANS' PRIVATE OFFICES			3598	259749		13985	2256	417	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	160838	355629	714036	2558469	46517	135488	544386	329365	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING & SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS									6.05
6.06 ADMINISTRATIVE AND GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	210674								14
15 CENTRAL SERVICES & SUPPLY		501482							15
16 PHARMACY			140346						16
17 MEDICAL RECORDS & LIBRARY				119516					17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	520		2		345866				21
22 I&R SERVICES-SALARY & FRINGES A						28910			22
23 I&R SERVICES-OTHER PRGM COSTS A	645		116				204473		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	77142		1113	39201				2550640	25
26 INTENSIVE CARE UNIT	21878		373	5856				965931	26
33 NURSERY	3751		57	5856				108686	33
34 SKILLED NURSING FACILITY	19162		86	14820				650666	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	28293	501482	1552	4064				1883701	37
39 DELIVERY ROOM & LABOR ROOM	15668		726					653739	39
40 ANESTHESIOLOGY	32		1477					248129	40
41 RADIOLOGY-DIAGNOSTIC	2684		2972					986211	41
42 RADIOLOGY-THERAPEUTIC								143299	42
44 LABORATORY			106					691802	44
47 BLOOD STORING, PROCESSING & TRA			231					52432	47
49 RESPIRATORY THERAPY	98		57					319524	49
50 PHYSICAL THERAPY			2					345349	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			1					50373	52
53 ELECTROCARDIOLOGY			10					196071	53
53.01 SLEEP LAB								61008	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			642					76338	55
56 DRUGS CHARGED TO PATIENTS			117174					328598	56
57 RENAL DIALYSIS			23					19614	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	3872		2625					135250	60.01
60.02 CLINIC	4744		740					536337	60.02
60.03 COMMUNITY WELLNESS								3418	60.03
60.04 PROCTO/GI LAB	6419		395	7888				792694	60.04
60.05 PULMONARY/CARDIAC	4050		106					431440	60.05
60.06 ITNCC									60.06
61 EMERGENCY	21678		2685	41831				790898	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	210636	501482	133271	119516				13022148	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			24					90285	96
97.01 CARING CENTERS								1752	97.01
97.02 RETAIL PHARMACY			7051					13979	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES								90020	97.05
98 PHYSICIANS' PRIVATE OFFICES	38							853675	98
101 CROSS FOOT ADJUSTMENTS					345866	28910	204473	579249	101
102 NEGATIVE COST CENTER					239114			239114	102
103 TOTAL	210674	501482	140346	119516	584980	28910	204473	14890222	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING AND COLLECTIONS			6.05
6.06 ADMINISTRATIVE AND GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	2550640		25
26 INTENSIVE CARE UNIT	965931		26
33 NURSERY	108686		33
34 SKILLED NURSING FACILITY	650666		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1883701		37
39 DELIVERY ROOM & LABOR ROOM	653739		39
40 ANESTHESIOLOGY	248129		40
41 RADIOLOGY-DIAGNOSTIC	986211		41
42 RADIOLOGY-THERAPEUTIC	143299		42
44 LABORATORY	691802		44
47 BLOOD STORING, PROCESSING & TRA	52432		47
49 RESPIRATORY THERAPY	319524		49
50 PHYSICAL THERAPY	345349		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	50373		52
53 ELECTROCARDIOLOGY	196071		53
53.01 SLEEP LAB	61008		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	76338		55
56 DRUGS CHARGED TO PATIENTS	328598		56
57 RENAL DIALYSIS	19614		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	135250		60.01
60.02 CLINIC	536337		60.02
60.03 COMMUNITY WELLNESS	3418		60.03
60.04 PROCTO/GI LAB	792694		60.04
60.05 PULMONARY/CARDIAC	431440		60.05
60.06 ITNCC			60.06
61 EMERGENCY	790898		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	13022148		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	90285		96
97.01 CARING CENTERS	1752		97.01
97.02 RETAIL PHARMACY	13979		97.02
97.03 POB SHELL			97.03
97.04 CLOSED UNITS			97.04
97.05 OFFSITE PHYSICIAN PRACTICES	90020		97.05
98 PHYSICIANS' PRIVATE OFFICES	853675		98
101 CROSS FOOT ADJUSTMENTS	579249		101
102 NEGATIVE COST CENTER	239114		102
103 TOTAL	14890222		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING	
	BLDGS &	MOVABLE	BENEFITS		PROCESSING			
	FIXTURES	EQUIPMENT	GROSS	# OF PHONE	STAFF	PURCHASE	PATIENT	
	SQUARE	DOLLAR	SALARIES		TIME	STATS	DAYS	
	FEET	VALUE		6.01	6.02	6.03	6.04	
	3	4	5					
GENERAL SERVICE COST CENTERS								
1								1
2								2
3	508601							3
4		2665540						4
5		4744	64853240					5
6.01	1528	4883		844				6.01
6.02	4964	467190		22	1000			6.02
6.03	9267	62643		12		24048864		6.03
6.04	3186	3186		20	100		51630	6.04
6.05	3086	1208		32	300			6.05
6.06	21423	46301	4025074	184	240	343004		6.06
7								7
8	131437	134573	2044030	28		29621		8
9	1702	264		1		14		9
10	3768	12224	1468076	4		223442		10
11	17042	39143	1371893	8		827836		11
12								12
13								13
14	1472	67469	2768234	10		60164		14
15	6169	42418	562060	4		5544		15
16	3689	1805	1917291	10		11794		16
17	722	6686	792704	21	70	23894		17
18								18
20								20
21	16150	72239	3081875	45		137747		21
22			2323078					22
23	6607	3116	1591698	21		79151		23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	64336	128807	10532948	63	112	336357	29801	25
26	15748	215374	3140449	18	17	120877	5198	26
33	818	20235	138052	7	17	20560	4501	33
34	16182	15039	2003679	15	44	71190	12130	34
ANCILLARY SERVICE COST CENTERS								
37	28474	196320	4130947	50		4891684		37
39	17595	71751	2534312	14		219559		39
40	711	111499	104516	4		87167		40
41	20529	143200	3719656	37	50	1050172		41
42	2878	20793	96796	7		7377		42
44	14691	68828	3986058	56		1566117		44
47	677	4236	124580	3		1119861		47
49	3491	88198	1184752	6		114020		49
50	4536	13983	1359042	10		31234		50
51								51
52	1496	3417	272589	4		28631		52
53	2823	40073	461638	10		7257		53
53.01	1299	12062	167253			1924		53.01
55						4077132		55
56						6491874		56
57	535			2		1561		57
OUTPATIENT SERVICE COST CENTERS								
60.01	3242	9418	1492663	14		186483		60.01
60.02	6254	34029	2005580	18		158236		60.02
60.03								60.03
60.04	19513	134862	735321	13		131856		60.04
60.05	3066	162946	405623	12		842476		60.05
60.06								60.06
61	11412	163630	4052644	23		345004		61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
71								71
SPECIAL PURPOSE COST CENTERS								
95	472518	2628792	64595111	808	1000	23650820	51630	95
NONREIMBURSABLE COST CENTERS								
96	2203	2742	102696			6121		96
97.01		65	84584			282		97.01
97.02						390654		97.02
97.03								97.03
97.04								97.04
97.05		33941		10			17	97.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	# OF PHONE	STAFF TIME	PURCHASE STATS	PATIENT DAYS
	3	4	5	6.01	6.02	6.03	6.04
98 PHYSICIANS' PRIVATE OFFICES	33880		70849	26		970	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	8594580	5217327	12833029	256549	5416935	930959	1944258
104 UNIT COST MULT-WS B PT I		1.957325		303.968009		.038711	104
104 UNIT COST MULT-WS B PT I	16.898472		.197878		5416.935000		37.657525
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			9286	35379	999247	290716	160838
108 UNIT COST MULT-WS B PT III				41.918246		.012089	108
108 UNIT COST MULT-WS B PT III			.000143		999.247000		3.115204

