

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0213	I	FROM 10/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2010 TIME 12:16

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY 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:
 SILVER CROSS HOSPITAL 14-0213

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-54,525	94,147	0	
2	SUBPROVIDER	0	106,910	0	0	
2.01	SUBPROVIDER II	0	20,342	0	0	
7	HOSPITAL-BASED HHA	0	0	-2	0	
100	TOTAL	0	72,727	94,145	0	

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
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.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 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 COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	76,882,402		76,882,402	2,832,357.00	27.14	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,585,632	-267,100	4,318,532	138,945.00	31.08	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	855,937		855,937	18,362.00	46.61	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	457,956		457,956	2,712.00	168.86	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,840,425		5,840,425	21,600.00	270.39	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	22,495,926		22,495,926			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,338,921		1,338,921			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	415,537		415,537	12,834.00	32.38	
22 ADMINISTRATIVE & GENERAL	9,799,644	-221,590	9,578,054	366,425.00	26.14	
22.01 A & G UNDER CONTRACT	114,535		114,535	2,328.00	49.20	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,178,356		2,178,356	96,096.00	22.67	
25 LAUNDRY & LINEN SERVICE	72,622		72,622	5,408.00	13.43	
26 HOUSEKEEPING	1,778,786		1,778,786	125,590.00	14.16	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,283,947	-621,346	662,601	47,308.00	14.01	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		621,346	621,346	44,358.00	14.01	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,200,041		1,200,041	35,526.00	33.78	
31 CENTRAL SERVICE AND SUPPLY	779,839	-402,181	377,658	24,623.00	15.34	
32 PHARMACY	1,874,730		1,874,730	52,062.00	36.01	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,750,685		1,750,685	87,651.00	19.97	
34 SOCIAL SERVICE		221,590	221,590	7,746.00	28.61	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	76,996,937		76,996,937	2,834,685.00	27.16	
2 EXCLUDED AREA SALARIES	4,585,632	-267,100	4,318,532	138,945.00	31.08	
3 SUBTOTAL SALARIES	72,411,305	267,100	72,678,405	2,695,740.00	26.96	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	7,154,318		7,154,318	42,674.00	167.65	
5 SUBTOTAL WAGE-RELATED COSTS	22,495,926		22,495,926		30.95	
6 TOTAL	102,061,549	267,100	102,328,649	2,738,414.00	37.37	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	21,248,722	-402,181	20,846,541	907,955.00	22.96	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0213
HHA NO: 14-7452
COUNTY:
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/23/2010
WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,611	18	33
2 UNDUPLICATED CENSUS COUNT		927.00	66.00	312.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	4,662
2 UNDUPLICATED CENSUS COUNT	1,305.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	6.88		6.88
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	12.88		12.88
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		4.63	4.63
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		1.73	1.73
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.16	.16
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.06	.24	.30
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.24		2.24
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16974	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	8,364	63	142	591
22 SKILLED NURSING VISIT CHARGES	1,727,791	13,013	29,330	121,865
23 PHYSICAL THERAPY VISITS	5,348	6	27	406
24 PHYSICAL THERAPY VISIT CHARGES	1,036,369	1,163	5,231	78,663
25 OCCUPATIONAL THERAPY VISITS	1,900	0	5	130
26 OCCUPATIONAL THERAPY VISIT CHARGES	368,513	0	969	25,188
27 SPEECH PATHOLOGY VISITS	159	0	0	17
28 SPEECH PATHOLOGY VISIT CHARGES	32,888	0	0	3,494
29 MEDICAL SOCIAL SERVICE VISITS	257	3	1	19
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	72,718	849	283	5,376
31 HOME HEALTH AIDE VISITS	2,517	17	10	187
32 HOME HEALTH AIDE VISIT CHARGES	317,897	2,147	1,263	23,492
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	18,545	89	185	1,350
34 OTHER CHARGES	17,776	226	256	1,315
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,573,952	17,398	37,332	259,393
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	817	0	62	66
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	0	5
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	20,093	377	870	493

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 2/23/2010
14-0213	FROM 10/ 1/2008	WORKSHEET S-4
HHA NO:	TO 9/30/2009	
14-7452		
COUNTY:		

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	9,160
22 SKILLED NURSING VISIT CHARGES	0	0	1,891,999
23 PHYSICAL THERAPY VISITS	0	0	5,787
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,121,426
25 OCCUPATIONAL THERAPY VISITS	0	0	2,035
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	394,670
27 SPEECH PATHOLOGY VISITS	0	0	176
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	36,382
29 MEDICAL SOCIAL SERVICE VISITS	0	0	280
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	79,226
31 HOME HEALTH AIDE VISITS	0	0	2,731
32 HOME HEALTH AIDE VISIT CHARGES	0	0	344,799
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	20,169
34 OTHER CHARGES	0	0	19,573
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,888,075
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	945
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	7
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	21,833

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2008	2/23/2010
SATELLITE NO:	TO 9/30/2009	WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	52					
7 TREATMENT CAPACITY PER DAY PER STATION	8					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	1,822,771					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM	-18,477					
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	64,382					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
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?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	24,077,000
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	24,077,000
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.291547
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	90,896,000
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,500,456
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,203,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,266,201
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	26,500,456

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0213

PERIOD: FROM 10/1/2008 TO 9/30/2009

PREPARED 2/23/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		36,692,890	36,692,890	-14,138,587	22,554,303
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,489,606	7,489,606
5	0500 EMPLOYEE BENEFITS	415,537	24,387,901	24,803,438		24,803,438
6	0600 ADMINISTRATIVE & GENERAL	9,799,644	29,082,795	38,882,439	4,838,457	43,720,896
8	0800 OPERATION OF PLANT	2,178,356	5,528,692	7,707,048		7,707,048
9	0900 LAUNDRY & LINEN SERVICE	72,622	228,607	301,229		301,229
10	1000 HOUSEKEEPING	1,778,786	983,800	2,762,586		2,762,586
11	1100 DIETARY	1,283,947	1,351,169	2,635,116	-1,275,223	1,359,893
12	1200 CAFETERIA				1,275,223	1,275,223
14	1400 NURSING ADMINISTRATION	1,200,041	20,845	1,220,886		1,220,886
15	1500 CENTRAL SERVICES & SUPPLY	779,839	1,127,056	1,906,895	-1,432,601	474,294
16	1600 PHARMACY	1,874,730	8,946,276	10,821,006	-7,412,376	3,408,630
17	1700 MEDICAL RECORDS & LIBRARY	1,750,685	615,227	2,365,912		2,365,912
18	1800 SOCIAL SERVICE				221,590	221,590
24	2400 PARAMED ED PRGM	194,815	216,886	411,701	-71,314	340,387
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,506,245	1,943,460	16,449,705	2,175,398	18,625,103
26	2600 INTENSIVE CARE UNIT	3,195,102	488,145	3,683,247	-226,606	3,456,641
31	3100 SUBPROVIDER	1,238,866	50,553	1,289,419	-188,258	1,101,161
31.01	3101 SUBPROVIDER 2	1,676,897	135,428	1,812,325	65,804	1,878,129
33	3300 NURSERY	4,279,144	249,217	4,528,361	-3,597,800	930,561
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,757,931	13,408,062	18,165,993	-6,122,527	12,043,466
38	3800 RECOVERY ROOM	948,609	72,527	1,021,136	-28,458	992,678
39	3900 DELIVERY ROOM & LABOR ROOM		437,607	437,607	1,545,208	1,982,815
40	4000 ANESTHESIOLOGY	147,661	592,839	740,500	-351,296	389,204
41	4100 RADIOLOGY-DIAGNOSTIC	6,340,613	11,576,550	17,917,163	-1,923,980	15,993,183
41.01	4101 ULTRASOUND	1,015,514	218,494	1,234,008	-13,553	1,220,455
44	4400 LABORATORY	3,159,752	3,750,524	6,910,276	74,452	6,984,728
47	4700 BLOOD STORING, PROCESSING & TRANS.	141,466	1,393,146	1,534,612		1,534,612
49	4900 RESPIRATORY THERAPY	985,966	249,105	1,235,071	9,425	1,244,496
50	5000 PHYSICAL THERAPY	1,324,895	416,699	1,741,594	-10,672	1,730,922
51	5100 OCCUPATIONAL THERAPY	390,965	9,841	400,806	-2,454	398,352
52	5200 SPEECH PATHOLOGY	243,688	7,531	251,219	-776	250,443
53	5300 ELECTROCARDIOLOGY	758,347	399,630	1,157,977	46,365	1,204,342
54	5400 ELECTROENCEPHALOGRAPHY	99,773	13,852	113,625	4,132	117,757
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,292,644	11,292,644
56	5600 DRUGS CHARGED TO PATIENTS				7,379,179	7,379,179
57	5700 RENAL DIALYSIS	3,075,979	3,616,577	6,692,556	24,203	6,716,759
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	278,787	183,781	462,568	-4,049	458,519
60.01	6001 HOMER GLEN LAB	67,072	53,000	120,072		120,072
60.02	6002 HOMER GLEN FEC	147,357	71,474	218,831	-8,844	209,987
61	6100 EMERGENCY	4,871,848	840,078	5,711,926	114,715	5,826,641
61.01	6101 OP MENTAL HEALTH	149,680	5,391	155,071	277,999	433,070
61.02	6102 DIABETES CENTER	276,189	6,064	282,253	-29,293	252,960
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS	68,127	269,865	337,992	-252	337,740
71	7100 HOME HEALTH AGENCY	1,399,477	958,657	2,358,134	4,519	2,362,653
	SPEC PURPOSE COST CENTERS					
95	9500 SUBTOTALS	76,874,952	150,600,241	227,475,193	-0-	227,475,193
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,450		7,450		7,450
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	76,882,402	150,600,241	227,482,643	-0-	227,482,643

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
I 14-0213 I FROM 10/ 1/2008 I WORKSHEET A
I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	132,219	22,686,522
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,489,606
5	0500 EMPLOYEE BENEFITS	-11,029	24,792,409
6	0600 ADMINISTRATIVE & GENERAL	-14,737,331	28,983,565
8	0800 OPERATION OF PLANT	-784	7,706,264
9	0900 LAUNDRY & LINEN SERVICE		301,229
10	1000 HOUSEKEEPING	-11	2,762,575
11	1100 DIETARY	-937,118	422,775
12	1200 CAFETERIA		1,275,223
14	1400 NURSING ADMINISTRATION	-1,965	1,218,921
15	1500 CENTRAL SERVICES & SUPPLY	-4,285	470,009
16	1600 PHARMACY	-33	3,408,597
17	1700 MEDICAL RECORDS & LIBRARY	-17,377	2,348,535
18	1800 SOCIAL SERVICE		221,590
24	2400 PARAMEDICAL PRGM	-86,851	253,536
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-725,868	17,899,235
26	2600 INTENSIVE CARE UNIT	-13,426	3,443,215
31	3100 SUBPROVIDER	-52,078	1,049,083
31.01	3101 SUBPROVIDER 2	-20,108	1,858,021
33	3300 NURSERY	-2,580	927,981
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,150	12,041,316
38	3800 RECOVERY ROOM	-94	992,584
39	3900 DELIVERY ROOM & LABOR ROOM		1,982,815
40	4000 ANESTHESIOLOGY		389,204
41	4100 RADIOLOGY-DIAGNOSTIC	-63,081	15,930,102
41.01	4101 ULTRASOUND		1,220,455
44	4400 LABORATORY	-38,220	6,946,508
47	4700 BLOOD STORING, PROCESSING & TRANS.	-66	1,534,546
49	4900 RESPIRATORY THERAPY	-16,916	1,227,580
50	5000 PHYSICAL THERAPY	-5,000	1,725,922
51	5100 OCCUPATIONAL THERAPY		398,352
52	5200 SPEECH PATHOLOGY		250,443
53	5300 ELECTROCARDIOLOGY	-301,299	903,043
54	5400 ELECTROENCEPHALOGRAPHY	-12,000	105,757
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,292,644
56	5600 DRUGS CHARGED TO PATIENTS		7,379,179
57	5700 RENAL DIALYSIS	-79,518	6,637,241
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		458,519
60.01	6001 HOMER GLEN LAB		120,072
60.02	6002 HOMER GLEN FEC		209,987
61	6100 EMERGENCY	-322,159	5,504,482
61.01	6101 OP MENTAL HEALTH	-2,760	430,310
61.02	6102 DIABETES CENTER	-4,572	248,388
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		337,740
71	7100 HOME HEALTH AGENCY	-7,754	2,354,899
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-17,334,214	210,140,979
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,450
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-17,334,214	210,148,429

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HOMER GLEN LAB	6001	CLINIC
60.02	HOMER GLEN FEC	6002	CLINIC
61	EMERGENCY	6100	
61.01	OP MENTAL HEALTH	6101	EMERGENCY
61.02	DIABETES CENTER	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/23/2010
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 STERILE PROCESSING	A	ADULTS & PEDIATRICS	25	5,631	11,228
2		OPERATING ROOM	37	360,354	718,595
3		DELIVERY ROOM & LABOR ROOM	39	25,337	50,526
4		RADIOLOGY-DIAGNOSTIC	41	2,815	5,614
5		CLINIC	60	1,609	3,208
6		EMERGENCY	61	6,435	12,832
7 OP MHU	B	OP MENTAL HEALTH	61.01	267,100	10,899
8 CAPITAL INSURANCE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		95,522
9		ADMINISTRATIVE & GENERAL	6		105,824
10 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		7,379,179
11 MALPRACTICE INSURANCE	E	ADMINISTRATIVE & GENERAL	6		6,543,157
12 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-MVBLE EQUIP	4		7,394,084
13 PHYSICIAN FEES	G	ADULTS & PEDIATRICS	25		725,726
14		INTENSIVE CARE UNIT	26		22,000
15		SUBPROVIDER	31		90,825
16		SUBPROVIDER 2	31.01		75,000
17		OPERATING ROOM	37		5,000
18		LABORATORY	44		89,002
19		RESPIRATORY THERAPY	49		28,332
20		PHYSICAL THERAPY	50		5,000
21		ELECTROCARDIOLOGY	53		50,000
22		ELECTROENCEPHALOGRAPHY	54		12,000
23		RENAL DIALYSIS	57		87,500
24		EMERGENCY	61		370,633
25		DIABETES CENTER	61.02		3,333
26		HOME HEALTH AGENCY	71		24,583
27 LABOR & DELIVERY	H	ADULTS & PEDIATRICS	25	1,891,344	
28		DELIVERY ROOM & LABOR ROOM	39	1,693,121	
29 SOCIAL SERVICES	I	SOCIAL SERVICE	18	221,590	
30 CHARGEABLE SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,292,644
31					
32					
33					
34					
35					
1 CHARGEABLE SUPPLIES	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 DIABETES MANAGEMENT	L	ADULTS & PEDIATRICS	25	31,925	701
23 DIETARY RECLASS	M	CAFETERIA	12	621,346	653,877
36 TOTAL RECLASSIFICATIONS				5,128,607	35,866,824

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 STERILE PROCESSING	A	CENTRAL SERVICES & SUPPLY	15	402,181	802,003	10
2						
3						
4						
5						
6						
7 OP MHU	B	SUBPROVIDER	31	267,100	10,899	10
8 CAPITAL INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		201,346	12
9						
10 CHARGEABLE DRUGS	D	PHARMACY	16		7,379,179	10
11 MALPRACTICE INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		6,543,157	12
12 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		7,394,084	9
13 PHYSICIAN FEES	G	ADMINISTRATIVE & GENERAL	6		1,588,934	10
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27 LABOR & DELIVERY	H	NURSERY	33	3,584,465		10
28						
29 SOCIAL SERVICES	I	ADMINISTRATIVE & GENERAL	6	221,590		10
30 CHARGEABLE SUPPLIES	K	CENTRAL SERVICES & SUPPLY	15		228,417	
31		PHARMACY	16		33,197	
32		PARAMED ED PRGM	24		71,314	
33		ADULTS & PEDIATRICS	25		491,157	
34		INTENSIVE CARE UNIT	26		248,606	
35		SUBPROVIDER	31		1,084	
1 CHARGEABLE SUPPLIES	K	SUBPROVIDER 2	31.01		9,196	
2		NURSERY	33		13,335	
3		OPERATING ROOM	37		7,206,476	
4		RECOVERY ROOM	38		28,458	
5		DELIVERY ROOM & LABOR ROOM	39		223,776	
6		ANESTHESIOLOGY	40		351,296	
7		RADIOLOGY-DIAGNOSTIC	41		1,932,409	
8		ULTRASOUND	41.01		13,553	
9		LABORATORY	44		14,550	
10		HOMER GLEN FEC	60.02		8,844	
11		RESPIRATORY THERAPY	49		18,907	
12		PHYSICAL THERAPY	50		15,672	
13		OCCUPATIONAL THERAPY	51		2,454	
14		ELECTROCARDIOLOGY	53		3,635	
15		ELECTROENCEPHALOGRAPHY	54		7,868	
16		RENAL DIALYSIS	57		63,297	
17		CLINIC	60		8,866	
18		EMERGENCY	61		275,185	
19		SPEECH PATHOLOGY	52		776	
20		HOME PROGRAM DIALYSIS	64		252	
21		HOME HEALTH AGENCY	71		20,064	
22 DIABETES MANAGEMENT	L	DIABETES CENTER	61.02	31,925	701	10
23 DIETARY RECLASS	M	DIETARY	11	621,346	653,877	
36 TOTAL RECLASSIFICATIONS				5,128,607	35,866,824	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/1/2008
TO 9/30/2009

PREPARED 2/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: STERILE PROCESSING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	16,859	CENTRAL SERVICES & SUPPLY	15	1,204,184	
2.00	OPERATING ROOM	37	1,078,949			0	
3.00	DELIVERY ROOM & LABOR ROOM	39	75,863			0	
4.00	RADIOLOGY-DIAGNOSTIC	41	8,429			0	
5.00	CLINIC	60	4,817			0	
6.00	EMERGENCY	61	19,267			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,204,184			1,204,184	

RECLASS CODE: B
EXPLANATION: OP MHU

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OP MENTAL HEALTH	61.01	277,999	SUBPROVIDER	31	277,999	
TOTAL RECLASSIFICATIONS FOR CODE B			277,999			277,999	

RECLASS CODE: C
EXPLANATION: CAPITAL INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	95,522	NEW CAP REL COSTS-BLDG & FIXT	3	201,346	
2.00	ADMINISTRATIVE & GENERAL	6	105,824			0	
TOTAL RECLASSIFICATIONS FOR CODE C			201,346			201,346	

RECLASS CODE: D
EXPLANATION: CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,379,179	PHARMACY	16	7,379,179	
TOTAL RECLASSIFICATIONS FOR CODE D			7,379,179			7,379,179	

RECLASS CODE: E
EXPLANATION: MALPRACTICE INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	6,543,157	NEW CAP REL COSTS-BLDG & FIXT	3	6,543,157	
TOTAL RECLASSIFICATIONS FOR CODE E			6,543,157			6,543,157	

RECLASS CODE: F
EXPLANATION: DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,394,084	NEW CAP REL COSTS-BLDG & FIXT	3	7,394,084	
TOTAL RECLASSIFICATIONS FOR CODE F			7,394,084			7,394,084	

RECLASS CODE: G
EXPLANATION: PHYSICIAN FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	725,726	ADMINISTRATIVE & GENERAL	6	1,588,934	
2.00	INTENSIVE CARE UNIT	26	22,000			0	
3.00	SUBPROVIDER	31	90,825			0	
4.00	SUBPROVIDER 2	31.01	75,000			0	
5.00	OPERATING ROOM	37	5,000			0	
6.00	LABORATORY	44	89,002			0	
7.00	RESPIRATORY THERAPY	49	28,332			0	
8.00	PHYSICAL THERAPY	50	5,000			0	
9.00	ELECTROCARDIOLOGY	53	50,000			0	
10.00	ELECTROENCEPHALOGRAPHY	54	12,000			0	
11.00	RENAL DIALYSIS	57	87,500			0	
12.00	EMERGENCY	61	370,633			0	
13.00	DIABETES CENTER	61.02	3,333			0	
14.00	HOME HEALTH AGENCY	71	24,583			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,588,934			1,588,934	

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : LABOR & DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,891,344
2.00	DELIVERY ROOM & LABOR ROOM	39	1,693,121
TOTAL RECLASSIFICATIONS FOR CODE H			3,584,465

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSERY	33	3,584,465	
			0
TOTAL RECLASSIFICATIONS FOR CODE H			3,584,465

RECLASS CODE: I
EXPLANATION : SOCIAL SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SOCIAL SERVICE	18	221,590
TOTAL RECLASSIFICATIONS FOR CODE I			221,590

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	221,590	
			221,590

RECLASS CODE: K
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,292,644
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			11,292,644

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	228,417	
PHARMACY	16	33,197	
PARAMED ED PRGM	24	71,314	
ADULTS & PEDIATRICS	25	491,157	
INTENSIVE CARE UNIT	26	248,606	
SUBPROVIDER	31	1,084	
SUBPROVIDER 2	31.01	9,196	
NURSERY	33	13,335	
OPERATING ROOM	37	7,206,476	
RECOVERY ROOM	38	28,458	
DELIVERY ROOM & LABOR ROOM	39	223,776	
ANESTHESIOLOGY	40	351,296	
RADIOLOGY-DIAGNOSTIC	41	1,932,409	
ULTRASOUND	41.01	13,553	
LABORATORY	44	14,550	
HOMER GLEN FEC	60.02	8,844	
RESPIRATORY THERAPY	49	18,907	
PHYSICAL THERAPY	50	15,672	
OCCUPATIONAL THERAPY	51	2,454	
ELECTROCARDIOLOGY	53	3,635	
ELECTROENCEPHALOGRAPHY	54	7,868	
RENAL DIALYSIS	57	63,297	
CLINIC	60	8,866	
EMERGENCY	61	275,185	
SPEECH PATHOLOGY	52	776	
HOME PROGRAM DIALYSIS	64	252	
HOME HEALTH AGENCY	71	20,064	
TOTAL RECLASSIFICATIONS FOR CODE K			11,292,644

RECLASS CODE: L
EXPLANATION : DIABETES MANAGEMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	32,626
TOTAL RECLASSIFICATIONS FOR CODE L			32,626

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIABETES CENTER	61.02	32,626	
			32,626

RECLASS CODE: M
EXPLANATION : DIETARY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,275,223
TOTAL RECLASSIFICATIONS FOR CODE M			1,275,223

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,275,223	
			1,275,223

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	31,370,000	1,148,000			1,148,000		32,518,000	
2	LAND IMPROVEMENTS	5,336,000	49,000			49,000		5,385,000	
3	BUILDINGS & FIXTURE	179,673,000	3,726,000			3,726,000		183,399,000	
4	BUILDING IMPROVEMENTS	14,187,000	64,191,000			64,191,000		78,378,000	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	97,847,000	5,051,000			5,051,000		102,898,000	
7	SUBTOTAL	328,413,000	74,165,000			74,165,000		402,578,000	
8	RECONCILING ITEMS								
9	TOTAL	328,413,000	74,165,000			74,165,000		402,578,000	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	299,680,000		299,680,000	.744402				
4	NEW CAP REL COSTS-MV	102,898,000		102,898,000	.255598				
5	TOTAL	402,578,000		402,578,000	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	16,075,588		6,586,415	1,122	23,397		22,686,522
4	NEW CAP REL COSTS-MV	7,394,084			95,522			7,489,606
5	TOTAL	23,469,672		6,586,415	96,644	23,397		30,176,128

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	23,268,033		6,572,064	6,829,396	23,397		36,692,890
4	NEW CAP REL COSTS-MV							
5	TOTAL	23,268,033		6,572,064	6,829,396	23,397		36,692,890

* All lines numbers except line 5 are to be consistent with Workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,081,301			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	921,086			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38 1996 DSR INTEXP. ADD ON	B	14,351	NEW CAP REL COSTS-BLDG &	3	11
39 OTHER REVENUE - CENTRAL SUPPLY	B	-4,285	CENTRAL SERVICES & SUPPLY	15	
40 TELEPHONE BENEFITS	B	-11,029	EMPLOYEE BENEFITS	5	
41 PHYSICIANS	B	-583,273	ADMINISTRATIVE & GENERAL	6	
42 CONTRIBUTIONS EXPENSE	A	-67,103	ADMINISTRATIVE & GENERAL	6	
43 BAD DEBTS	B	-11,065,254	ADMINISTRATIVE & GENERAL	6	
44 AHA & IHA DUES - POLITICAL LOBBY	A	-38,490	ADMINISTRATIVE & GENERAL	6	
45 OTHER REVENUE - A&G	B	-664,298	ADMINISTRATIVE & GENERAL	6	
46 TELEPHONE COST	A	-59,149	ADMINISTRATIVE & GENERAL	6	
47 LIFE LINE COST	A	-33,955	ADMINISTRATIVE & GENERAL	6	
48 COMMUNITY RELATIONS	A	-1,058,114	ADMINISTRATIVE & GENERAL	6	
49 ADVERTISING ADMIN (EXPENSE ACCT# 510	A	-1,375	ADMINISTRATIVE & GENERAL	6	
49.01 OTHER REVENUE - OPERATION & PLANT	B	-784	OPERATION OF PLANT	8	
49.02 OTHER REVENUE - CAFE' - EMP & GUESTS	B	-923,056	DIETARY	11	
49.03 OTHER REVENUE - VENDING MACHINES	B	-14,062	DIETARY	11	
49.04 OTHER REVENUE - NURSING ADMIN.	B	-1,965	NURSING ADMINISTRATI ON	14	
49.05 OTHER REVENUE - PARAMED ED PROGRAM	B	-86,851	PARAMED ED PRGM	24	
49.06 OTHER REVENUE - A&P	B	-142	ADULTS & PEDIATRICS	25	
49.07 OTHER REVENUE - SUBPROVIDER	B	-2,760	OP MENTAL HEALTH	61.01	
49.08 OTHER REVENUE - NURSERY	B	-2,580	NURSERY	33	
49.09 OTHER REVENUE - RADIOLOGY	B	-15,111	RADIOLOGY-DIAGNOSTIC	41	
49.11 OTHER REVENUE - LAB	B	-2,106	LABORATORY	44	
49.12					
49.13 OTHER REVENUE - CARDIAC LAB	B	-30,468	ELECTROCARDIOLOGY	53	
49.14 OTHER REVENUE - DIALYSIS	B	-111	RENAL DIALYSIS	57	
49.15 OTHER REVENUE - MEDICAL RECORDS	B	-17,377	MEDICAL RECORDS & LIBRARY	17	
49.16 OTHER REVENUE - DIABETES	B	-1,239	DIABETES CENTER	61.02	
49.18 HHA BAD DEBTS	B	-7,702	HOME HEALTH AGENCY	71	
49.19 INVESTMENT INCOME	B	-83,771	NEW CAP REL COSTS-BLDG &	3	12
49.20 OTHER REVENUE - OPERATING ROOM	B	-150	OPERATING ROOM	37	
49.21					
49.22 OTHER REVENUE - HHA	B	-52	HOME HEALTH AGENCY	71	
49.23					
49.24 WELLNESS PROGRAM EXPENSES	A	-207,580	ADMINISTRATIVE & GENERAL	6	11
49.25 OTHER REV-ENVIRONMENTAL SERVICES	B	-11	HOUSEKEEPING	10	
49.26 OTHER REV-PHARMACY	B	-33	PHARMACY	16	
49.27 OTHER REV-ICU	B	-30	INTENSIVE CARE UNIT	26	
49.28 OTHER REV-REHAB	B	-747	SUBPROVIDER 2	31.01	
49.29 OTHER REV-RECOVERY ROOM	B	-94	RECOVERY ROOM	38	
49.30 OTHER REV-BLOOD	B	-66	BLOOD STORING, PROCESSING	47	
49.31 MISC. EXPENSE	A	-203,177	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,334,214			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,334,214				

-
- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 - (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7

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	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEE	6,674,784	5,645,892	1,028,892	
2	3	NEW CAP REL COSTS-BLDG & DEPRECIATION	201,639		201,639	9
3	41	RADIOLOGY-DIAGNOSTIC LEASE		47,970	-47,970	
4	53	ELECTROCARDIOLOGY LEASE		220,831	-220,831	
4.01	6	ADMINISTRATIVE & GENERAL LEASE		40,644	-40,644	
5		TOTALS	6,876,423	5,955,337	921,086	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO 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.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	SILVER CROSS HOSPITAL		100.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE 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 A 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.
HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 2/23/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
25	ADULTS & PEDIATRICS	725,726	725,726					
31	SUBPROVIDER	90,825		90,825	154,100	523	38,747	1,937
31	SUBPROVIDER 2	75,000		75,000	154,100	751	55,639	2,782
37	OPERATING ROOM	5,000		5,000	208,000	30	3,000	150
49	RESPIRATORY THERAPY	28,332	3,036	25,296	177,200	134	11,416	571
53	ELECTROCARDIOLOGY	50,000	50,000		177,200			
61	EMERGENCY	370,633	307,300	63,333	177,200	569	48,474	2,424
44	LABORATORY	89,002		89,002	215,700	510	52,888	2,644
61	DIABETES CENTER	3,333	3,333		177,200			
6	ANESTHESIA	1,743,811	1,743,811					
26	INTENSIVE CARE UNIT	22,000		22,000	177,200	101	8,604	430
54	ELECTROENCEPHALOGRAPHY	12,000	12,000		177,200			
57	RENAL DIALYSIS	87,500		87,500	177,200	95	8,093	405
50	PHYSICAL THERAPY	5,000	5,000		177,200			
101	TOTAL	3,308,162	2,850,206	457,956		2,713	226,861	11,343