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILATION 6A.06	ADMIN & GENERAL ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINE SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA GROSS SALARIES 12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS	532768918								6.05
6.06 ADMINISTRATIVE AND GENERAL		-35517194	133335329						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			10429178	333710					8
9 LAUNDRY & LINEN SERVICE			774686	1702	1353640				9
10 HOUSEKEEPING			2452910	3768		328240			10
11 DIETARY			2291253	17042		17042	547420		11
12 CAFETERIA							331200	55944167	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			3776764	1472		1472		2768234	14
15 CENTRAL SERVICES & SUPPLY			1463826	6169	6420	6169		562060	15
16 PHARMACY			2539270	3689		3689		1917291	16
17 MEDICAL RECORDS & LIBRARY			1930688	722		722		792704	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL			210999	16150		16150		3081875	21
22 I&R SERVICES-SALARY & FRINGES			2782764					2323078	22
23 I&R SERVICES-OTHER PRGM COSTS			1595498	6607		6607		1591698	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	59698267		17428337	64336	559865	64336	139123	10532948	25
26 INTENSIVE CARE UNIT	14229373		6544546	15748	114978	15748	18200	3140449	26
33 NURSERY	5194276		584574	818		818		138052	33
34 SKILLED NURSING FACILITY	8047984		3852953	16182	136880	16182	56628	2003679	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	81457956		12233197	28474	166538	28474		4130947	37
39 DELIVERY ROOM & LABOR ROOM	15167035		4159342	17595	17685	17595		2534312	39
40 ANESTHESIOLOGY	7940322		518894	711		711		104516	40
41 RADIOLOGY-DIAGNOSTIC	72251678		8728039	20529	83142	20529		3719656	41
42 RADIOLOGY-THERAPEUTIC	552210		114885	2878		2878		96796	42
44 LABORATORY	75254226		10691115	14691		14691		3986058	44
47 BLOOD STORING, PROCESSING & T	7614237		1400550	677		677		124580	47
49 RESPIRATORY THERAPY	15432376		2031984	3491	6771	3491		1184752	49
50 PHYSICAL THERAPY	13081135		3503765	4536	9236	4536		1359042	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	1452232		424598	1496	87	1496		272589	52
53 ELECTROCARDIOLOGY	9642667		980849	2823	1239	2823		461638	53
53.01 SLEEP LAB	1026090		273875	1299		1299		167253	53.01
55 MEDICAL SUPPLIES CHARGED TO P	5278225		4273041						55
56 DRUGS CHARGED TO PATIENTS	64297050		7477870						56
57 RENAL DIALYSIS	3191053		728682	535	2606	535			57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE			1631883	3242		3242		1492663	60.01
60.02 CLINIC	2134266		2956275	6254	8345	6254		2005580	60.02
60.03 COMMUNITY WELLNESS			638358						60.03
60.04 PROCTO/GI LAB	10839106		1808960	19513	33382	19513		735321	60.04
60.05 PULMONARY/CARDIAC	11511760		2019056	3066	3686	3066		405623	60.05
60.06 ITNCC									60.06
61 EMERGENCY	47475394		6471960	11412	202780	11412		4052644	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	532768918	-35517194	131725424	297627	1353640	292157	545151	55686038	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			272433	2203		2203		102696	96
97.01 CARING CENTERS			112410					84584	97.01
97.02 RETAIL PHARMACY			411731						97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYICIAN PRACTICES			141448						97.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION 6A.06	ADMIN & GENERAL ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINE SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA GROSS SALARIES 12	
98 PHYSICIANS' PRIVATE OFFICES			671883	33880		33880	2269	70849	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	3843457		35517194	13207250	1048403	3255430	3745078	2265846	103
104 UNIT COST MULT-WS B PT I	.007214		.266375		.774507		6.841325		104
104 UNIT COST MULT-WS B PT I				39.577028		9.917835		.040502	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	355629		714036	2558469	46517	135488	544386	329365	107
108 UNIT COST MULT-WS B PT III	.000668		.005355		.034364		.994458		108
108 UNIT COST MULT-WS B PT III				7.666744		.412771		.005887	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	NURSING	I&R	I&R	
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SCHOOL ASSIGNED TIME	SALARY &AM FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	14	15	16	17	21	22	23	
98 PHYSICIANS' PRIVATE OFFICES		160						98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4967775	2186824	3475909	2512817	1203670	3618112	2430067	103
104 UNIT COST MULT-WS B PT I	5.574648		.447026		13.158315		3210.128137	104
104 UNIT COST MULT-WS B PT I		21868.240000		2512.817000		4779.540291		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	210674	501482	140346	119516	345866	28910	204473	107
108 UNIT COST MULT-WS B PT III	.236410		.018049		3.780948		270.109643	108
108 UNIT COST MULT-WS B PT III		5014.820000		119.516000		38.190225		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	30165659		30165659		30165659	25
26 INTENSIVE CARE UNIT	10148844		10148844		10148844	26
33 NURSERY	1067783		1067783		1067783	33
34 SKILLED NURSING FACILITY	7202562		7202562		7202562	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	20377907		20377907		20377907	37
39 DELIVERY ROOM & LABOR ROOM	6641930		6641930		6641930	39
40 ANESTHESIOLOGY	733873		733873		733873	40
41 RADIOLOGY-DIAGNOSTIC	12420991		12420991		12420991	41
42 RADIOLOGY-THERAPEUTIC	301736		301736		301736	42
44 LABORATORY	14430167		14430167		14430167	44
47 BLOOD STORING, PROCESSING &	1817887		1817887		1817887	47
49 RESPIRATORY THERAPY	2802993		2802993		2802993	49
50 PHYSICAL THERAPY	4723824		4723824		4723824	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	622873		622873		622873	52
53 ELECTROCARDIOLOGY	1401751		1401751		1401751	53
53.01 SLEEP LAB	417896		417896		417896	53.01
55 MEDICAL SUPPLIES CHARGED TO	5427183		5427183		5427183	55
56 DRUGS CHARGED TO PATIENTS	12371823		12371823		12371823	56
57 RENAL DIALYSIS	951845		951845		951845	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	2443818		2443818	73662	2517480	60.01
60.02 CLINIC	4271189		4271189		4271189	60.02
60.03 COMMUNITY WELLNESS	808401		808401		808401	60.03
60.04 PROCTO/GI LAB	3701100		3701100		3701100	60.04
60.05 PULMONARY/CARDIAC	2891861		2891861		2891861	60.05
60.06 ITNCC						60.06
61 EMERGENCY	10631692		10631692		10631692	61
62 OBSERVATION BEDS (NON-DISTI	2170060		2170060		2170060	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	160947648		160947648	73662	161021310	101
102 LESS OBSERVATION BEDS	2170060		2170060		2170060	102
103 TOTAL	158777588		158777588	73662	158851250	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	59698267		59698267				25
26 INTENSIVE CARE UNIT	14229373		14229373				26
33 NURSERY	5194276		5194276				33
34 SKILLED NURSING FACILITY	8047984		8047984				34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	46473634	34984322	81457956	.250165	.250165	.250165	37
39 DELIVERY ROOM & LABOR ROOM	14944260	222775	15167035	.437919	.437919	.437919	39
40 ANESTHESIOLOGY	5188015	2752307	7940322	.092424	.092424	.092424	40
41 RADIOLOGY-DIAGNOSTIC	19657633	52594045	72251678	.171913	.171913	.171913	41
42 RADIOLOGY-THERAPEUTIC	55094	497116	552210	.546415	.546415	.546415	42
44 LABORATORY	35936825	39317401	75254226	.191752	.191752	.191752	44
47 BLOOD STORING, PROCESSING &	6484950	1129287	7614237	.238748	.238748	.238748	47
49 RESPIRATORY THERAPY	12765209	2667167	15432376	.181631	.181631	.181631	49
50 PHYSICAL THERAPY	8256454	4824681	13081135	.361117	.361117	.361117	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	774762	677471	1452233	.428907	.428907	.428907	52
53 ELECTROCARDIOLOGY	5300618	4342049	9642667	.145370	.145370	.145370	53
53.01 SLEEP LAB	1950	1024140	1026090	.407270	.407270	.407270	53.01
55 MEDICAL SUPPLIES CHARGED TO	4611099	667126	5278225	1.028221	1.028221	1.028221	55
56 DRUGS CHARGED TO PATIENTS	39122386	25174664	64297050	.192417	.192417	.192417	56
57 RENAL DIALYSIS	3094900	96153	3191053	.298286	.298286	.298286	57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		1000	1000	2443.818000	2443.818000	2517.480000	60.01
60.02 CLINIC	20779	2113487	2134266	2.001245	2.001245	2.001245	60.02
60.03 COMMUNITY WELLNESS		1000	1000	808.401000	808.401000	808.401000	60.03
60.04 PROCTO/GI LAB	2139435	8699670	10839105	.341458	.341458	.341458	60.04
60.05 PULMONARY/CARDIAC	7768333	3743427	11511760	.251209	.251209	.251209	60.05
60.06 ITNCC							60.06
61 EMERGENCY	12505565	34969828	47475393	.223941	.223941	.223941	61
62 OBSERVATION BEDS (NON-DISTI	10000	6926525	6936525	.312845	.312845	.312845	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 SUBTOTAL	312281801	227425641	539707442				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	312281801	227425641	539707442				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				2550640		2550640
26 INTENSIVE CARE UNIT				965931		965931
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				108686		108686
101 TOTAL				3625257		3625257