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 2/23/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							725,726
2								
3 31	SUBPROVIDER					38,747	52,078	52,078
4 31 1	SUBPROVIDER 2					55,639	19,361	19,361
5 37	OPERATING ROOM					3,000	2,000	2,000
6								
7 49	RESPIRATORY THERAPY					11,416	13,880	16,916
8 53	ELECTROCARDIOLOGY							50,000
9								
10 61	EMERGENCY					48,474	14,859	322,159
11								
12 44	LABORATORY					52,888	36,114	36,114
13 61 2	DIABETES CENTER							3,333
14 6	ANESTHESIA							1,743,811
15 26	INTENSIVE CARE UNIT					8,604	13,396	13,396
16 54	ELECTROENCEPHALOGRAPHY							12,000
17 57	RENAL DIALYSIS					8,093	79,407	79,407
18 50	PHYSICAL THERAPY							5,000
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					226,861	231,095	3,081,301

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	5	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	NUMBER HOUSED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	ENTERED
16	PHARMACY	12	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	TIME SPENT	ENTERED
18	SOCIAL SERVICE	14	TIME SPENT	ENTERED
24	PARAMED ED PRGM	15	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL PLANT	OPERATION OF PLANT
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	22,686,522	22,686,522					
005 NEW CAP REL COSTS-MVBLE E	7,489,606		7,489,606				
006 EMPLOYEE BENEFITS	24,792,409	117,001	6,832	24,916,242			
008 ADMIN STRATIVE & GENERAL	28,983,565	3,709,945	2,521,477	3,120,951	38,335,938	38,335,938	
009 OPERATION OF PLANT	7,706,264	296,220	278,889	709,804	8,991,177	2,006,174	10,997,351
010 LAUNDRY & LINEN SERVICE	301,229	135,344		23,663	460,236	102,691	80,181
011 HOUSEKEEPING	2,762,575	159,079	13,446	579,607	3,514,707	784,226	94,242
012 DIETARY	422,775	621,257	27,286	215,905	1,287,223	287,214	368,047
014 CAFETERIA	1,275,223	634,271	25,586	202,462	2,137,542	476,943	375,757
015 NURSING ADMINISTRATION	1,218,921	75,233	33,113	391,026	1,718,293	383,398	44,569
016 CENTRAL SERVICES & SUPPLY	470,009	707,211		123,058	1,300,278	290,127	418,968
017 PHARMACY	3,408,597	189,941		610,870	4,209,408	939,233	112,525
018 MEDICAL RECORDS & LIBRARY	2,348,535	403,492	62,733	570,450	3,385,210	755,332	239,038
024 SOCIAL SERVICE	221,590			72,204	293,794	65,553	
025 PARAMED ED PRGM	253,536	68,168	8,373	63,479	393,556	87,813	40,384
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	17,899,235	4,426,077	383,563	5,355,268	28,064,143	6,261,799	2,622,106
031 INTENSIVE CARE UNIT	3,443,215	781,762	85,965	1,041,105	5,352,047	1,194,186	463,133
031 SUBPROVIDER	1,049,083	413,903	13,980	316,644	1,793,610	400,203	245,205
031 01 SUBPROVIDER 2	1,858,021	598,700	41,017	546,407	3,044,145	679,231	354,683
033 NURSERY	927,981	172,961	37,028	226,357	1,364,327	304,418	102,466
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	12,041,316	1,637,950	622,374	1,667,762	15,969,402	3,563,205	970,359
039 RECOVERY ROOM	992,584	137,451	28,514	309,099	1,467,648	327,472	81,429
040 DELIVERY ROOM & LABOR ROO	1,982,815	781,452	208,711	559,949	3,532,927	788,291	462,950
041 ANESTHESIOLOGY	389,204	100,641	56,497	48,114	594,456	132,639	59,622
041 RADIOLOGY-DIAGNOSTIC	15,930,102	1,487,671	1,765,646	2,066,968	21,250,387	4,741,535	881,330
041 01 ULTRASOUND	1,220,455	340,716	152,967	330,899	2,045,037	456,303	201,848
044 LABORATORY	6,946,508	606,075	81,237	1,029,586	8,663,406	1,933,040	359,052
047 BLOOD STORING, PROCESSING	1,534,546	24,788	1,146	46,096	1,606,576	358,470	14,685
049 RESPIRATORY THERAPY	1,227,580	38,670	39,139	321,271	1,626,660	362,952	22,909
050 PHYSICAL THERAPY	1,725,922	239,269	31,021	431,709	2,427,921	541,735	141,749
051 OCCUPATIONAL THERAPY	398,352	153,750	2,159	127,394	681,655	152,096	91,085
052 SPEECH PATHOLOGY	250,443	51,250	1,496	79,404	382,593	85,367	30,362
053 ELECTROCARDIOLOGY	903,043	61,971	271,791	247,103	1,483,908	331,100	36,713
054 ELECTROENCEPHALOGRAPHY	105,757	103,243	8,733	32,510	250,243	55,836	61,164
055 MEDICAL SUPPLIES CHARGED	11,292,644		44,648		11,337,292	2,529,656	
056 DRUGS CHARGED TO PATIENTS	7,379,179		131,564		7,510,743	1,675,850	
057 RENAL DIALYSIS	6,637,241	397,853	128,646	1,002,289	8,166,029	1,822,062	235,697
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	458,519	92,646	949	91,365	643,479	143,578	54,886
060 01 HOMER GLEN LAB	120,072		951	21,855	142,878	31,880	
060 02 HOMER GLEN FEC	209,987	388,681	8,603	48,015	655,286	146,212	230,263
061 EMERGENCY	5,504,482	1,759,971	354,382	1,589,559	9,208,394	2,054,641	1,042,647
061 01 OP MENTAL HEALTH	430,310	259,968	2,788	135,805	828,871	184,943	154,011
061 02 DIABETES CENTER	248,388	77,154	1,785	79,592	406,919	90,795	45,708
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS	337,740			22,199	359,939	80,312	
071 HOME HEALTH AGENCY	2,354,899		3,835	456,011	2,814,745	628,046	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	210,140,979	22,251,735	7,488,870	24,913,814	209,703,028	38,236,557	10,739,773
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	7,450	339,352		2,428	349,230	77,923	201,040
101 PHYSICIANS' PRIVATE OFFIC		95,435	736		96,171	21,458	56,538
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	210,148,429	22,686,522	7,489,606	24,916,242	210,148,429	38,335,938	10,997,351

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	643,108							
011 HOUSEKEEPING		4,393,175						
012 DIETARY	5,242	149,395	2,097,121					
014 CAFETERIA		152,525		3,142,767				
015 NURSING ADMINISTRATION		18,091		52,372	2,216,723			
016 CENTRAL SERVICES & SUPPLY	4,053	170,065		36,305		2,219,796		
017 PHARMACY		45,675		76,749			5,383,590	
018 MEDICAL RECORDS & LIBRARY		97,029		129,212		3,055		
024 SOCIAL SERVICE				11,407				
025 PARAMED PRGM	16,150	16,392		74,296		3,350	10,152	
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	319,415	1,064,351	1,572,016	886,365	1,362,346	85,124	6,872	
026 INTENSIVE CARE UNIT	25,642	187,992	263,592	129,856	199,589	18,682	3,096	
031 SUBPROVIDER	5,023	99,532	150,853	43,725		2,914	2	
031 01 SUBPROVIDER 2	19,955	143,971	110,660	79,232	121,779	5,501	205	
033 NURSERY	13,370	41,592		32,226	49,544	10,016	1,423	
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	61,063	393,882		250,452		87,817	1,918	
039 RECOVERY ROOM	13,723	33,053		33,668		2,323	2	
040 DELIVERY ROOM & LABOR ROO	21,289	187,918		80,888	124,342	13,953	685	
041 ANESTHESIOLOGY		24,201		9,536		12,602	65,237	
041 01 RADIOLOGY-DIAGNOSTIC	34,697	357,744		313,035		143,746	12,418	
044 ULTRASOUND	15,370	81,933		40,505		7,624	113	
047 LABORATORY	8,846	145,744		196,609		274,429		
049 BLOOD STORING, PROCESSING		5,961		7,451		16,148		
050 RESPIRATORY THERAPY		9,299		53,292		18,888		
051 PHYSICAL THERAPY	12,708	57,538		70,708		3,354	197	
052 OCCUPATIONAL THERAPY		36,973		16,496		660		
053 SPEECH PATHOLOGY		12,324		11,069		656		
054 ELECTROCARDIOLOGY	754	14,902		39,585		3,432	250	
055 ELECTROENCEPHALOGRAPHY	430	24,827		6,623		367		
056 MEDICAL SUPPLIES CHARGED						1,276,046		
057 DRUGS CHARGED TO PATIENTS						17,972	4,222,867	
060 RENAL DIALYSIS	19,751	95,673		154,662	237,715	126,669	1,053,687	
060 01 OUTPAT SERVICE COST CNTRS								
060 02 CLINIC		22,279		10,977		1,617		
061 01 HOMER GLEN LAB				3,158		5,475		
061 02 HOMER GLEN FEC		93,467		5,765		3,108		
061 01 EMERGENCY	45,627	423,225		249,226		38,786	3,628	
061 02 OP MENTAL HEALTH		62,515		21,832		534		
062 02 DIABETES CENTER		18,553		11,468	17,630	504		
064 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
095 HOME PROGRAM DIALYSIS				2,821		29,419		
096 HOME HEALTH AGENCY					103,778	5,025	838	
098 SPEC PURPOSE COST CENTERS								
101 SUBTOTALS	643,108	4,288,621	2,097,121	3,141,571	2,216,723	2,219,796	5,383,590	
102 NONREIMBURS COST CENTERS								
103 GIFT, FLOWER, COFFEE SHOP		81,605		1,196				
104 PHYSICIANS' PRIVATE OFFIC		22,949						
105 CROSS FOOT ADJUSTMENT								
106 NEGATIVE COST CENTER								
107 TOTAL	643,108	4,393,175	2,097,121	3,142,767	2,216,723	2,219,796	5,383,590	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	24		25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	4,608,876						
024 SOCIAL SERVICE		370,754					
025 PARAMED PRGM			642,093				
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,823,959	322,040			44,390,536		44,390,536
031 INTENSIVE CARE UNIT	561,437	19,749		49,392	8,468,393		8,468,393
031 SUBPROVIDER	146,518				2,887,585		2,887,585
031 01 SUBPROVIDER 2	142,491				4,701,853		4,701,853
033 NURSERY	196,977				2,116,359		2,116,359
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					21,298,098		21,298,098
039 RECOVERY ROOM					1,959,318		1,959,318
040 DELIVERY ROOM & LABOR ROO					5,213,243		5,213,243
041 ANESTHESIOLOGY					898,293		898,293
041 01 RADIOLOGY-DIAGNOSTIC					27,734,892		27,734,892
044 ULTRASOUND					2,848,733		2,848,733
047 LABORATORY					11,581,126		11,581,126
049 BLOOD STORING, PROCESSING					2,009,291		2,009,291
050 RESPIRATORY THERAPY			29,232		2,123,232		2,123,232
051 PHYSICAL THERAPY	424,276				3,680,186		3,680,186
052 OCCUPATIONAL THERAPY					978,965		978,965
053 SPEECH PATHOLOGY					522,371		522,371
054 ELECTROCARDIOLOGY			20,160		1,930,804		1,930,804
055 ELECTROENCEPHALOGRAPHY	98,548				498,038		498,038
056 MEDICAL SUPPLIES CHARGED					15,142,994		15,142,994
057 DRUGS CHARGED TO PATIENTS					13,427,432		13,427,432
060 RENAL DIALYSIS					11,911,945	-1,822,771	10,089,174
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	18,596	4,608			900,020		900,020
060 02 HOMER GLEN LAB					183,391		183,391
061 HOMER GLEN FEC					1,134,101		1,134,101
061 EMERGENCY	1,196,074	24,357		543,309	14,829,914		14,829,914
061 01 OP MENTAL HEALTH					1,252,706		1,252,706
062 02 DIABETES CENTER					591,577		591,577
064 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME PROGRAM DIALYSIS					472,491		472,491
096 HOME HEALTH AGENCY					3,552,432		3,552,432
098 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	4,608,876	370,754	642,093	209,240,319	-1,822,771		207,417,548
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP					710,994		710,994
101 PHYSICIANS' PRIVATE OFFIC					197,116		197,116
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	4,608,876	370,754	642,093	210,148,429	-1,822,771		208,325,658

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		117,001	6,832	123,833	123,833		
008 ADMINISTRATIVE & GENERAL	404,982	3,709,945	2,521,477	6,636,404	15,507	6,651,911	
009 OPERATION OF PLANT	9,167	296,220	278,889	584,276	3,527	348,102	935,905
010 LAUNDRY & LINEN SERVICE		135,344		135,344	118	17,818	6,824
011 HOUSEKEEPING		159,079	13,446	172,525	2,880	136,075	8,020
012 DIETARY	25,407	621,257	27,286	673,950	1,073	49,836	31,322
014 CAFETERIA		634,271	25,586	659,857	1,006	82,757	31,978
015 NURSING ADMINISTRATION	546	75,233	33,113	108,892	1,943	66,525	3,793
016 CENTRAL SERVICES & SUPPLY	403,826	707,211		1,111,037	611	50,342	35,655
017 PHARMACY		189,941		189,941	3,035	162,971	9,576
018 MEDICAL RECORDS & LIBRARY		403,492	62,733	466,225	2,834	131,062	20,343
024 SOCIAL SERVICE					359	11,375	
025 PARAMED PRGM		68,168	8,373	76,541	315	15,237	3,437
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	40,061	4,426,077	383,563	4,849,701	26,639	1,086,553	223,147
028 INTENSIVE CARE UNIT		781,762	85,965	867,727	5,173	207,210	39,414
031 SUBPROVIDER		413,903	13,980	427,883	1,573	69,441	20,868
032 01 SUBPROVIDER 2	2,165	598,700	41,017	641,882	2,715	117,857	30,185
033 NURSERY		172,961	37,028	209,989	1,125	52,821	8,720
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	222,399	1,637,950	622,374	2,482,723	8,287	618,271	82,580
039 RECOVERY ROOM		137,451	28,514	165,965	1,536	56,821	6,930
040 DELIVERY ROOM & LABOR ROO		781,452	208,711	990,163	2,782	136,781	39,398
041 ANESTHESIOLOGY		100,641	56,497	157,138	239	23,015	5,074
042 RADIOLOGY-DIAGNOSTIC	740,057	1,487,671	1,765,646	3,993,374	10,270	822,730	75,004
043 01 ULTRASOUND	50,040	340,716	152,967	543,723	1,644	79,176	17,178
044 LABORATORY	93,006	606,075	81,237	780,318	5,116	335,412	30,556
047 BLOOD STORING, PROCESSING		24,788	1,146	25,934	229	62,200	1,250
049 RESPIRATORY THERAPY	60,012	38,670	39,139	137,821	1,596	62,978	1,950
050 PHYSICAL THERAPY	113,904	239,269	31,021	384,194	2,145	93,999	12,063
051 OCCUPATIONAL THERAPY		153,750	2,159	155,909	633	26,391	7,752
052 SPEECH PATHOLOGY		51,250	1,496	52,746	395	14,812	2,584
053 ELECTROCARDIOLOGY	220,831	61,971	271,791	554,593	1,228	57,451	3,124
054 ELECTROENCEPHALOGRAPHY		103,243	8,733	111,976	162	9,688	5,205
055 MEDICAL SUPPLIES CHARGED			44,648	44,648		438,935	
056 DRUGS CHARGED TO PATIENTS			131,564	131,564		290,786	
057 RENAL DIALYSIS	273,250	397,853	128,646	799,749	4,980	316,156	20,058
060 OUTPAT SERVICE COST CNTRS							
061 01 CLINIC	159,822	92,646	949	253,417	454	24,913	4,671
062 01 HOMER GLEN LAB			951	951	109	5,532	
063 02 HOMER GLEN FEC	29,071	388,681	8,603	426,355	239	25,370	19,596
064 EMERGENCY		1,759,971	354,382	2,114,353	7,898	356,512	88,732
065 01 OP MENTAL HEALTH		259,968	2,788	262,756	675	32,091	13,107
066 02 DIABETES CENTER		77,154	1,785	78,939	395	15,754	3,890
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS	27,547			27,547	110	13,935	
070 HOME HEALTH AGENCY	37,141		3,835	40,976	2,266	108,976	
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,913,234	22,251,735	7,488,870	32,653,839	123,821	6,634,667	913,984
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		339,352		339,352	12	13,521	17,109
098 PHYSICIANS' PRIVATE OFFIC		95,435	736	96,171		3,723	4,812
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,913,234	22,686,522	7,489,606	33,089,362	123,833	6,651,911	935,905