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	32111	10828			79.43	860068
26 INTENSIVE CARE UNIT	5198	2451			185.83	455469
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	4501				24.15	
101 TOTAL	41810	13279				1315537

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1883701	81457956	19210986			.023125	444254	37
39 DELIVERY ROOM & LABOR ROOM		653739	15167035	84038			.043103	3622	39
40 ANESTHESIOLOGY		248129	7940322	1159896			.031249	36246	40
41 RADIOLOGY-DIAGNOSTIC		986211	72251678	7563588			.013650	103243	41
42 RADIOLOGY-THERAPEUTIC		143299	552210	13788			.259501	3578	42
44 LABORATORY		691802	75254226	14934740			.009193	137295	44
47 BLOOD STORING, PROCESSING & T		52432	7614237	1506287			.006886	10372	47
49 RESPIRATORY THERAPY		319524	15432376	3391230			.020705	70215	49
50 PHYSICAL THERAPY		345349	13081135	927940			.026401	24499	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY		50373	1452233	174460			.034687	6051	52
53 ELECTROCARDIOLOGY		196071	9642667	4636803			.020334	94285	53
53.01 SLEEP LAB		61008	1026090				.059457		53.01
55 MEDICAL SUPPLIES CHARGED TO P		76338	5278225	3125917			.014463	45210	55
56 DRUGS CHARGED TO PATIENTS		328598	64297050	14677017			.005111	75014	56
57 RENAL DIALYSIS		19614	3191053	1084187			.006147	6664	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE		135250	1000				135.250000		60.01
60.02 CLINIC		536337	2134266	2438			.251298	613	60.02
60.03 COMMUNITY WELLNESS		3418	1000				3.418000		60.03
60.04 PROCTO/GI LAB		792694	10839105	751004			.073133	54923	60.04
60.05 PULMONARY/CARDIAC		431440	11511760	20337			.037478	762	60.05
60.06 ITNCC									60.06
61 EMERGENCY		790898	47475393	4000348			.016659	66642	61
62 OBSERVATION BEDS (NON-DISTINC		183487	6936525	9935			.026452	263	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		8929712	452537542	77274939				1183751	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 08:49

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 COSTS	
	ANESTHETIST COST 1	SCHOOL COST 2	HEALTH COSTS 2.01	MEDICAL EDUCATION COSTS 2.02	ADJUSTMENT AMOUNT 3		
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		427777				427777	25
26 INTENSIVE CARE UNIT		92542				92542	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		68410				68410	33
34 SKILLED NURSING FACILITY		182216				182216	34
35 NURSING FACILITY							35
101 TOTAL		770945				770945	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/30/2009 08:49

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	32111	13.32	10828	144229	25
26 INTENSIVE CARE UNIT	5198	17.80	2451	43628	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	4501	15.20			33
34 SKILLED NURSING FACILITY	12130	15.02	8845	132852	34
35 NURSING FACILITY					35
101 TOTAL	53940		22124	320709	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			202612				202612 37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC			9882				9882 42
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC							60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB			61857				61857 60.04
60.05 PULMONARY/CARDIAC			65818				65818 60.05
60.06 ITNCC							60.06
61 EMERGENCY			92556				92556 61
62 OBSERVATION BEDS (NON-DISTINC			30774				30774 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			463499				463499 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	202612	81457956	.002487	.002487	19210986	47778	11918019	37
39 DELIVERY ROOM & LABOR ROOM		15167035			84038		12347	39
40 ANESTHESIOLOGY		7940322			1159896		568835	40
41 RADIOLOGY-DIAGNOSTIC		72251678			7563588		9733338	41
42 RADIOLOGY-THERAPEUTIC	9882	552210	.017895	.017895	13788	247	189658	42
44 LABORATORY		75254226			14934740		925827	44
47 BLOOD STORING, PROCESSING & T		7614237			1506287		217410	47
49 RESPIRATORY THERAPY		15432376			3391230		135217	49
50 PHYSICAL THERAPY		13081135			927940		1102	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1452233			174460		57997	52
53 ELECTROCARDIOLOGY		9642667			4636803		2010025	53
53.01 SLEEP LAB		1026090						53.01
55 MEDICAL SUPPLIES CHARGED TO P		5278225			3125917		330636	55
56 DRUGS CHARGED TO PATIENTS		64297050			14677017		10030474	56
57 RENAL DIALYSIS		3191053			1084187			57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		1000						60.01
60.02 CLINIC		2134266			2438		343966	60.02
60.03 COMMUNITY WELLNESS		1000						60.03
60.04 PROCTO/GI LAB	61857	10839105	.005707	.005707	751004	4286	1824313	60.04
60.05 PULMONARY/CARDIAC	65818	11511760	.005717	.005717	20337	116	95646	60.05
60.06 ITNCC								60.06
61 EMERGENCY	92556	47475393	.001950	.001950	4000348	7801	3233385	61
62 OBSERVATION BEDS (NON-DISTINC	30774	6936525	.004437	.004437	9935	44	799680	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	463499	452537542			77274939	60272	42427875	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			29640		37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC			3394		42
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB			10411		60.04
60.05 PULMONARY/CARDIAC			547		60.05
60.06 ITNCC					60.06
61 EMERGENCY			6305		61
62 OBSERVATION BEDS (NON-DISTINC			3548		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			53845		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.250165	.250165	.250165			37
39 DELIVERY ROOM & LABOR ROOM	.437919	.437919	.437919			39
40 ANESTHESIOLOGY	.092424	.092424	.092424			40
41 RADIOLOGY-DIAGNOSTIC	.171913	.171913	.171913			41
42 RADIOLOGY-THERAPEUTIC	.546415	.546415	.546415			42
44 LABORATORY	.191752	.191752	.191752			44
47 BLOOD STORING, PROCESSING & TRA	.238748	.238748	.238748			47
49 RESPIRATORY THERAPY	.181631	.181631	.181631			49
50 PHYSICAL THERAPY	.361117	.361117	.361117			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.428907	.428907	.428907			52
53 ELECTROCARDIOLOGY	.145370	.145370	.145370			53
53.01 SLEEP LAB	.407270	.407270	.407270			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.028221	1.028221	1.028221			55
56 DRUGS CHARGED TO PATIENTS	.192417	.192417	.192417			56
57 RENAL DIALYSIS	.298286	.298286	.298286			57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	2443.818000	2443.818000	2443.818000			60.01
60.02 CLINIC	2.001245	2.001245	2.001245			60.02
60.03 COMMUNITY WELLNESS	808.401000	808.401000	808.401000			60.03
60.04 PROCTO/GI LAB	.341458	.341458	.341458			60.04
60.05 PULMONARY/CARDIAC	.251209	.251209	.251209			60.05
60.06 ITNCC						60.06
61 EMERGENCY	.223941	.223941	.223941			61
62 OBSERVATION BEDS (NON-DISTINCT	.312845	.312845	.312845			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	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.192417	1
2 PROGRAM VACCINE CHARGES		69044	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		13285	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		11918019	10268					37
39 DELIVERY ROOM & LABOR ROOM		12347						39
40 ANESTHESIOLOGY		568835						40
41 RADIOLOGY-DIAGNOSTIC		9733338						41
42 RADIOLOGY-THERAPEUTIC		189658						42
44 LABORATORY		925827						44
47 BLOOD STORING, PROCESSING & TR		217410						47
49 RESPIRATORY THERAPY		135217						49
50 PHYSICAL THERAPY		1102						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		57997						52
53 ELECTROCARDIOLOGY		2010025						53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO PA		330636	4203					55
56 DRUGS CHARGED TO PATIENTS		10030474						56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC		343966	439					60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB		1824313						60.04
60.05 PULMONARY/CARDIAC		95646						60.05
60.06 ITNCC								60.06
61 EMERGENCY		3233385						61
62 OBSERVATION BEDS (NON-DISTINCT		799680						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		42427875	14910					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		42427875	14910					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01)	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		2981471	2569				37
39 DELIVERY ROOM & LABOR ROOM		5407					39
40 ANESTHESIOLOGY		52574					40
41 RADIOLOGY-DIAGNOSTIC		1673287					41
42 RADIOLOGY-THERAPEUTIC		103632					42
44 LABORATORY		177529					44
47 BLOOD STORING, PROCESSING & TRA		51906					47
49 RESPIRATORY THERAPY		24560					49
50 PHYSICAL THERAPY		398					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		24875					52
53 ELECTROCARDIOLOGY		292197					53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		339967	4322				55
56 DRUGS CHARGED TO PATIENTS		1930034					56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC		688360	879				60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB		622926					60.04
60.05 PULMONARY/CARDIAC		24027					60.05
60.06 ITNCC							60.06
61 EMERGENCY		724087					61
62 OBSERVATION BEDS (NON-DISTINCT		250176					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		9967413	7770				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9967413	7770				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			202612				202612 37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC			9882				9882 42
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC							60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB			61857				61857 60.04
60.05 PULMONARY/CARDIAC			65818				65818 60.05
60.06 ITNCC							60.06
61 EMERGENCY			92556				92556 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			432725				432725 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	202612	81457956	.002487	.002487	179184	446	37
39 DELIVERY ROOM & LABOR ROOM		15167035					39
40 ANESTHESIOLOGY		7940322					40
41 RADIOLOGY-DIAGNOSTIC		72251678			195040		41
42 RADIOLOGY-THERAPEUTIC	9882	552210	.017895	.017895	3568	64	42
44 LABORATORY		75254226			1472170		44
47 BLOOD STORING, PROCESSING & T		7614237			8947		47
49 RESPIRATORY THERAPY		15432376			172329		49
50 PHYSICAL THERAPY		13081135			4777289		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1452233			410595		52
53 ELECTROCARDIOLOGY		9642667			73104		53
53.01 SLEEP LAB		1026090					53.01
55 MEDICAL SUPPLIES CHARGED TO P		5278225			851270		55
56 DRUGS CHARGED TO PATIENTS		64297050			3357705		56
57 RENAL DIALYSIS		3191053			1527		57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		1000					60.01
60.02 CLINIC		2134266					60.02
60.03 COMMUNITY WELLNESS		1000					60.03
60.04 PROCTO/GI LAB	61857	10839105	.005707	.005707			60.04
60.05 PULMONARY/CARDIAC	65818	11511760	.005717	.005717	1298	7	60.05
60.06 ITNCC							60.06
61 EMERGENCY	92556	47475393	.001950	.001950			61
62 OBSERVATION BEDS (NON-DISTINC		6936525					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	432725	452537542			11504026	517	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [XX] SNF (14-5743)
 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 COSTS			
	COST TO CHARGE RATIO	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
	1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
39 DELIVERY ROOM & LABOR RO									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
42 RADIOLOGY-THERAPEUTIC									42
44 LABORATORY									44
47 BLOOD STORING, PROCESSIN									47
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY									53
53.01 SLEEP LAB									53.01
55 MEDICAL SUPPLIES CHARGED									55
56 DRUGS CHARGED TO PATIENT									56
57 RENAL DIALYSIS									57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE									60.01
60.02 CLINIC									60.02
60.03 COMMUNITY WELLNESS									60.03
60.04 PROCTO/GI LAB									60.04
60.05 PULMONARY/CARDIAC									60.05
60.06 ITNCC									60.06
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DI									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND									65.01
65.02 AMBULANCE SERVICES (3RD									65.02
65.03 AMBULANCE SERVICES (4TH									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	.192417	1
2 PROGRAM VACCINE CHARGES	756	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	145	3
3.01 PROGRAM COSTS		3.01

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				2550640		2550640
26 INTENSIVE CARE UNIT				965931		965931
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				108686		108686
101 TOTAL				3625257		3625257