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	160,104							
011 HOUSEKEEPING		319,500						
012 DIETARY	1,305	10,865	768,351					
014 CAFETERIA		11,093		786,691				
015 NURSING ADMINISTRATION		1,316		13,110	195,579			
016 CENTRAL SERVICES & SUPPLY	1,009	12,368		9,088		1,220,110		
017 PHARMACY		3,322		19,212				388,057
018 MEDICAL RECORDS & LIBRARY		7,057		32,344		1,679		
024 SOCIAL SERVICE				2,855				
025 PARAMEDICAL PRGM	4,021	1,192		18,598		1,842		732
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS	79,518	77,404	575,961	221,871	120,200	46,788		495
028 INTENSIVE CARE UNIT	6,384	13,672	96,576	32,505	17,609	10,268		223
031 SUBPROVIDER	1,250	7,239	55,270	10,945		1,602		
032 01 SUBPROVIDER 2	4,968	10,470	40,544	19,833	10,744	3,024		15
033 NURSERY	3,329	3,025		8,067	4,371	5,505		103
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	15,202	28,646		62,693		48,268		138
039 RECOVERY ROOM	3,416	2,404		8,428		1,277		
040 DELIVERY ROOM & LABOR ROO	5,300	13,667		20,248	10,971	7,669		49
041 ANESTHESIOLOGY		1,760		2,387		6,927		4,702
042 RADIOLOGY-DIAGNOSTIC	8,638	26,017		78,358		79,009		895
043 01 ULTRASOUND	3,827	5,959		10,139		4,190		8
044 LABORATORY	2,202	10,599		49,215		150,839		
047 BLOOD STORING, PROCESSING		434		1,865		8,876		
049 RESPIRATORY THERAPY		676		13,340		10,381		
050 PHYSICAL THERAPY	3,164	4,185		17,699		1,844		14
051 OCCUPATIONAL THERAPY		2,689		4,129		363		
052 SPEECH PATHOLOGY		896		2,771		360		
053 ELECTROCARDIOLOGY	188	1,084		9,909		1,887		18
054 ELECTROENCEPHALOGRAPHY	107	1,806		1,658		202		
055 MEDICAL SUPPLIES CHARGED						701,379		
056 DRUGS CHARGED TO PATIENTS						9,878		304,392
057 RENAL DIALYSIS	4,917	6,958		38,715	20,973	69,623		75,951
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC		1,620		2,748		889		
062 01 HOMER GLEN LAB				791		3,010		
063 02 HOMER GLEN FEC		6,798		1,443		1,709		
064 EMERGENCY	11,359	30,780		62,386		21,319		262
065 01 OP MENTAL HEALTH		4,546		5,465		294		
066 02 DIABETES CENTER		1,349		2,871	1,555	277		
067 OBSERVATION BEDS (NON-DIS								
068 OTHER REIMBURS COST CNTRS								
069 HOME PROGRAM DIALYSIS				706		16,170		
070 HOME HEALTH AGENCY					9,156	2,762		60
071 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	160,104	311,896	768,351	786,392	195,579	1,220,110		388,057
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP		5,935		299				
098 PHYSICIANS' PRIVATE OFFIC		1,669						
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	160,104	319,500	768,351	786,691	195,579	1,220,110		388,057

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18		24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	661,544						
024 SOCIAL SERVICE		14,589					
025 PARAMED ED PRGM				121,915			
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	261,806	12,673			7,582,756		7,582,756
026 INTENSIVE CARE UNIT	80,587	777			1,378,125		1,378,125
031 SUBPROVIDER	21,031				617,102		617,102
031 01 SUBPROVIDER 2	20,453				902,690		902,690
033 NURSERY	28,273				325,328		325,328
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					3,346,808		3,346,808
039 RECOVERY ROOM					246,777		246,777
040 DELIVERY ROOM & LABOR ROO					1,227,028		1,227,028
041 ANESTHESIOLOGY					201,242		201,242
041 01 RADIOLOGY-DIAGNOSTIC					5,094,295		5,094,295
044 ULTRASOUND					665,844		665,844
047 LABORATORY					1,364,257		1,364,257
049 BLOOD STORING, PROCESSING					100,788		100,788
050 RESPIRATORY THERAPY					228,742		228,742
051 PHYSICAL THERAPY	60,899				580,206		580,206
052 OCCUPATIONAL THERAPY					197,866		197,866
053 SPEECH PATHOLOGY					74,564		74,564
054 ELECTROCARDIOLOGY					629,482		629,482
055 ELECTROENCEPHALOGRAPHY	14,145				144,949		144,949
056 MEDICAL SUPPLIES CHARGED					1,184,962		1,184,962
057 DRUGS CHARGED TO PATIENTS					736,620		736,620
060 RENAL DIALYSIS					1,358,080		1,358,080
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC	2,669	181			291,562		291,562
061 01 HOMER GLEN LAB					10,393		10,393
061 02 HOMER GLEN FEC					481,510		481,510
061 EMERGENCY	171,681	958			2,866,240		2,866,240
061 01 OP MENTAL HEALTH					318,934		318,934
061 02 DIABETES CENTER					105,030		105,030
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS					58,468		58,468
095 HOME HEALTH AGENCY					164,196		164,196
096 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	661,544	14,589			32,484,844		32,484,844
098 NONREIMBURS COST CENTERS							
101 GIFT, FLOWER, COFFEE SHOP					376,228		376,228
102 PHYSICIANS' PRIVATE OFFIC					106,375		106,375
101 CROSS FOOT ADJUSTMENTS				121,915	121,915		121,915
102 NEGATIVE COST CENTER							
103 TOTAL	661,544	14,589		121,915	33,089,362		33,089,362

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	()	(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	366,084					
005 NEW CAP REL COSTS-MVB		7,394,167				
006 EMPLOYEE BENEFITS	1,888	6,745	76,466,864			
008 ADMINISTRATIVE & GENE	59,866	2,489,346	9,578,054	-38,335,938	171,812,491	
009 OPERATION OF PLANT	4,780	275,335	2,178,356		8,991,177	299,550
010 LAUNDRY & LINEN SERVI	2,184		72,622		460,236	2,184
011 HOUSEKEEPING	2,567	13,275	1,778,786		3,514,707	2,567
012 DIETARY	10,025	26,938	662,601		1,287,223	10,025
013 CAFETERIA	10,235	25,260	621,346		2,137,542	10,235
014 NURSING ADMINISTRATION	1,214	32,691	1,200,041		1,718,293	1,214
015 CENTRAL SERVICES & SU	11,412		377,658		1,300,278	11,412
016 PHARMACY	3,065		1,874,730		4,209,408	3,065
017 MEDICAL RECORDS & LIB	6,511	61,934	1,750,685		3,385,210	6,511
018 SOCIAL SERVICE			221,590		293,794	
024 PARAMEDICAL PRGM	1,100	8,266	194,815		393,556	1,100
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	71,422	378,675	16,435,146		28,064,143	71,422
031 INTENSIVE CARE UNIT	12,615	84,870	3,195,102		5,352,047	12,615
033 SUBPROVIDER	6,679	13,802	971,766		1,793,610	6,679
031 01 SUBPROVIDER 2	9,661	40,494	1,676,897		3,044,145	9,661
033 NURSERY	2,791	36,556	694,679		1,364,327	2,791
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	26,431	614,443	5,118,285		15,969,402	26,431
039 RECOVERY ROOM	2,218	28,151	948,609		1,467,648	2,218
040 DELIVERY ROOM & LABOR	12,610	206,051	1,718,458		3,532,927	12,610
041 ANESTHESIOLOGY	1,624	55,777	147,661		594,456	1,624
041 01 RADIOLOGY-DIAGNOSTIC	24,006	1,743,147	6,343,429		21,250,387	24,006
044 ULTRASOUND	5,498	151,018	1,015,514		2,045,037	5,498
047 LABORATORY	9,780	80,202	3,159,752		8,663,406	9,780
049 BLOOD STORAGE, PROCES	400	1,131	141,466		1,606,576	400
050 RESPIRATORY THERAPY	624	38,640	985,966		1,626,660	624
051 PHYSICAL THERAPY	3,861	30,626	1,324,895		2,427,921	3,861
052 OCCUPATIONAL THERAPY	2,481	2,131	390,965		681,655	2,481
053 SPEECH PATHOLOGY	827	1,477	243,688		382,593	827
054 ELECTROCARDIOLOGY	1,000	268,328	758,347		1,483,908	1,000
055 ELECTROENCEPHALOGRAPH	1,666	8,622	99,773		250,243	1,666
056 MEDICAL SUPPLIES CHAR		44,079			11,337,292	
057 DRUGS CHARGED TO PATI		129,888			7,510,743	
060 RENAL DIALYSIS	6,420	127,007	3,075,979		8,166,029	6,420
060 OUTPAT SERVICE COST C						
060 01 CLINIC	1,495	937	280,395		643,479	1,495
060 02 HOMER GLEN LAB		939	67,072		142,878	
061 HOMER GLEN FEC	6,272	8,493	147,357		655,286	6,272
061 EMERGENCY	28,400	349,866	4,878,283		9,208,394	28,400
061 01 OP MENTAL HEALTH	4,195	2,752	416,779		828,871	4,195
061 02 DIABETES CENTER	1,245	1,762	244,263		406,919	1,245
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
071 HOME PROGRAM DIALYSIS			68,127		359,939	
095 HOME HEALTH AGENCY		3,786	1,399,477		2,814,745	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	359,068	7,393,440	76,459,414	-38,335,938	171,367,090	292,534
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	5,476		7,450		349,230	5,476
101 PHYSICIANS' PRIVATE O	1,540	727			96,171	1,540
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	22,686,522	7,489,606	24,916,242		38,335,938	10,997,351
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	61.970810		.325844		.223127	
105 (WRKSHT B, PT I)		1.012907				36.712906
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			123,833		6,651,911	935,905
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001619		.038716	3.124370
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-0213

FROM 10/1/2008

WORKSHEET B-1

TO 9/30/2009

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,618,361						
010 HOUSEKEEPING		294,799					
011 DIETARY	13,191	10,025	305,755				
012 CAFETERIA		10,235		102,495			
014 NURSING ADMINISTRATION		1,214		1,708	978,346		
015 CENTRAL SERVICES & SUPPLY	10,199	11,412		1,184		19,644,565	
016 PHARMACY		3,065		2,503			9,407,462
017 MEDICAL RECORDS & LIBRARY		6,511		4,214		27,032	
018 SOCIAL SERVICE				372			
024 PARAMEDICAL PRGM	40,642	1,100		2,423		29,650	17,740
025 INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	803,796	71,422	229,196	28,907	601,269	753,326	12,009
026 INTENSIVE CARE UNIT	64,527	12,615	38,431	4,235	88,088	165,327	5,410
031 SUBPROVIDER	12,640	6,679	21,994	1,426		25,788	3
031 01 SUBPROVIDER 2	50,216	9,661	16,134	2,584	53,747	48,681	358
033 NURSERY	33,646	2,791		1,051	21,866	88,638	2,486
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	153,664	26,431		8,168		777,157	3,351
038 RECOVERY ROOM	34,534	2,218		1,098		20,562	3
039 DELIVERY ROOM & LABOR	53,572	12,610		2,638	54,878	123,476	1,197
040 ANESTHESIOLOGY		1,624		311		111,522	113,998
041 RADIOLOGY-DIAGNOSTIC	87,314	24,006		10,209		1,272,109	21,699
041 01 ULTRASOUND	38,679	5,498		1,321		67,470	197
044 LABORATORY	22,260	9,780		6,412		2,428,614	
047 BLOOD STORAGE, PROCESSING		400		243		142,907	
049 RESPIRATORY THERAPY		624		1,738		167,149	
050 PHYSICAL THERAPY	31,979	3,861		2,306		29,686	345
051 OCCUPATIONAL THERAPY		2,481		538		5,837	
052 SPEECH PATHOLOGY		827		361		5,803	
053 ELECTROCARDIOLOGY	1,897	1,000		1,291		30,376	436
054 ELECTROENCEPHALOGRAPHY	1,083	1,666		216		3,248	
055 MEDICAL SUPPLIES CHARACTERIZED						11,292,644	
056 DRUGS CHARGED TO PATIENTS						159,044	7,379,179
057 RENAL DIALYSIS	49,702	6,420		5,044	104,915	1,120,983	1,841,247
060 OUTPATIENT SERVICE COST CENTER							
060 01 HOMER GLEN LAB		1,495		358		14,308	
060 02 HOMER GLEN FACILITY				103		48,456	
061 EMERGENCY	114,820	6,272		188		27,509	
061 01 OP MENTAL HEALTH		28,400		8,128		343,249	6,340
061 02 DIABETES CENTER		4,195		712		4,730	
062 OBSERVATION BEDS (NON-REIMBURSABLE)		1,245		374	7,781	4,460	
064 OTHER REIMBURSABLE COST CENTER							
064 HOME PROGRAM DIALYSIS				92		260,353	
071 HOME HEALTH AGENCY					45,802	44,471	1,464
095 SPECIFIC PURPOSE COST CENTER SUBTOTALS	1,618,361	287,783	305,755	102,456	978,346	19,644,565	9,407,462
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		5,476		39			
098 PHYSICIANS' PRIVATE OFFICE		1,540					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	643,108	4,393,175	2,097,121	3,142,767	2,216,723	2,219,796	5,383,590
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.397382	14.902272	6.858828	30.662637	2.265786	.112998	.572268
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)							
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)	160,104	319,500	768,351	786,691	195,579	1,220,110	388,057
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.098930	1.083789	2.512963	7.675409	.199908	.062109	.041250

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)
003 GENERAL SERVICE COST	17	18	24
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENE			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVI			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SU			
017 PHARMACY			
018 MEDICAL RECORDS & LIB	38,911		
024 SOCIAL SERVICE		2,816	
025 PARAMED ED PRGM			637
026 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS	15,399	2,446	
031 INTENSIVE CARE UNIT	4,740	150	49
031 SUBPROVIDER	1,237		
033 01 SUBPROVIDER 2	1,203		
037 NURSERY	1,663		
038 ANCILLARY SRVC COST C			
039 OPERATING ROOM			
040 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR			
044 ANESTHESIOLOGY			
047 RADIOLOGY-DIAGNOSTIC			
049 01 ULTRASOUND			
050 LABORATORY			
051 BLOOD STORING, PROCES			
052 RESPIRATORY THERAPY			29
053 PHYSICAL THERAPY	3,582		
054 OCCUPATIONAL THERAPY			
055 SPEECH PATHOLOGY			
056 ELECTROCARDIOLOGY			20
057 ELECTROENCEPHALOGRAPH	832		
060 MEDICAL SUPPLIES CHAR			
060 01 HOMER GLEN LAB	157	35	
060 02 HOMER GLEN FEC			
061 EMERGENCY	10,098	185	539
061 01 OP MENTAL HEALTH			
062 02 DIABETES CENTER			
064 OBSERVATION BEDS (NON			
071 OTHER REIMBURS COST C			
095 HOME PROGRAM DIALYSIS			
096 HOME HEALTH AGENCY			
098 SPEC PURPOSE COST CEN			
099 SUBTOTALS	38,911	2,816	637
096 NONREIMBURS COST CENT			
098 GIFT, FLOWER, COFFEE			
101 PHYSICIANS' PRIVATE O			
102 CROSS FOOT ADJUSTMENT			
103 NEGATIVE COST CENTER			
104 COST TO BE ALLOCATED	4,608,876	370,754	642,093
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		131.659801	
(WRKSHT B, PT I)	118.446609		1,007.995290
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	661,544	14,589	121,915
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		5.180753	
(WRKSHT B, PT III)	17.001465		191.389325

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
14-0213

PERIOD:
FROM 10/1/2008
TO 9/30/2009

PREPARED 2/23/2010
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-1,822,771
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	44,390,536		44,390,536		44,390,536
26	INTENSIVE CARE UNIT	8,468,393		8,468,393	13,396	8,481,789
31	SUBPROVIDER	2,887,585		2,887,585	52,078	2,939,663
31	01 SUBPROVIDER 2	4,701,853		4,701,853	19,361	4,721,214
33	NURSERY	2,116,359		2,116,359		2,116,359
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,298,098		21,298,098	2,000	21,300,098
38	RECOVERY ROOM	1,959,318		1,959,318		1,959,318
39	DELIVERY ROOM & LABOR ROO	5,213,243		5,213,243		5,213,243
40	ANESTHESIOLOGY	898,293		898,293		898,293
41	RADIOLOGY-DIAGNOSTIC	27,734,892		27,734,892		27,734,892
41	01 ULTRASOUND	2,848,733		2,848,733		2,848,733
44	LABORATORY	11,581,126		11,581,126	36,114	11,617,240
47	BLOOD STORING, PROCESSING	2,009,291		2,009,291		2,009,291
49	RESPIRATORY THERAPY	2,123,232		2,123,232	13,880	2,137,112
50	PHYSICAL THERAPY	3,680,186		3,680,186		3,680,186
51	OCCUPATIONAL THERAPY	978,965		978,965		978,965
52	SPEECH PATHOLOGY	522,371		522,371		522,371
53	ELECTROCARDIOLOGY	1,930,804		1,930,804		1,930,804
54	ELECTROENCEPHALOGRAPHY	498,038		498,038		498,038
55	MEDICAL SUPPLIES CHARGED	15,142,994		15,142,994		15,142,994
56	DRUGS CHARGED TO PATIENTS	13,427,432		13,427,432		13,427,432
57	RENAL DIALYSIS	10,089,174		10,089,174	79,407	10,168,581
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	900,020		900,020		900,020
60	01 HOMER GLEN LAB	183,391		183,391		183,391
60	02 HOMER GLEN FEC	1,134,101		1,134,101		1,134,101
61	EMERGENCY	14,829,914		14,829,914	14,859	14,844,773
61	01 OP MENTAL HEALTH	1,252,706		1,252,706		1,252,706
61	02 DIABETES CENTER	591,577		591,577		591,577
62	OBSERVATION BEDS (NON-DIS	4,411,827		4,411,827		4,411,827
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	472,491		472,491		472,491
101	SUBTOTAL	208,276,943		208,276,943	231,095	208,508,038
102	LESS OBSERVATION BEDS	4,411,827		4,411,827		4,411,827
103	TOTAL	203,865,116		203,865,116	231,095	204,096,211

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	44,428,466		44,428,466			
26	INTENSIVE CARE UNIT	7,449,632		7,449,632			
31	SUBPROVIDER	4,263,399		4,263,399			
31	01 SUBPROVIDER 2	3,127,269		3,127,269			
33	NURSERY	4,482,173		4,482,173			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,993,786	40,026,855	64,020,641	.332675	.332675	.332707
38	RECOVERY ROOM	3,898,877	5,398,808	9,297,685	.210732	.210732	.210732
39	DELIVERY ROOM & LABOR ROO	4,471,597	716,840	5,188,437	1.004781	1.004781	1.004781
40	ANESTHESIOLOGY	4,549,902	5,734,525	10,284,427	.087345	.087345	.087345
41	RADIOLOGY-DIAGNOSTIC	49,499,266	86,893,401	136,392,667	.203346	.203346	.203346
41	01 ULTRASOUND	4,792,063	12,262,071	17,054,134	.167041	.167041	.167041
44	LABORATORY	47,880,975	68,484,617	116,365,592	.099524	.099524	.099834
47	BLOOD STORING, PROCESSING	3,733,240	1,298,158	5,031,398	.399350	.399350	.399350
49	RESPIRATORY THERAPY	11,005,851	1,748,250	12,754,101	.166474	.166474	.167563
50	PHYSICAL THERAPY	2,215,202	3,714,019	5,929,221	.620686	.620686	.620686
51	OCCUPATIONAL THERAPY	1,713,730	770,762	2,484,492	.394030	.394030	.394030
52	SPEECH PATHOLOGY	367,513	262,318	629,831	.829383	.829383	.829383
53	ELECTROCARDIOLOGY	7,413,355	4,053,074	11,466,429	.168388	.168388	.168388
54	ELECTROENCEPHALOGRAPHY	615,023	806,766	1,421,789	.350290	.350290	.350290
55	MEDICAL SUPPLIES CHARGED	51,155,644	31,180,651	82,336,295	.183916	.183916	.183916
56	DRUGS CHARGED TO PATIENTS	32,531,902	12,894,224	45,426,126	.295588	.295588	.295588
57	RENAL DIALYSIS	2,432,255	39,481,761	41,914,016	.240711	.240711	.242606
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	316	411,981	412,297	2.182941	2.182941	2.182941
60	01 HOMER GLEN LAB	31,375	376,222	407,597	.449932	.449932	.449932
60	02 HOMER GLEN FEC	58,966	963,458	1,022,424	1.109228	1.109228	1.109228
61	EMERGENCY	16,581,529	39,328,520	55,910,049	.265246	.265246	.265512
61	01 OP MENTAL HEALTH		400,424	400,424	3.128449	3.128449	3.128449
61	02 DIABETES CENTER	31,873	270,978	302,851	1.953360	1.953360	1.953360
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,455,759	3,511,112	4,966,871	.888251	.888251	.888251
64	HOME PROGRAM DIALYSIS		4,083,334	4,083,334	.115712	.115712	.115712
101	SUBTOTAL	334,180,938	365,073,129	699,254,067			
102	LESS OBSERVATION BEDS						
103	TOTAL	334,180,938	365,073,129	699,254,067			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0213

PERIOD:
FROM 10/1/2008
TO 9/30/2009

PREPARED 2/23/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	44,428,466		44,428,466			
26	INTENSIVE CARE UNIT	7,449,632		7,449,632			
31	SUBPROVIDER	4,263,399		4,263,399			
31	01 SUBPROVIDER 2	3,127,269		3,127,269			
33	NURSERY	4,482,173		4,482,173			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,993,786	40,026,855	64,020,641	.332675	.332675	.332707
38	RECOVERY ROOM	3,898,877	5,398,808	9,297,685	.210732	.210732	.210732
39	DELIVERY ROOM & LABOR ROO	4,471,597	716,840	5,188,437	1.004781	1.004781	1.004781
40	ANESTHESIOLOGY	4,549,902	5,734,525	10,284,427	.087345	.087345	.087345
41	RADIOLOGY-DIAGNOSTIC	49,499,266	86,893,401	136,392,667	.203346	.203346	.203346
41	01 ULTRASOUND	4,792,063	12,262,071	17,054,134	.167041	.167041	.167041
44	LABORATORY	47,880,975	68,484,617	116,365,592	.099524	.099524	.099834
47	BLOOD STORING, PROCESSING	3,733,240	1,298,158	5,031,398	.399350	.399350	.399350
49	RESPIRATORY THERAPY	11,005,851	1,748,250	12,754,101	.166474	.166474	.167563
50	PHYSICAL THERAPY	2,215,202	3,714,019	5,929,221	.620686	.620686	.620686
51	OCCUPATIONAL THERAPY	1,713,730	770,762	2,484,492	.394030	.394030	.394030
52	SPEECH PATHOLOGY	367,513	262,318	629,831	.829383	.829383	.829383
53	ELECTROCARDIOLOGY	7,413,355	4,053,074	11,466,429	.168388	.168388	.168388
54	ELECTROENCEPHALOGRAPHY	615,023	806,766	1,421,789	.350290	.350290	.350290
55	MEDICAL SUPPLIES CHARGED	51,155,644	31,180,651	82,336,295	.183916	.183916	.183916
56	DRUGS CHARGED TO PATIENTS	32,531,902	12,894,224	45,426,126	.295588	.295588	.295588
57	RENAL DIALYSIS	2,432,255	39,481,761	41,914,016	.240711	.240711	.242606
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	316	411,981	412,297	2.182941	2.182941	2.182941
60	01 HOMER GLEN LAB	31,375	376,222	407,597	.449932	.449932	.449932
60	02 HOMER GLEN FEC	58,966	963,458	1,022,424	1.109228	1.109228	1.109228
61	EMERGENCY	16,581,529	39,328,520	55,910,049	.265246	.265246	.265512
61	01 OP MENTAL HEALTH		400,424	400,424	3.128449	3.128449	3.128449
61	02 DIABETES CENTER	31,873	270,978	302,851	1.953360	1.953360	1.953360
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,455,759	3,511,112	4,966,871	.888251	.888251	.888251
64	HOME PROGRAM DIALYSIS		4,083,334	4,083,334	.115712	.115712	.115712
101	SUBTOTAL	334,180,938	365,073,129	699,254,067			
102	LESS OBSERVATION BEDS						
103	TOTAL	334,180,938	365,073,129	699,254,067			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,298,098	3,346,808	17,951,290			21,298,098
38	RECOVERY ROOM	1,959,318	246,777	1,712,541			1,959,318
39	DELIVERY ROOM & LABOR ROO	5,213,243	1,227,028	3,986,215			5,213,243
40	ANESTHESIOLOGY	898,293	201,242	697,051			898,293
41	RADIOLOGY-DIAGNOSTIC	27,734,892	5,094,295	22,640,597			27,734,892
41	01 ULTRASOUND	2,848,733	665,844	2,182,889			2,848,733
44	LABORATORY	11,581,126	1,364,257	10,216,869			11,581,126
47	BLOOD STORING, PROCESSING	2,009,291	100,788	1,908,503			2,009,291
49	RESPIRATORY THERAPY	2,123,232	228,742	1,894,490			2,123,232
50	PHYSICAL THERAPY	3,680,186	580,206	3,099,980			3,680,186
51	OCCUPATIONAL THERAPY	978,965	197,866	781,099			978,965
52	SPEECH PATHOLOGY	522,371	74,564	447,807			522,371
53	ELECTROCARDIOLOGY	1,930,804	629,482	1,301,322			1,930,804
54	ELECTROENCEPHALOGRAPHY	498,038	144,949	353,089			498,038
55	MEDICAL SUPPLIES CHARGED	15,142,994	1,184,962	13,958,032			15,142,994
56	DRUGS CHARGED TO PATIENTS	13,427,432	736,620	12,690,812			13,427,432
57	RENAL DIALYSIS	10,089,174	1,358,080	8,731,094			10,089,174
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	900,020	291,562	608,458			900,020
60	01 HOMER GLEN LAB	183,391	10,393	172,998			183,391
60	02 HOMER GLEN FEC	1,134,101	481,510	652,591			1,134,101
61	EMERGENCY	14,829,914	2,866,240	11,963,674			14,829,914
61	01 OP MENTAL HEALTH	1,252,706	318,934	933,772			1,252,706
61	02 DIABETES CENTER	591,577	105,030	486,547			591,577
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,411,827	753,624	3,658,203			4,411,827
64	HOME PROGRAM DIALYSIS	472,491	58,468	414,023			472,491
101	SUBTOTAL	145,712,217	22,268,271	123,443,946			145,712,217
102	LESS OBSERVATION BEDS	4,411,827	753,624	3,658,203			4,411,827
103	TOTAL	141,300,390	21,514,647	119,785,743			141,300,390