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	32111	9227			79.43	732901
26 INTENSIVE CARE UNIT	5198	1017			185.83	188989
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	4501	2957			24.15	71412
101 TOTAL	41810	13201				993302

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1883701	81457956				.023125	37	
39 DELIVERY ROOM & LABOR ROOM		653739	15167035				.043103	39	
40 ANESTHESIOLOGY		248129	7940322				.031249	40	
41 RADIOLOGY-DIAGNOSTIC		986211	72251678				.013650	41	
42 RADIOLOGY-THERAPEUTIC		143299	552210				.259501	42	
44 LABORATORY		691802	75254226				.009193	44	
47 BLOOD STORING, PROCESSING & T		52432	7614237				.006886	47	
49 RESPIRATORY THERAPY		319524	15432376				.020705	49	
50 PHYSICAL THERAPY		345349	13081135				.026401	50	
51 OCCUPATIONAL THERAPY								51	
52 SPEECH PATHOLOGY		50373	1452233				.034687	52	
53 ELECTROCARDIOLOGY		196071	9642667				.020334	53	
53.01 SLEEP LAB		61008	1026090				.059457	53.01	
55 MEDICAL SUPPLIES CHARGED TO P		76338	5278225				.014463	55	
56 DRUGS CHARGED TO PATIENTS		328598	64297050				.005111	56	
57 RENAL DIALYSIS		19614	3191053				.006147	57	
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE		135250	1000				135.250000	60.01	
60.02 CLINIC		536337	2134266				.251298	60.02	
60.03 COMMUNITY WELLNESS		3418	1000				3.418000	60.03	
60.04 PROCTO/GI LAB		792694	10839105				.073133	60.04	
60.05 PULMONARY/CARDIAC		431440	11511760				.037478	60.05	
60.06 ITNCC								60.06	
61 EMERGENCY		790898	47475393				.016659	61	
62 OBSERVATION BEDS (NON-DISTINC		183487	6936525				.026452	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		8929712	452537542					101	

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 08:49

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		427777				427777	25
26 INTENSIVE CARE UNIT		92542				92542	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		68410				68410	33
34 SKILLED NURSING FACILITY		182216				182216	34
35 NURSING FACILITY							35
101 TOTAL		770945				770945	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 11/30/2009 08:49

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL	PER	INPATIENT	INPATIENT	
		PATIENT	DIEM	PROGRAM	PROGRAM	
		DAYS	6	DAYS	PASS THRU	
		5		7	COSTS	8
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	32111	13.32	9227	122904	25
26	INTENSIVE CARE UNIT	5198	17.80	1017	18103	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	4501	15.20	2957	44946	33
34	SKILLED NURSING FACILITY	12130	15.02	87	1307	34
35	NURSING FACILITY					35
101	TOTAL	53940		13288	187260	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			202612				202612 37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC			9882				9882 42
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC							60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB			61857				61857 60.04
60.05 PULMONARY/CARDIAC			65818				65818 60.05
60.06 ITNCC							60.06
61 EMERGENCY			92556				92556 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			432725				432725 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	202612	81457956	.002487	.002487			37
39 DELIVERY ROOM & LABOR ROOM		15167035					39
40 ANESTHESIOLOGY		7940322					40
41 RADIOLOGY-DIAGNOSTIC		72251678					41
42 RADIOLOGY-THERAPEUTIC	9882	552210	.017895	.017895			42
44 LABORATORY		75254226					44
47 BLOOD STORING, PROCESSING & T		7614237					47
49 RESPIRATORY THERAPY		15432376					49
50 PHYSICAL THERAPY		13081135					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1452233					52
53 ELECTROCARDIOLOGY		9642667					53
53.01 SLEEP LAB		1026090					53.01
55 MEDICAL SUPPLIES CHARGED TO P		5278225					55
56 DRUGS CHARGED TO PATIENTS		64297050					56
57 RENAL DIALYSIS		3191053					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		1000					60.01
60.02 CLINIC		2134266					60.02
60.03 COMMUNITY WELLNESS		1000					60.03
60.04 PROCTO/GI LAB	61857	10839105	.005707	.005707			60.04
60.05 PULMONARY/CARDIAC	65818	11511760	.005717	.005717			60.05
60.06 ITNCC							60.06
61 EMERGENCY	92556	47475393	.001950	.001950			61
62 OBSERVATION BEDS (NON-DISTINC		6936525					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	432725	452537542					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5743)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	32111					12130	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	32111					12130	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32111					12130	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)	10828					8845	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5743)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30165659					7202562	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	30165659					7202562	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	56698267					8047984	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	56698267					8047984	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.532038					.894952	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1765.70					663.48	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	30165659					7202562	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	939.42					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10172040					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10172040					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	10148844	5198	1952.45	2451	4785455	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	18708062					48
49 TOTAL PROGRAM INPATIENT COSTS	33665557					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1503394					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1244023					51
52 TOTAL PROGRAM EXCLUDABLE COST	2747417					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	30918140					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5743)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	7202562	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	593.78	67
68 PROGRAM ROUTINE SERVICE COST	5251984	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	5251984	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	650666	71
72 PER DIEM CAPITAL RELATED COSTS	53.64	72
73 PROGRAM CAPITAL RELATED COSTS	474446	73
74 INPATIENT ROUTINE SERVICE COST	4777538	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4777538	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	5251984	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	3830083	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	55073	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	9137140	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)
 (14-0049)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2310	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	939.42	84
85 OBSERVATION BED COST	2170060	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		30165659		2170060		86
87 NEW CAPITAL-RELATED COST	2550640	30165659	.084554	2170060	183487	87
88 NON PHYSICIAN ANESTHETIST		30165659		2170060		88
89 NURSING SCHOOL	427777	30165659	.014181	2170060	30774	89
89.01 ALLIED HEALTH		30165659		2170060		89.01
89.02 ALL OTHER		30165659		2170060		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	32111					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	32111					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32111					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)	9227					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	4501					15
16 TITLE V OR XIX NURSERY DAYS	2957					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30165659						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	30165659						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	56698267						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	56698267						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.532038						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1765.70						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	30165659						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	939.42					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8668028					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8668028					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)	1067783	4501	237.23	2957	701489	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10148844	5198	1952.45	1017	1985642	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 (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	11355159					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1179255					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	1179255					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/30/2009 08:49