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,020,641	.332675	.332675
38	RECOVERY ROOM	9,297,685	.210732	.210732
39	DELIVERY ROOM & LABOR ROO	5,188,437	1.004781	1.004781
40	ANESTHESIOLOGY	10,284,427	.087345	.087345
41	RADIOLOGY-DIAGNOSTIC	136,392,667	.203346	.203346
41 01	ULTRASOUND	17,054,134	.167041	.167041
44	LABORATORY	116,365,592	.099524	.099524
47	BLOOD STORING, PROCESSING	5,031,398	.399350	.399350
49	RESPIRATORY THERAPY	12,754,101	.166474	.166474
50	PHYSICAL THERAPY	5,929,221	.620686	.620686
51	OCCUPATIONAL THERAPY	2,484,492	.394030	.394030
52	SPEECH PATHOLOGY	629,831	.829383	.829383
53	ELECTROCARDIOLOGY	11,466,429	.168388	.168388
54	ELECTROENCEPHALOGRAPHY	1,421,789	.350290	.350290
55	MEDICAL SUPPLIES CHARGED	82,336,295	.183916	.183916
56	DRUGS CHARGED TO PATIENTS	45,426,126	.295588	.295588
57	RENAL DIALYSIS	41,914,016	.240711	.240711
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	412,297	2.182941	2.182941
60 01	HOMER GLEN LAB	407,597	.449932	.449932
60 02	HOMER GLEN FEC	1,022,424	1.109228	1.109228
61	EMERGENCY	55,910,049	.265246	.265246
61 01	OP MENTAL HEALTH	400,424	3.128449	3.128449
61 02	DIABETES CENTER	302,851	1.953360	1.953360
62	OBSERVATION BEDS (NON-DIS	4,966,871	.888251	.888251
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	4,083,334	.115712	.115712
101	SUBTOTAL	635,503,128		
102	LESS OBSERVATION BEDS	4,966,871		
103	TOTAL	630,536,257		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,298,098	3,346,808	17,951,290	334,681	1,041,175	19,922,242
38	RECOVERY ROOM	1,959,318	246,777	1,712,541	24,678	99,327	1,835,313
39	DELIVERY ROOM & LABOR ROO	5,213,243	1,227,028	3,986,215	122,703	231,200	4,859,340
40	ANESTHESIOLOGY	898,293	201,242	697,051	20,124	40,429	837,740
41	RADIOLOGY-DIAGNOSTIC	27,734,892	5,094,295	22,640,597	509,430	1,313,155	25,912,307
41 01	ULTRASOUND	2,848,733	665,844	2,182,889	66,584	126,608	2,655,541
44	LABORATORY	11,581,126	1,364,257	10,216,869	136,426	592,578	10,852,122
47	BLOOD STORING, PROCESSING	2,009,291	100,788	1,908,503	10,079	110,693	1,888,519
49	RESPIRATORY THERAPY	2,123,232	228,742	1,894,490	22,874	109,880	1,990,478
50	PHYSICAL THERAPY	3,680,186	580,206	3,099,980	58,021	179,799	3,442,366
51	OCCUPATIONAL THERAPY	978,965	197,866	781,099	19,787	45,304	913,874
52	SPEECH PATHOLOGY	522,371	74,564	447,807	7,456	25,973	488,942
53	ELECTROCARDIOLOGY	1,930,804	629,482	1,301,322	62,948	75,477	1,792,379
54	ELECTROENCEPHALOGRAPHY	498,038	144,949	353,089	14,495	20,479	463,064
55	MEDICAL SUPPLIES CHARGED	15,142,994	1,184,962	13,958,032	118,496	809,566	14,214,932
56	DRUGS CHARGED TO PATIENTS	13,427,432	736,620	12,690,812	73,662	736,067	12,617,703
57	RENAL DIALYSIS	10,089,174	1,358,080	8,731,094	135,808	506,403	9,446,963
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	900,020	291,562	608,458	29,156	35,291	835,573
60 01	HOMER GLEN LAB	183,391	10,393	172,998	1,039	10,034	172,318
60 02	HOMER GLEN FEC	1,134,101	481,510	652,591	48,151	37,850	1,048,100
61	EMERGENCY	14,829,914	2,866,240	11,963,674	286,624	693,893	13,849,397
61 01	OP MENTAL HEALTH	1,252,706	318,934	933,772	31,893	54,159	1,166,654
61 02	DIABETES CENTER	591,577	105,030	486,547	10,503	28,220	552,854
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,411,827	753,624	3,658,203	75,362	212,176	4,124,289
64	HOME PROGRAM DIALYSIS	472,491	58,468	414,023	5,847	24,013	442,631
101	SUBTOTAL	145,712,217	22,268,271	123,443,946	2,226,827	7,159,749	136,325,641
102	LESS OBSERVATION BEDS	4,411,827	753,624	3,658,203	75,362	212,176	4,124,289
103	TOTAL	141,300,390	21,514,647	119,785,743	2,151,465	6,947,573	132,201,352

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,020,641	.311185	.327448
38	RECOVERY ROOM	9,297,685	.197395	.208078
39	DELIVERY ROOM & LABOR ROO	5,188,437	.936571	.981132
40	ANESTHESIOLOGY	10,284,427	.081457	.085388
41	RADIOLOGY-DIAGNOSTIC	136,392,667	.189983	.199611
41 01	ULTRASOUND	17,054,134	.155712	.163136
44	LABORATORY	116,365,592	.093259	.098351
47	BLOOD STORING, PROCESSING	5,031,398	.375347	.397347
49	RESPIRATORY THERAPY	12,754,101	.156066	.164681
50	PHYSICAL THERAPY	5,929,221	.580576	.610901
51	OCCUPATIONAL THERAPY	2,484,492	.367831	.386066
52	SPEECH PATHOLOGY	629,831	.776307	.817545
53	ELECTROCARDIOLOGY	11,466,429	.156315	.162898
54	ELECTROENCEPHALOGRAPHY	1,421,789	.325691	.340095
55	MEDICAL SUPPLIES CHARGED	82,336,295	.172645	.182477
56	DRUGS CHARGED TO PATIENTS	45,426,126	.277763	.293967
57	RENAL DIALYSIS	41,914,016	.225389	.237471
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	412,297	2.026629	2.112225
60 01	HOMER GLEN LAB	407,597	.422766	.447383
60 02	HOMER GLEN FEC	1,022,424	1.025113	1.062133
61	EMERGENCY	55,910,049	.247709	.260119
61 01	OP MENTAL HEALTH	400,424	2.913547	3.048801
61 02	DIABETES CENTER	302,851	1.825498	1.918679
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,966,871	.830360	.873078
64	HOME PROGRAM DIALYSIS	4,083,334	.108399	.114280
101	SUBTOTAL	635,503,128		
102	LESS OBSERVATION BEDS	4,966,871		
103	TOTAL	630,536,257		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/23/2010
 | 14-0213 | FROM 10/ 1/2008 | WORKSHEET D
 | | | TO 9/30/2009 | PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				7,582,756		7,582,756
26	INTENSIVE CARE UNIT				1,378,125		1,378,125
31	SUBPROVIDER				617,102		617,102
31 01	SUBPROVIDER 2				902,690		902,690
33	NURSERY				325,328		325,328
101	TOTAL				10,806,001		10,806,001

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET D
 PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	54,997	27,306			137.88	3,764,951
26	INTENSIVE CARE UNIT	4,231	2,492			325.72	811,694
31	SUBPROVIDER	4,063	1,555			151.88	236,173
31 01	SUBPROVIDER 2	3,768	3,168			239.57	758,958
33	NURSERY	4,325				75.22	
101	TOTAL	71,384	34,521				5,571,776

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,346,808	64,020,641	8,295,991		
38	RECOVERY ROOM		246,777	9,297,685	890,324		
39	DELIVERY ROOM & LABOR ROO		1,227,028	5,188,437	23,337		
40	ANESTHESIOLOGY		201,242	10,284,427	794,455		
41	RADIOLOGY-DIAGNOSTIC		5,094,295	136,392,667	26,705,082		
41 01	ULTRASOUND		665,844	17,054,134	2,747,008		
44	LABORATORY		1,364,257	116,365,592	27,645,872		
47	BLOOD STORING, PROCESSING		100,788	5,031,398	1,762,187		
49	RESPIRATORY THERAPY		228,742	12,754,101	7,480,250		
50	PHYSICAL THERAPY		580,206	5,929,221	934,642		
51	OCCUPATIONAL THERAPY		197,866	2,484,492	537,029		
52	SPEECH PATHOLOGY		74,564	629,831	225,913		
53	ELECTROCARDIOLOGY		629,482	11,466,429	4,525,852		
54	ELECTROENCEPHALOGRAPHY		144,949	1,421,789	374,682		
55	MEDICAL SUPPLIES CHARGED		1,184,962	82,336,295	24,067,313		
56	DRUGS CHARGED TO PATIENTS		736,620	45,426,126	17,587,129		
57	RENAL DIALYSIS		1,358,080	41,914,016	1,788,434		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		291,562	412,297			
60 01	HOMER GLEN LAB		10,393	407,597	13,811		
60 02	HOMER GLEN FEC		481,510	1,022,424	22,133		
61	EMERGENCY		2,866,240	55,910,049	8,417,762		
61 01	OP MENTAL HEALTH		318,934	400,424			
61 02	DIABETES CENTER		105,030	302,851	11,368		
62	OBSERVATION BEDS (NON-DIS		753,624	4,966,871	444,223		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		58,468	4,083,334			
101	TOTAL		22,268,271	635,503,128	135,294,797		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 COMPONENT NO: 14-0213
 PREPARED 2/23/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.052277	433,690
38	RECOVERY ROOM	.026542	23,631
39	DELIVERY ROOM & LABOR ROO	.236493	5,519
40	ANESTHESIOLOGY	.019568	15,546
41	RADIOLOGY-DIAGNOSTIC	.037350	997,435
41 01	ULTRASOUND	.039043	107,251
44	LABORATORY	.011724	324,120
47	BLOOD STORING, PROCESSING	.020032	35,300
49	RESPIRATORY THERAPY	.017935	134,158
50	PHYSICAL THERAPY	.097855	91,459
51	OCCUPATIONAL THERAPY	.079640	42,769
52	SPEECH PATHOLOGY	.118387	26,745
53	ELECTROCARDIOLOGY	.054898	248,460
54	ELECTROENCEPHALOGRAPHY	.101948	38,198
55	MEDICAL SUPPLIES CHARGED	.014392	346,377
56	DRUGS CHARGED TO PATIENTS	.016216	285,193
57	RENAL DIALYSIS	.032402	57,949
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.707165	
60 01	HOMER GLEN LAB	.025498	352
60 02	HOMER GLEN FEC	.470949	10,424
61	EMERGENCY	.051265	431,537
61 01	OP MENTAL HEALTH	.796491	
61 02	DIABETES CENTER	.346804	3,942
62	OBSERVATION BEDS (NON-DIS	.151730	67,402
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.014319	
101	TOTAL		3,727,457

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED 2/23/2010
14-0213	FROM 10/ 1/2008	WORKSHEET D
	TO 9/30/2009	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT			49,392			49,392
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY						
101	TOTAL			49,392			49,392

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/23/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	54,997		27,306	
26	INTENSIVE CARE UNIT	4,231	11.67	2,492	29,082
31	SUBPROVIDER	4,063		1,555	
31 01	SUBPROVIDER 2	3,768		3,168	
33	NURSERY	4,325			
101	TOTAL	71,384		34,521	29,082

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY				29,232		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY				20,160		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HOMER GLEN LAB						
60 02	HOMER GLEN FEC						
61	EMERGENCY				543,309		
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL				592,701		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			64,020,641			8,295,991	
38	RECOVERY ROOM			9,297,685			890,324	
39	DELIVERY ROOM & LABOR ROO			5,188,437			23,337	
40	ANESTHESIOLOGY			10,284,427			794,455	
41	RADIOLOGY-DIAGNOSTIC			136,392,667			26,705,082	
41 01	ULTRASOUND			17,054,134			2,747,008	
44	LABORATORY			116,365,592			27,645,872	
47	BLOOD STORING, PROCESSING			5,031,398			1,762,187	
49	RESPIRATORY THERAPY	29,232	29,232	12,754,101	.002292	.002292	7,480,250	17,145
50	PHYSICAL THERAPY			5,929,221			934,642	
51	OCCUPATIONAL THERAPY			2,484,492			537,029	
52	SPEECH PATHOLOGY			629,831			225,913	
53	ELECTROCARDIOLOGY	20,160	20,160	11,466,429	.001758	.001758	4,525,852	7,956
54	ELECTROENCEPHALOGRAPHY			1,421,789			374,682	
55	MEDICAL SUPPLIES CHARGED			82,336,295			24,067,313	
56	DRUGS CHARGED TO PATIENTS			45,426,126			17,587,129	
57	RENAL DIALYSIS			41,914,016			1,788,434	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			412,297				
60 01	HOMER GLEN LAB			407,597			13,811	
60 02	HOMER GLEN FEC			1,022,424			22,133	
61	EMERGENCY	543,309	543,309	55,910,049	.009718	.009718	8,417,762	81,804
61 01	OP MENTAL HEALTH			400,424				
61 02	DIABETES CENTER			302,851			11,368	
62	OBSERVATION BEDS (NON-DIS			4,966,871			444,223	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			4,083,334				
101	TOTAL	592,701	592,701	635,503,128			135,294,797	106,905

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,105,273					
38	RECOVERY ROOM	380,995					
39	DELIVERY ROOM & LABOR ROO	1,587					
40	ANESTHESIOLOGY	326,393					
41	RADIOLOGY-DIAGNOSTIC	16,468,021					
41 01	ULTRASOUND	1,307,515					
44	LABORATORY	4,978,862					
47	BLOOD STORING, PROCESSING	253,996					
49	RESPIRATORY THERAPY	313,579				719	
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	896,791				1,577	
54	ELECTROENCEPHALOGRAPHY	139,595					
55	MEDICAL SUPPLIES CHARGED	9,277,618					
56	DRUGS CHARGED TO PATIENTS	4,362,621					
57	RENAL DIALYSIS	2,380,282					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	156,847					
60 01	HOMER GLEN LAB	54,887					
60 02	HOMER GLEN FEC	87,671					
61	EMERGENCY	3,650,976				35,480	
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER	51,119					
62	OBSERVATION BEDS (NON-DIS	521,789					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL	52,716,417				37,776	

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Servi ces FYB to 12/31	Non-PPS Servi ces	PPS Servi ces 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		7,105,273				
38	RECOVERY ROOM		380,995				
39	DELIVERY ROOM & LABOR ROOM		1,587				
40	ANESTHESIOLOGY		326,393				
41	RADIOLOGY-DIAGNOSTIC		16,468,021				
41 01	ULTRASOUND		1,307,515				
44	LABORATORY		4,978,862		358		
47	BLOOD STORING, PROCESSING & TRANS.		253,996	5,061			
49	RESPIRATORY THERAPY		313,579				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		896,791				
54	ELECTROENCEPHALOGRAPHY		139,595				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,277,618	58,849			
56	DRUGS CHARGED TO PATIENTS		4,362,621	27,614			
57	RENAL DIALYSIS		2,380,282				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		156,847	67			
60 01	HOMER GLEN LAB		54,887				
60 02	HOMER GLEN FEC		87,671				
61	EMERGENCY		3,650,976				
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER		51,119				
62	OBSERVATION BEDS (NON-DISTINCT PART)		521,789				
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	SUBTOTAL		52,716,417	91,949			
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES		52,716,417	91,949			

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,346,808	64,020,641			
38	RECOVERY ROOM		246,777	9,297,685			
39	DELIVERY ROOM & LABOR ROO		1,227,028	5,188,437			
40	ANESTHESIOLOGY		201,242	10,284,427			
41	RADIOLOGY-DIAGNOSTIC		5,094,295	136,392,667	45,689		
41 01	ULTRASOUND		665,844	17,054,134	8,767		
44	LABORATORY		1,364,257	116,365,592	445,854		
47	BLOOD STORING, PROCESSING		100,788	5,031,398			
49	RESPIRATORY THERAPY		228,742	12,754,101	6,428		
50	PHYSICAL THERAPY		580,206	5,929,221	2,967		
51	OCCUPATIONAL THERAPY		197,866	2,484,492	1,053		
52	SPEECH PATHOLOGY		74,564	629,831			
53	ELECTROCARDIOLOGY		629,482	11,466,429	5,731		
54	ELECTROENCEPHALOGRAPHY		144,949	1,421,789	1,546		
55	MEDICAL SUPPLIES CHARGED		1,184,962	82,336,295	1,379		
56	DRUGS CHARGED TO PATIENTS		736,620	45,426,126	326,612		
57	RENAL DIALYSIS		1,358,080	41,914,016	2,474		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		291,562	412,297			
60 01	HOMER GLEN LAB		10,393	407,597			
60 02	HOMER GLEN FEC		481,510	1,022,424			
61	EMERGENCY		2,866,240	55,910,049	343,693		
61 01	OP MENTAL HEALTH		318,934	400,424			
61 02	DIABETES CENTER		105,030	302,851	50		
62	OBSERVATION BEDS (NON-DIS		753,624	4,966,871			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		58,468	4,083,334			
101	TOTAL		22,268,271	635,503,128	1,192,243		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 COMPONENT NO: 14-S213
 PREPARED 2/23/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.052277	
38	RECOVERY ROOM	.026542	
39	DELIVERY ROOM & LABOR ROO	.236493	
40	ANESTHESIOLOGY	.019568	
41	RADIOLOGY-DIAGNOSTIC	.037350	1,706
41 01	ULTRASOUND	.039043	342
44	LABORATORY	.011724	5,227
47	BLOOD STORING, PROCESSING	.020032	
49	RESPIRATORY THERAPY	.017935	115
50	PHYSICAL THERAPY	.097855	290
51	OCCUPATIONAL THERAPY	.079640	84
52	SPEECH PATHOLOGY	.118387	
53	ELECTROCARDIOLOGY	.054898	315
54	ELECTROENCEPHALOGRAPHY	.101948	158
55	MEDICAL SUPPLIES CHARGED	.014392	20
56	DRUGS CHARGED TO PATIENTS	.016216	5,296
57	RENAL DIALYSIS	.032402	80
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.707165	
60 01	HOMER GLEN LAB	.025498	
60 02	HOMER GLEN FEC	.470949	
61	EMERGENCY	.051265	17,619
61 01	OP MENTAL HEALTH	.796491	
61 02	DIABETES CENTER	.346804	17
62	OBSERVATION BEDS (NON-DIS	.151730	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.014319	
101	TOTAL		31,269

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 ULTRASOUND											
44	LABORATORY											
47	BLOOD STORING, PROCESSING											
49	RESPIRATORY THERAPY						29,232					
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY						20,160					
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 HOMER GLEN LAB											
60	02 HOMER GLEN FEC											
61	EMERGENCY						543,309					
61	01 OP MENTAL HEALTH											
61	02 DIABETES CENTER											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
101	TOTAL						592,701					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			64,020,641				
	OPERATING ROOM			9,297,685				
38	RECOVERY ROOM			5,188,437				
39	DELIVERY ROOM & LABOR ROO			10,284,427				
40	ANESTHESIOLOGY			136,392,667			45,689	
41	RADIOLOGY-DIAGNOSTIC			17,054,134			8,767	
41 01	ULTRASOUND			116,365,592			445,854	
44	LABORATORY			5,031,398				
47	BLOOD STORING, PROCESSING			12,754,101	.002292	.002292	6,428	15
49	RESPIRATORY THERAPY	29,232	29,232	5,929,221			2,967	
50	PHYSICAL THERAPY			2,484,492			1,053	
51	OCCUPATIONAL THERAPY			629,831				
52	SPEECH PATHOLOGY			11,466,429	.001758	.001758	5,731	10
53	ELECTROCARDIOLOGY	20,160	20,160	1,421,789			1,546	
54	ELECTROENCEPHALOGRAPHY			82,336,295			1,379	
55	MEDICAL SUPPLIES CHARGED			45,426,126			326,612	
56	DRUGS CHARGED TO PATIENTS			41,914,016			2,474	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			412,297				
60 01	HOMER GLEN LAB			407,597				
60 02	HOMER GLEN FEC			1,022,424				
61	EMERGENCY	543,309	543,309	55,910,049	.009718	.009718	343,693	3,340
61 01	OP MENTAL HEALTH			400,424				
61 02	DIABETES CENTER			302,851			50	
62	OBSERVATION BEDS (NON-DIS			4,966,871				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			4,083,334				
101	TOTAL	592,701	592,701	635,503,128			1,192,243	3,365

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HOMER GLEN LAB						
60 02	HOMER GLEN FEC						
61	EMERGENCY						
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,346,808	64,020,641	15,803		
38	RECOVERY ROOM		246,777	9,297,685	606		
39	DELIVERY ROOM & LABOR ROO		1,227,028	5,188,437			
40	ANESTHESIOLOGY		201,242	10,284,427	281		
41	RADIOLOGY-DIAGNOSTIC		5,094,295	136,392,667	139,523		
41 01	ULTRASOUND		665,844	17,054,134	47,346		
44	LABORATORY		1,364,257	116,365,592	570,711		
47	BLOOD STORING, PROCESSING		100,788	5,031,398	9,715		
49	RESPIRATORY THERAPY		228,742	12,754,101	231,081		
50	PHYSICAL THERAPY		580,206	5,929,221	696,140		
51	OCCUPATIONAL THERAPY		197,866	2,484,492	796,431		
52	SPEECH PATHOLOGY		74,564	629,831	75,485		
53	ELECTROCARDIOLOGY		629,482	11,466,429	7,348		
54	ELECTROENCEPHALOGRAPHY		144,949	1,421,789	2,816		
55	MEDICAL SUPPLIES CHARGED		1,184,962	82,336,295	330,606		
56	DRUGS CHARGED TO PATIENTS		736,620	45,426,126	703,875		
57	RENAL DIALYSIS		1,358,080	41,914,016	119,984		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		291,562	412,297			
60 01	HOMER GLEN LAB		10,393	407,597			
60 02	HOMER GLEN FEC		481,510	1,022,424			
61	EMERGENCY		2,866,240	55,910,049			
61 01	OP MENTAL HEALTH		318,934	400,424			
61 02	DIABETES CENTER		105,030	302,851	552		
62	OBSERVATION BEDS (NON-DIS		753,624	4,966,871			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		58,468	4,083,334			
101	TOTAL		22,268,271	635,503,128	3,748,303		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 COMPONENT NO: 14-T213
 PREPARED 2/23/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.052277	826
38	RECOVERY ROOM	.026542	16
39	DELIVERY ROOM & LABOR ROO	.236493	
40	ANESTHESIOLOGY	.019568	5
41	RADIOLOGY-DIAGNOSTIC	.037350	5,211
41 01	ULTRASOUND	.039043	1,849
44	LABORATORY	.011724	6,691
47	BLOOD STORING, PROCESSING	.020032	195
49	RESPIRATORY THERAPY	.017935	4,144
50	PHYSICAL THERAPY	.097855	68,121
51	OCCUPATIONAL THERAPY	.079640	63,428
52	SPEECH PATHOLOGY	.118387	8,936
53	ELECTROCARDIOLOGY	.054898	403
54	ELECTROENCEPHALOGRAPHY	.101948	287
55	MEDICAL SUPPLIES CHARGED	.014392	4,758
56	DRUGS CHARGED TO PATIENTS	.016216	11,414
57	RENAL DIALYSIS	.032402	3,888
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.707165	
60 01	HOMER GLEN LAB	.025498	
60 02	HOMER GLEN FEC	.470949	
61	EMERGENCY	.051265	
61 01	OP MENTAL HEALTH	.796491	
61 02	DIABETES CENTER	.346804	191
62	OBSERVATION BEDS (NON-DIS	.151730	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.014319	
101	TOTAL		180,363

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 ULTRASOUND											
44	LABORATORY											
47	BLOOD STORING, PROCESSING											
49	RESPIRATORY THERAPY						29,232					
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY						20,160					
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 HOMER GLEN LAB											
60	02 HOMER GLEN FEC											
61	EMERGENCY						543,309					
61	01 OP MENTAL HEALTH											
61	02 DIABETES CENTER											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
101	TOTAL						592,701					

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			64,020,641			15,803	
38	OPERATING ROOM			9,297,685			606	
39	RECOVERY ROOM			5,188,437				
40	DELIVERY ROOM & LABOR ROO			10,284,427			281	
41	ANESTHESIOLOGY			136,392,667			139,523	
41	01 RADIOLOGY-DIAGNOSTIC			17,054,134			47,346	
44	ULTRASOUND			116,365,592			570,711	
47	LABORATORY			5,031,398			9,715	
49	BLOOD STORING, PROCESSING			12,754,101	.002292	.002292	231,081	530
50	RESPIRATORY THERAPY	29,232	29,232	5,929,221			696,140	
51	PHYSICAL THERAPY			2,484,492			796,431	
52	OCCUPATIONAL THERAPY			629,831			75,485	
53	SPEECH PATHOLOGY			11,466,429	.001758	.001758	7,348	13
54	ELECTROCARDIOLOGY	20,160	20,160	1,421,789			2,816	
55	ELECTROENCEPHALOGRAPHY			82,336,295			330,606	
56	MEDICAL SUPPLIES CHARGED			45,426,126			703,875	
57	DRUGS CHARGED TO PATIENTS			41,914,016			119,984	
57	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			412,297				
60	01 HOMER GLEN LAB			407,597				
60	02 HOMER GLEN FEC			1,022,424				
61	EMERGENCY	543,309	543,309	55,910,049	.009718	.009718		
61	01 OP MENTAL HEALTH			400,424				
61	02 DIABETES CENTER			302,851			552	
62	OBSERVATION BEDS (NON-DIS			4,966,871				
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			4,083,334				
101	TOTAL	592,701	592,701	635,503,128			3,748,303	543

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HOMER GLEN LAB						
60 02	HOMER GLEN FEC						
61	EMERGENCY						
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
14-0213		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 5,466
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 807.14
- 85 OBSERVATION BED COST 4,411,827

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		44,390,536		4,411,827	
87 NEW CAPITAL-RELATED COST	7,582,756	44,390,536	.170819	4,411,827	753,624
88 NON PHYSICIAN ANESTHETIST		44,390,536		4,411,827	
89 MEDICAL EDUCATION		44,390,536		4,411,827	
89.01 MEDICAL EDUCATION - ALLIED HEA		44,390,536		4,411,827	
89.02 MEDICAL EDUCATION - ALL OTHER		44,390,536		4,411,827	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	723.52
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,939,663			
87	NEW CAPITAL-RELATED COST	617,102	2,939,663		
88	NON PHYSICIAN ANESTHETIST		2,939,663		
89	MEDICAL EDUCATION		2,939,663		
89.01	MEDICAL EDUCATION - ALLIED HEA		2,939,663		
89.02	MEDICAL EDUCATION - ALL OTHER		2,939,663		

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
14-T213		PART III

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,252.98
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,721,214			
87	NEW CAPITAL-RELATED COST	902,690	.191199		
88	NON PHYSICIAN ANESTHETIST	4,721,214			
89	MEDICAL EDUCATION	4,721,214			
89.01	MEDICAL EDUCATION - ALLIED HEA	4,721,214			
89.02	MEDICAL EDUCATION - ALL OTHER	4,721,214			

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		24,665,685	
26	INTENSIVE CARE UNIT		4,397,000	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.332707	8,295,991	2,760,134
38	RECOVERY ROOM	.210732	890,324	187,620
39	DELIVERY ROOM & LABOR ROOM	1.004781	23,337	23,449
40	ANESTHESIOLOGY	.087345	794,455	69,392
41	RADIOLOGY-DIAGNOSTIC	.203346	26,705,082	5,430,372
41 01	ULTRASOUND	.167041	2,747,008	458,863
44	LABORATORY	.099834	27,645,872	2,759,998
47	BLOOD STORING, PROCESSING & TRANS.	.399350	1,762,187	703,729
49	RESPIRATORY THERAPY	.167563	7,480,250	1,253,413
50	PHYSICAL THERAPY	.620686	934,642	580,119
51	OCCUPATIONAL THERAPY	.394030	537,029	211,606
52	SPEECH PATHOLOGY	.829383	225,913	187,368
53	ELECTROCARDIOLOGY	.168388	4,525,852	762,099
54	ELECTROENCEPHALOGRAPHY	.350290	374,682	131,247
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.183916	24,067,313	4,426,364
56	DRUGS CHARGED TO PATIENTS	.295588	17,587,129	5,198,544
57	RENAL DIALYSIS	.242606	1,788,434	433,885
60	OUTPAT SERVICE COST CNTRS CLINIC	2.182941		
60 01	HOMER GLEN LAB	.449932	13,811	6,214
60 02	HOMER GLEN FEC	1.109228	22,133	24,551
61	EMERGENCY	.265512	8,417,762	2,235,017
61 01	OP MENTAL HEALTH	3.128449		
61 02	DIABETES CENTER	1.953360	11,368	22,206
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.888251	444,223	394,582
64	HOME PROGRAM DIALYSIS	.115712		
101	TOTAL		135,294,797	28,260,772
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		135,294,797	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0213
 COMPONENT NO: 14-S213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,476,650	
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.332707		
38	RECOVERY ROOM	.210732		
39	DELIVERY ROOM & LABOR ROOM	1.004781		
40	ANESTHESIOLOGY	.087345		
41	RADIOLOGY-DIAGNOSTIC	.203346	45,689	9,291
41 01	ULTRASOUND	.167041	8,767	1,464
44	LABORATORY	.099834	445,854	44,511
47	BLOOD STORING, PROCESSING & TRANS.	.399350		
49	RESPIRATORY THERAPY	.167563	6,428	1,077
50	PHYSICAL THERAPY	.620686	2,967	1,842
51	OCCUPATIONAL THERAPY	.394030	1,053	415
52	SPEECH PATHOLOGY	.829383		
53	ELECTROCARDIOLOGY	.168388	5,731	965
54	ELECTROENCEPHALOGRAPHY	.350290	1,546	542
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.183916	1,379	254
56	DRUGS CHARGED TO PATIENTS	.295588	326,612	96,543
57	RENAL DIALYSIS	.242606	2,474	600
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.182941		
60 01	HOMER GLEN LAB	.449932		
60 02	HOMER GLEN FEC	1.109228		
61	EMERGENCY	.265512	343,693	91,255
61 01	OP MENTAL HEALTH	3.128449		
61 02	DIABETES CENTER	1.953360	50	98
62	OBSERVATION BEDS (NON-DISTINCT PART)	.888251		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.115712		
101	TOTAL		1,192,243	248,857
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,192,243	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0213
 COMPONENT NO: 14-T213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		2,625,760	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.332707	15,803	5,258
38	RECOVERY ROOM	.210732	606	128
39	DELIVERY ROOM & LABOR ROOM	1.004781		
40	ANESTHESIOLOGY	.087345	281	25
41	RADIOLOGY-DIAGNOSTIC	.203346	139,523	28,371
41 01	ULTRASOUND	.167041	47,346	7,909
44	LABORATORY	.099834	570,711	56,976
47	BLOOD STORING, PROCESSING & TRANS.	.399350	9,715	3,880
49	RESPIRATORY THERAPY	.167563	231,081	38,721
50	PHYSICAL THERAPY	.620686	696,140	432,084
51	OCCUPATIONAL THERAPY	.394030	796,431	313,818
52	SPEECH PATHOLOGY	.829383	75,485	62,606
53	ELECTROCARDIOLOGY	.168388	7,348	1,237
54	ELECTROENCEPHALOGRAPHY	.350290	2,816	986
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.183916	330,606	60,804
56	DRUGS CHARGED TO PATIENTS	.295588	703,875	208,057
57	RENAL DIALYSIS	.242606	119,984	29,109
60	OUTPAT SERVICE COST CNTRS CLINIC	2.182941		
60 01	HOMER GLEN LAB	.449932		
60 02	HOMER GLEN FEC	1.109228		
61	EMERGENCY	.265512		
61 01	OP MENTAL HEALTH	3.128449		
61 02	DIABETES CENTER	1.953360	552	1,078
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.888251		
64	HOME PROGRAM DIALYSIS	.115712		
101	TOTAL		3,748,303	1,251,047
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,748,303	