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/30/2009 08:49

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2310	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	939.42	84
85 OBSERVATION BED COST	2170060	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		16931360		25
26 INTENSIVE CARE UNIT		6729661		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250165	19210986	4805916	37
39 DELIVERY ROOM & LABOR ROOM	.437919	84038	36802	39
40 ANESTHESIOLOGY	.092424	1159896	107202	40
41 RADIOLOGY-DIAGNOSTIC	.171913	7563588	1300279	41
42 RADIOLOGY-THERAPEUTIC	.546415	13788	7534	42
44 LABORATORY	.191752	14934740	2863766	44
47 BLOOD STORING, PROCESSING & TRA	.238748	1506287	359623	47
49 RESPIRATORY THERAPY	.181631	3391230	615952	49
50 PHYSICAL THERAPY	.361117	927940	335095	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.428907	174460	74827	52
53 ELECTROCARDIOLOGY	.145370	4636803	674052	53
53.01 SLEEP LAB	.407270			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.028221	3125917	3214134	55
56 DRUGS CHARGED TO PATIENTS	.192417	14677017	2824108	56
57 RENAL DIALYSIS	.298286	1084187	323398	57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE	2517.480000			60.01
60.02 CLINIC	2.001245	2438	4879	60.02
60.03 COMMUNITY WELLNESS	808.401000			60.03
60.04 PROCTO/GI LAB	.341458	751004	256436	60.04
60.05 PULMONARY/CARDIAC	.251209	20337	5109	60.05
60.06 ITNCC				60.06
61 EMERGENCY	.223941	4000348	895842	61
62 OBSERVATION BEDS (NON-DISTINCT	.312845	9935	3108	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		77274939	18708062	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		77274939		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.250165	179184	44826	37
39 DELIVERY ROOM & LABOR ROOM	.437919			39
40 ANESTHESIOLOGY	.092424			40
41 RADIOLOGY-DIAGNOSTIC	.171913	195040	33530	41
42 RADIOLOGY-THERAPEUTIC	.546415	3568	1950	42
44 LABORATORY	.191752	1472170	282292	44
47 BLOOD STORING, PROCESSING & TRA	.238748	8947	2136	47
49 RESPIRATORY THERAPY	.181631	172329	31300	49
50 PHYSICAL THERAPY	.361117	4777289	1725160	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.428907	410595	176107	52
53 ELECTROCARDIOLOGY	.145370	73104	10627	53
53.01 SLEEP LAB	.407270			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.028221	851270	875294	55
56 DRUGS CHARGED TO PATIENTS	.192417	3357705	646080	56
57 RENAL DIALYSIS	.298286	1527	455	57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE	2443.818000			60.01
60.02 CLINIC	2.001245			60.02
60.03 COMMUNITY WELLNESS	808.401000			60.03
60.04 PROCTO/GI LAB	.341458			60.04
60.05 PULMONARY/CARDIAC	.251209	1298	326	60.05
60.06 ITNCC				60.06
61 EMERGENCY	.223941			61
62 OBSERVATION BEDS (NON-DISTINCT	.312845			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		11504026	3830083	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11504026		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.250165		37
39 DELIVERY ROOM & LABOR ROOM	.437919		39
40 ANESTHESIOLOGY	.092424		40
41 RADIOLOGY-DIAGNOSTIC	.171913		41
42 RADIOLOGY-THERAPEUTIC	.546415		42
44 LABORATORY	.191752		44
47 BLOOD STORING, PROCESSING & TRA	.238748		47
49 RESPIRATORY THERAPY	.181631		49
50 PHYSICAL THERAPY	.361117		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.428907		52
53 ELECTROCARDIOLOGY	.145370		53
53.01 SLEEP LAB	.407270		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1.028221		55
56 DRUGS CHARGED TO PATIENTS	.192417		56
57 RENAL DIALYSIS	.298286		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	2443.818000		60.01
60.02 CLINIC	2.001245		60.02
60.03 COMMUNITY WELLNESS	808.401000		60.03
60.04 PROCTO/GI LAB	.341458		60.04
60.05 PULMONARY/CARDIAC	.251209		60.05
60.06 ITNCC			60.06
61 EMERGENCY	.223941		61
62 OBSERVATION BEDS (NON-DISTINCT	.312845		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 (14-0049)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5655042					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5476794					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11162066					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	988606					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1395763					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2623358					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	473623					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	174.67					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	58.78					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	46.02					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	46.02					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	52.83					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	53.68					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	50.84				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.291063				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.299836				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.291063				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	977666				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1011352				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	2028635				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	4017653 0	4017653			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0942				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3342				4.01
4.02	SUM OF 4 AND 4.01	0.4284				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2503				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	5580164				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	32365342				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	32365342				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2357750				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2235006				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	87613				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	187857				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	60272				15
16	TOTAL	37293840				16
17	PRIMARY PAYER PAYMENTS	10463				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37283377				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1893856				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	132405				20
21	REIMBURSABLE BAD DEBTS	848718				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	594103				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	698249				21.02
22	SUBTOTAL	35851219				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	35851219					26
27						27
28	37416890					28
28.01						28.01
29	-1565671					29
30	1266074					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 (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02	
1 MEDICAL AND OTHER SERVICES	21055			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9913568			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8819590			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.878			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8704113			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	53845			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	21055			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	83954			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	83954			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	83954			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	62899			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	21055			17
17.01 TOTAL PPS PAYMENTS	8873435			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2894		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2061682		18.01
19 SUBTOTAL	6829914		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	573786		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	7403700		23
24 PRIMARY PAYER PAYMENTS	107		24
25 SUBTOTAL	7403593		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	782319		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	547623		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	679337		27.02
28 SUBTOTAL	7951216		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	7951216		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6833891		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1117325		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5743) 1	SNF (14-5743) 1.01	SNF (14-5743) 1.02	
1 MEDICAL AND OTHER SERVICES	145			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	145			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	756			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	756			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	756			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	611			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	145			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5743) 1	SNF (14-5743) 1.01	SNF (14-5743) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	145		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	145		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	145		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	145		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	145		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	756		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-611		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0049) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		35653709		6770553	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	02/06/2009 1337431	02/06/2009	60067	3.01
	TO .02	05/08/2009 425750	05/08/2009	3271	3.02
	PROVIDER .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	1763181		63338	3.99
4 TOTAL INTERIM PAYMENTS		37416890		6833891	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
	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			1117325	6.01
	PROVIDER TO .02	-1565671			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		35851219		7951216	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 (14-5743)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4067066		756	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	.01				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		4067066		756	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO .02	NONE		NONE	5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	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	PROGRAM TO				
(BALANCE DUE) BASED ON THE COST	PROVIDER .01	199879			6.01
REPORT.	PROVIDER TO .02			-611	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4266945		145	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5743)
 (PPS)
 2

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	4395820
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	132852
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	517
30	SUBTOTAL	4529189
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	4529189
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5743)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	4529189	35
36	COINSURANCE	328754	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	16339	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.)	11437	38.03
39	UTILIZATION REVIEW	55073	39
40	SUBTOTAL	4266945	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	PPS PAYMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	4266945	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4266945	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	4067066	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	199879	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 (PPS)	
		HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	11355159					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	11355159					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	11355159					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						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	11355159					22
23	COST OF COVERED SERVICES	11355159					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	11355159					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	11355159					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	11355159					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	PPS PAYMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	58.78	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	58.78	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	46.02	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	46.02	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	44.79	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	1.23	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	46.02	3.09
3.10	SEE INSTRUCTIONS	46.02	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	1.23	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	9.88	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	9.32	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	6.81	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	6.81	3.16
3.17	SEE INSTRUCTIONS	118395.78	3.17
3.18	SEE INSTRUCTIONS	806275	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		42.95	3.19
3.20	SEE INSTRUCTIONS		44.33	3.20
3.21	SEE INSTRUCTIONS		44.02	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		44.02	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		124970.36	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		5501195	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		6307470	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		13279	4
5	TOTAL INPATIENT DAYS		34999	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.379411	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2393124	0	2393124	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2686	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		34999	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		415668	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		3191053	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/30/2009 08:49

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	38917541	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	10463	15
16	TOTAL PART A REASONABLE COST	38907078	16
PART B REASONABLE COST			
17	REASONABLE COST	9988613	17
18	PRIMARY PAYER PAYMENTS	107	18
19	TOTAL PART B REASONABLE COST	9988506	19
20	TOTAL REASONABLE COST	48895584	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.795718	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.204282	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	2808792	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2235006	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	573786	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	10244	4
5	TOTAL INPATIENT DAYS	34999	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.292694	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	34999	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	185183				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	17351209				4
5 OTHER RECEIVABLES	1473321				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	1512590				7
8 PREPAID EXPENSES					8
9 OTHER CURRENT ASSETS	2878858				9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	23401161				11
FIXED ASSETS					
12 LAND	1930352				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	2360389				13
13.01 ACCUMULATED DEPRECIATION	-2240917				13.01
14 BUILDINGS	130125246				14
14.01 ACCUMULATED DEPRECIATION	-93352546				14.01
15 LEASEHOLD IMPROVEMENTS	1831158				15
15.01 ACCUMULATED AMORTIZATION	-1551836				15.01
16 FIXED EQUIPMENT	7757330				16
16.01 ACCUMULATED DEPRECIATION	-4928305				16.01
17 AUTOMOBILES AND TRUCKS	228393				17
17.01 ACCUMULATED DEPRECIATION	-221854				17.01
18 MAJOR MOVABLE EQUIPMENT	93164325				18
18.01 ACCUMULATED DEPRECIATION	-77576143				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	57525592				21
OTHER ASSETS					
22 INVESTMENTS	1117833				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS					25
26 TOTAL OTHER ASSETS	1117833				26
27 TOTAL ASSETS	82044586				27
LIABILITIES AND FUND BALANCES					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	10533491				28
29 SALARIES, WAGES & FEES PAYABLE					29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS	98506924				34
35 OTHER CURRENT LIABILITIES	2498511				35
36 TOTAL CURRENT LIABILITIES	111538926				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES	54856438				41
42 TOTAL LONG TERM LIABILITIES	54856438				42
43 TOTAL LIABILITIES	166395364				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	-84350778				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	-84350778				51
52 TOTAL LIABILITIES AND FUND BALANCES	82044586				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	-56678135			1
2 NET INCOME (LOSS)	-29228969			2
3 TOTAL	-85907104			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	1549711			4
5 CHANGE IN INTEREST IN NET ASSETS	6615			5
6 CHANGE IN ACCTG				6
7 CONTRIBUTIONS				7
8 INVESTMENT INCOME				8
9				9
10 TOTAL ADDITIONS	1556326			10
11 SUBTOTAL	-84350778			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET REALIZED LOSS ON INVESTMENTS				13
14 TRANSFER TO AFFILIATES				14
15 NET ASSETS RELEASED FROM RESTRICTIO				15
16 TRANS TO AFFILIATES				16
17 MIN PENSION LIABILITY				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-84350778			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	79131916		79131916	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	8047964		8047964	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	87179880		87179880	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	87179880		87179880	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	212101921	227423641	439525562	18
18.50 ANCILLARY SERVICES				18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE	2358984	9437962	11796946	24.01
25 HOSPICE/CARING CENTER				25
TOTAL PATIENT REVENUES	301640785	236861603	538502388	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		173355360	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	23214354		28
29 SUPPLIES AUDIT ADJUSTMENT	868901		29
30 TAXES AND ASSESSMENTS	5560392		30
31			31
32			32
33 TOTAL ADDITIONS		29643647	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		202999007	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	538502388	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	374126689	2
3	NET PATIENT REVENUES	164375699	3
4	LESS - TOTAL OPERATING EXPENSES	202999007	4
5	NET INCOME FROM SERVICE TO PATIENTS	-38623308	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	748110	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	161	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.)	5370029	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1098097	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ALL OTHER MISCELLANEOUS INCOME	2138835	24
24.05	ASSETS RELEASED FROM RESTRICTIONS	176077	24.05
25	TOTAL OTHER INCOME	9531309	25
26	TOTAL	-29091999	26
27			27
27.01	NON OPERATING EXPENSES	136970	27.01
27.04	TRANSFERS TO AFFILIATES		27.04
27.05	UNREALIZED LOSSES		27.05
27.06	LOSS FROM INVESTMENTS		27.06
28			28
29			29
30	TOTAL OTHER EXPENSES	136970	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-29228969	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0049)	HOSPITAL (14-0049)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	1858058				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	31461				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	95.89				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]					
4.01 NO. OF INTERNS & RESIDENTS	50.84	0.00	50.84		4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE			16.14		4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT			299891		4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.0942				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I			0.3342		5.01
5.02 SUM OF LINES 5 AND 5.01			0.4284		5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE			0.0906		5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT			168340		5.04
6	2357750				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING AND COLLECTIONS					6.05
6.06 ADMINISTRATIVE AND GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97.01 CARING CENTERS					97.01
97.02 RETAIL PHARMACY					97.02
97.03 POB SHELL					97.03
97.04 CLOSED UNITS					97.04
97.05 OFFSITE PHYSICIAN PRACTICES					97.05
98 PHYSICIANS' PRIVATE OFFICES					98

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PERIOD FROM 07/01/2008 TO 06/30/2009

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
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	33.72		28.73				62.45 25
26 INTENSIVE CARE UNIT	47.15		19.57				66.72 26
33 NURSERY			65.70				65.70 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	23.58	14.63					38.21 37
39 DELIVERY ROOM & LABOR ROOM	0.55	0.08					0.63 39
40 ANESTHESIOLOGY	14.61	7.16					21.77 40
41 RADIOLOGY-DIAGNOSTIC	10.47	13.47					23.94 41
42 RADIOLOGY-THERAPEUTIC	2.50	34.35					36.85 42
44 LABORATORY	19.85	1.23					21.08 44
47 BLOOD STORING, PROCESSING & TRA	19.78	2.86					22.64 47
49 RESPIRATORY THERAPY	21.97	0.88					22.85 49
50 PHYSICAL THERAPY	7.09	0.01					7.10 50
52 SPEECH PATHOLOGY	12.01	3.99					16.00 52
53 ELECTROCARDIOLOGY	48.09	20.85					68.94 53
55 MEDICAL SUPPLIES CHARGED TO PAT	59.22	6.26					65.48 55
56 DRUGS CHARGED TO PATIENTS	22.83	15.60					38.43 56
57 RENAL DIALYSIS	33.98						33.98 57
60.02 CLINIC	0.11	16.12					16.23 60.02
60.04 PROCTO/GI LAB	6.93	16.83					23.76 60.04
60.05 PULMONARY/CARDIAC	0.18	0.83					1.01 60.05
61 EMERGENCY	8.43	6.81					15.24 61
62 OBSERVATION BEDS (NON-DISTINCT	0.14	11.53					11.67 62
101 TOTAL CHARGES	14.32	7.86					22.18 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		72.92					72.92	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM		0.22					0.22	37
41 RADIOLOGY-DIAGNOSTIC		0.27					0.27	41
42 RADIOLOGY-THERAPEUTIC		0.65					0.65	42
44 LABORATORY		1.96					1.96	44
47 BLOOD STORING, PROCESSING & TRA		0.12					0.12	47
49 RESPIRATORY THERAPY		1.12					1.12	49
50 PHYSICAL THERAPY		36.52					36.52	50
52 SPEECH PATHOLOGY		28.27					28.27	52
53 ELECTROCARDIOLOGY		0.76					0.76	53
55 MEDICAL SUPPLIES CHARGED TO PAT		16.13					16.13	55
56 DRUGS CHARGED TO PATIENTS		5.22					5.22	56
57 RENAL DIALYSIS		0.05					0.05	57
60.05 PULMONARY/CARDIAC		0.01					0.01	60.05
101 TOTAL CHARGES		2.13					2.13	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	8594580	5.09	-8594580	-9.49			3
4	NEW CAP REL COSTS-MVBLE EQUIP	5217327	3.09	-5217327	-5.76			4
5	EMPLOYEE BENEFITS	12823743	7.59	-12823743	-14.16			5
6.01	COMMUNICATIONS	221170	.13	-221170	-.24			6.01
6.02	DATA PROCESSING	4411923	2.61	-4411923	-4.87			6.02
6.03	PURCHASING	648100	.38	-648100	-.72			6.03
6.04	ADMITTING	1336410	.79	-1336410	-1.48			6.04
6.05	CASHIERING AND COLLECTIONS	2154137	1.28	-2154137	-2.38			6.05
6.06	ADMINISTRATIVE AND GENERAL	32898809	19.48	-32898809	-36.31			6.06
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	7530563	4.46	-7530563	-8.31			8
9	LAUNDRY & LINEN SERVICE	745103	.44	-745103	-.82			9
10	HOUSEKEEPING	2064945	1.22	-2064945	-2.28			10
11	DIETARY	1620708	.96	-1620708	-1.79			11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	3066688	1.82	-3066688	-3.39			14
15	CENTRAL SERVICES & SUPPLY	1163903	.69	-1163903	-1.28			15
16	PHARMACY	2090512	1.24	-2090512	-2.31			16
17	MEDICAL RECORDS & LIBRARY	1362048	.81	-1362048	-1.50			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL	-832152	-.49	832152	.92			21
22	I&R SERVICES-SALARY & FRINGES A	2323078	1.38	-2323078	-2.56			22
23	I&R SERVICES-OTHER PRGM COSTS A	1153342	.68	-1153342	-1.27			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	11813040	7.00	20198235	22.30	32011275	18.96	25
26	INTENSIVE CARE UNIT	4834813	2.86	5921246	6.54	10756059	6.37	26
33	NURSERY	201847	.12	865936	.96	1067783	.63	33
34	SKILLED NURSING FACILITY	2393077	1.42	4809485	5.31	7202562	4.27	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	9758083	5.78	10891472	12.02	20649555	12.23	37
39	DELIVERY ROOM & LABOR ROOM	3097918	1.83	3759733	4.15	6857651	4.06	39
40	ANESTHESIOLOGY	206087	.12	543765	.60	749852	.44	40
41	RADIOLOGY-DIAGNOSTIC	6520832	3.86	5996035	6.62	12516867	7.41	41
42	RADIOLOGY-THERAPEUTIC			301736	.33	301736	.18	42
44	LABORATORY	8898856	5.27	5619197	6.20	14518053	8.60	44
47	BLOOD STORING, PROCESSING & TRA	1256975	.74	560912	.62	1817887	1.08	47
49	RESPIRATORY THERAPY	1448356	.86	1354637	1.50	2802993	1.66	49
50	PHYSICAL THERAPY	3032204	1.80	1691620	1.87	4723824	2.80	50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY	325891	.19	296982	.33	622873	.37	52
53	ELECTROCARDIOLOGY	690478	.41	711273	.79	1401751	.83	53

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 SLEEP LAB	187743	.11	230153	.25	417896	.25	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	4077134	2.41	1350049	1.49	5427183	3.21	55
56 DRUGS CHARGED TO PATIENTS	6491874	3.84	5879949	6.49	12371823	7.33	56
57 RENAL DIALYSIS	695953	.41	255892	.28	951845	.56	57
60.01 FAMILY PRACTICE	1251824	.74	1783229	1.97	3035053	1.80	60.01
60.02 CLINIC	2360133	1.40	3277289	3.62	5637422	3.34	60.02
60.03 COMMUNITY WELLNESS	638358	.38	170043	.19	808401	.48	60.03
60.04 PROCTO/GI LAB	982498	.58	2758551	3.04	3741049	2.22	60.04
60.05 PULMONARY/CARDIAC	1448736	.86	1714773	1.89	3163509	1.87	60.05
60.06 ITNCC							60.06
61 EMERGENCY	4794076	2.84	6476789	7.15	11270865	6.67	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	209281	.12	249505	.28	458786	.27	96
97.01 CARING CENTERS	95535	.06	50244	.06	145779	.09	97.01
97.02 RETAIL PHARMACY	396608	.23	299430	.33	696038	.41	97.02
97.03 POB SHELL							97.03
97.04 CLOSED UNITS							97.04
97.05 OFFSITE PHYICIAN PRACTICES	71973	.04	107153	.12	179126	.11	97.05
98 PHYSICIANS' PRIVATE OFFICES	77403	.05	2469624	2.73	2547027	1.51	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	168852523	100.00	0	.00	168852523	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	1883701	81457956	.023125	19210986	444254	37
39 DELIVERY ROOM & LABOR ROOM	653739	15167035	.043103	84038	3622	39
40 ANESTHESIOLOGY	248129	7940322	.031249	1159896	36246	40
41 RADIOLOGY-DIAGNOSTIC	986211	72251678	.013650	7563588	103243	41
42 RADIOLOGY-THERAPEUTIC	143299	552210	.259501	13788	3578	42
44 LABORATORY	691802	75254226	.009193	14934740	137295	44
47 BLOOD STORING, PROCESSING & TRA	52432	7614237	.006886	1506287	10372	47
49 RESPIRATORY THERAPY	319524	15432376	.020705	3391230	70215	49
50 PHYSICAL THERAPY	345349	13081135	.026401	927940	24499	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	50373	1452233	.034687	174460	6051	52
53 ELECTROCARDIOLOGY	196071	9642667	.020334	4636803	94285	53
53.01 SLEEP LAB	61008	1026090	.059457			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	76338	5278225	.014463	3125917	45210	55
56 DRUGS CHARGED TO PATIENTS	328598	64297050	.005111	14677017	75014	56
57 RENAL DIALYSIS	19614	3191053	.006147	1084187	6664	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	135250	1000	135.250000			60.01
60.02 CLINIC	536337	2134266	.251298	2438	613	60.02
60.03 COMMUNITY WELLNESS	3418	1000	3.418000			60.03
60.04 PROCTO/GI LAB	792694	10839105	.073133	751004	54923	60.04
60.05 PULMONARY/CARDIAC	431440	11511760	.037478	20337	762	60.05
60.06 ITNCC						60.06
61 EMERGENCY	790898	47475393	.016659	4000348	66642	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	183487	6936525	.026452	9935	263	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8929712	452537542		77274939	1183751	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2550640		2550640	32111	79.43	10828	860068 25
26	INTENSIVE CARE UNIT	965931		965931	5198	185.83	2451	455469 26
101	TOTAL	3516571		3516571			13279	1315537 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1315537	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1183751	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2499288	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2779	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13279	
PER DISCHARGE CAPITAL COSTS							899.35	
PER DIEM CAPITAL COSTS							188.21	

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)	30918140
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	100935960
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.306

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)	2499288
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	9888288
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	42368776
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.233