PROVIDER NO: 14-0213
 COMPONENT NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,918,990	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	32,756,971	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	667,838	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	256.36	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS 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 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
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 YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.22
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		17.88
4.02 SUM OF LINES 4 AND 4.01		22.10
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.45
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,253,859
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-0213		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	47,597,658	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	47,597,658	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,852,711	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	29,082	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	106,905	
16 TOTAL	51,586,356	
17 PRIMARY PAYER PAYMENTS	33,080	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51,553,276	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,590,242	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	171,511	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,048,409	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	733,886	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	778,822	
22 SUBTOTAL	47,525,409	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	47,525,409	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	47,579,934	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-54,525	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-0213		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	28,820
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	12,417,409
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,266,283
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	940
1.04	LINE 1.01 TIMES LINE 1.03.	11,672,364
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	96.52
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	37,776
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	28,820
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	117,770
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	117,770
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
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).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	117,770
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	88,950
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	28,820
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,304,059
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	18,390
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,707,461
19	SUBTOTAL (SEE INSTRUCTIONS)	8,607,028
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,607,028
24	PRIMARY PAYER PAYMENTS	2,146
25	SUBTOTAL	8,604,882
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	582,012
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	407,408
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	420,635
28	SUBTOTAL	9,012,290
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,012,290
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,918,143
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	94,147
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-S213		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 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).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-T213		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 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).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0213
 COMPONENT NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,784,971		8,570,972
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.		669,248		321,146
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. (1)				
ADJUSTMENTS TO PROVIDER			9/18/2009	26,025
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM	5/1/2009	164,543		
ADJUSTMENTS TO PROGRAM	9/18/2009	709,742		
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		-874,285		26,025
4 TOTAL INTERIM PAYMENTS		47,579,934		8,918,143
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. (1)				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				94,147
SETTLEMENT TO PROVIDER				
SETTLEMENT TO PROGRAM		54,525		
7 TOTAL MEDICARE PROGRAM LIABILITY		47,525,409		9,012,290

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0213
 COMPONENT NO: 14-S213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,053,187		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		1,053,187		NONE
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. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		106,910		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		1,160,097		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0213
 COMPONENT NO: 14-T213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,776,429		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	5/1/2009	11,482		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-11,482		NONE
4 TOTAL INTERIM PAYMENTS		3,764,947		
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. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		20,342		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,785,289		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-S213		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,212,260
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.131507
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,212,260
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,212,260
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,212,260
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,212,260
7	DEDUCTIBLES	142,552
8	SUBTOTAL	1,069,708
9	COINSURANCE	16,521
10	SUBTOTAL	1,053,187
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	147,922
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	103,545
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	122,225
12	SUBTOTAL	1,156,732
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,365
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 2/23/2010
14-0213	FROM 10/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2009	PART I
14-S213		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,160,097
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,053,187
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	106,910
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO	WORKSHEET E-3
14-T213	9/30/2009	PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,492,717
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0058
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	52,792
1.05	OUTLIER PAYMENTS	262,716
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,808,225
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.323288
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,808,225
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,808,225
7	DEDUCTIBLES	8,500
8	SUBTOTAL	3,799,725
9	COINSURANCE	18,156
10	SUBTOTAL	3,781,569
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	4,539
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,177
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,539
12	SUBTOTAL	3,784,746
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	543
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-T213		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,785,289
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,764,947
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	20,342
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	36,017,000			
2	TEMPORARY INVESTMENTS	9,045,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	28,251,000			
5	OTHER RECEIVABLES	765,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	180,000			
8	PREPAID EXPENSES	2,040,000			
9	OTHER CURRENT ASSETS	39,000			
10	DUE FROM OTHER FUNDS	21,590,000			
11	TOTAL CURRENT ASSETS	97,927,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	187,620,000			
14.01	LESS ACCUMULATED DEPRECIATION	-9,924,000			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	177,696,000			
OTHER ASSETS					
22	INVESTMENTS	326,427,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	33,265,000			
26	TOTAL OTHER ASSETS	359,692,000			
27	TOTAL ASSETS	635,315,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,592,000			
29 SALARIES, WAGES & FEES PAYABLE	9,211,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,585,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	387,000			
35 OTHER CURRENT LIABILITIES	24,876,000			
36 TOTAL CURRENT LIABILITIES	43,651,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	382,240,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	9,226,000			
42 TOTAL LONG-TERM LIABILITIES	391,466,000			
43 TOTAL LIABILITIES	435,117,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	200,198,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	200,198,000			
52 TOTAL LIABILITIES AND FUND BALANCES	635,315,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		196,513,000		
2	NET INCOME (LOSS)		3,450,000		
3	TOTAL		199,963,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TEMPORARILY RESTRICTED NE	280,000			
7					
8					
9					
10	TOTAL ADDITIONS		280,000		
11	SUBTOTAL		200,243,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	PERMANENTLY RESTRICTED NE	45,000			
15					
16					
17					
18	TOTAL DEDUCTIONS		45,000		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		200,198,000		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TEMPORARILY RESTRICTED NE				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	PERMANENTLY RESTRICTED NE				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	704,343,695
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	476,599,695
3	NET PATIENT REVENUES	227,744,000
4	LESS: TOTAL OPERATING EXPENSES	217,559,000
5	NET INCOME FROM SERVICE TO PATIENTS	10,185,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	2,652,000
24.02	NET ASSETS RELEASED FROM RESTRICT.	474,000
24.03	GAIN ON INVESTMENT	63,000
25	TOTAL OTHER INCOME	3,189,000
26	TOTAL	13,374,000
	OTHER EXPENSES	
27	ACCELERATED DEPREC-EXISTING CAMPUS	9,924,000
28		
29		
30	TOTAL OTHER EXPENSES	9,924,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	3,450,000

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	380,249		184	13	81,409	461,855
HHA REIMBURSABLE SERVICES						
6	940,407		62,559		53,621	1,056,587
7				534,847		534,847
8				166,776		166,776
9				16,795		16,795
10	3,633			28,320		31,953
11	75,188		12,950		1,183	89,321
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,399,477		75,693	746,751	136,213	2,358,134

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	24,583	486,438	-7,754	478,684
HHA REIMBURSABLE SERVICES				
6		1,056,587		1,056,587
7	-20,064	514,783		514,783
8		166,776		166,776
9		16,795		16,795
10		31,953		31,953
11		89,321		89,321
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	4,519	2,362,653	-7,754	2,354,899

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
						478,684	478,684
HHA REIMBURSABLE SERVICES							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							
						2,354,899	2,354,899

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
						1,326,157	
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							
						2,354,899	2,354,899

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-478,684	1,876,215
6	SKILLED NURSING CARE					1,056,587	
7	PHYSICAL THERAPY					514,783	
8	OCCUPATIONAL THERAPY					166,776	
9	SPEECH PATHOLOGY					16,795	
10	MEDICAL SOCIAL SERVICES					31,953	
11	HOME HEALTH AIDE					89,321	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-478,684	1,876,215
25	COST TO BE ALLOCATED					478,684	
26	UNIT COST MULTIPLIER					.255133	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6
1 ADMIN & GENERAL			3,835	456,011	459,846	102,604
2 SKILLED NURSING CARE	1,326,157				1,326,157	295,901
3 PHYSICAL THERAPY	646,121				646,121	144,167
4 OCCUPATIONAL THERAPY	209,326				209,326	46,706
5 SPEECH PATHOLOGY	21,080				21,080	4,704
6 MEDICAL SOCIAL SERVICES	40,105				40,105	8,949
7 HOME HEALTH AIDE	112,110				112,110	25,015
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,354,899		3,835	456,011	2,814,745	628,046
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14
1 ADMIN & GENERAL						103,778
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						103,778
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PERSONNEL 24	SUBTOTAL 25
1 ADMIN & GENERAL	5,025	838				672,091
2 SKILLED NURSING CARE						1,622,058
3 PHYSICAL THERAPY						790,288
4 OCCUPATIONAL THERAPY						256,032
5 SPEECH PATHOLOGY						25,784
6 MEDICAL SOCIAL SERVICES						49,054
7 HOME HEALTH AIDE						137,125
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,025	838				3,552,432
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		672,091		
2 SKILLED NURSING CARE		1,622,058	378,488	2,000,546
3 PHYSICAL THERAPY		790,288	184,403	974,691
4 OCCUPATIONAL THERAPY		256,032	59,742	315,774
5 SPEECH PATHOLOGY		25,784	6,016	31,800
6 MEDICAL SOCIAL SERVICES		49,054	11,446	60,500
7 HOME HEALTH AIDE		137,125	31,996	169,121
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		3,552,432	672,091	3,552,432
21 UNIT COST MULTIPLIER			0.233337	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL		3,786	1,399,477		459,846	
2 SKILLED NURSING CARE					1,326,157	
3 PHYSICAL THERAPY					646,121	
4 OCCUPATIONAL THERAPY					209,326	
5 SPEECH PATHOLOGY					21,080	
6 MEDICAL SOCIAL SERVICES					40,105	
7 HOME HEALTH AIDE					112,110	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		3,786	1,399,477		2,814,745	
21 COST TO BE ALLOCATED		3,835	456,011		628,046	
22 UNIT COST MULTIPLIER		1.012942	0.325844		0.223127	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL					45,802	44,471
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					45,802	44,471
21 COST TO BE ALLOCATED					103,778	5,025
22 UNIT COST MULTIPLIER					2.265796	0.112995

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16	MEDICAL RECO RDS & LIBRAR (TIME) SPENT 17	SOCIAL SERVI CE (TIME) SPENT 18	PARAMED ED P RGM (ASSIGNED TIME) 24
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE	1,464			
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)	1,464			
21 COST TO BE ALLOCATED	838			
22 UNIT COST MULTIPLIER	0.572404			

PROVIDER NO: 14-0213
 HHA NO: 14-7452
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,000,546	2	2,000,546	12,405	161.27	6,895
2 PHYSICAL THERAPY	3	974,691		974,691	7,654	127.34	4,606
3 OCCUPATIONAL THERAPY	4	315,774		315,774	2,441	129.36	1,701
4 SPEECH PATHOLOGY	5	31,800		31,800	220	144.55	176
5 MEDICAL SOCIAL SERVICES	6	60,500		60,500	340	177.94	196
6 HOME HEALTH AIDE SERVICE	7	169,121		169,121	2,839	59.57	1,563
7 TOTAL		3,552,432		3,552,432	25,899		15,137

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,265	9	365,277	1,477,234
2 PHYSICAL THERAPY		1,181	10	150,389	736,917
3 OCCUPATIONAL THERAPY		334	11	43,206	263,247
4 SPEECH PATHOLOGY					25,441
5 MEDICAL SOCIAL SERVICES		84		14,947	49,823
6 HOME HEALTH AIDE SERVICES		1,168		69,578	162,686
7 TOTAL		5,032		643,397	2,715,348

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING							
9 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
14 TOTAL							

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7		9		12
9 PHYSICAL THERAPY			10		
10 OCCUPATIONAL THERAPY			11		
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 14-0213
 HHA NO: 14-7452
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		4,015	4,015	21,832	.183904	9,938
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES		11,894	1,828	2,187		
16 COST OF DRUGS						
16.20 COST OF DRUGS						

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	PER BENE COST LIMITATION (FRM F1)
18	PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1	PHYSICAL THERAPY	50	.620686		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.394030		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.829383		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.183916	21,832	COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.295588	4,015	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		-----PROGRAM COSTS-----		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1	PHYSICAL THERAPY	127.34	2.01	3	3.01	4	5
2	OCCUPATIONAL THERAPY	129.36					
3	SPEECH PATHOLOGY	144.55					
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0213 HHA NO: 14-7452
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010 WORKSHEET H-7 PARTS I & II

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	2,948,860	939,212	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	2,948,860	939,212	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,948,860	939,212	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	2,258,449	699,707
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		4,466
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	14,302	9,039
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	89,961	10,526
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		344
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES	1,538	1,849
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	2,364,250	725,931
13 EXCESS REASONABLE COST		
14 SUBTOTAL	2,364,250	725,931
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	2,364,250	725,931
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,364,250	725,931
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	2,364,250	725,931
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	2,364,250	725,931
25 INTERIM PAYMENTS	2,364,250	725,933
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-2
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	14-0213	PERIOD:	FROM 10/ 1/2008	PREPARED 2/23/2010
HHA NO:	14-7452	TO	9/30/2009	WORKSHEET H-8

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,364,250		725,933
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		2,364,250		725,933
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. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				2
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		2,364,250		725,931

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 SATELLITE NO: PREPARED 2/23/2010
 WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	1,802,405	HOURS OF SERVICE	51,969.00	24.99
2 LICENCED PRACTICAL NURSES	44,598	HOURS OF SERVICE	1,883.00	.91
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	500,691	HOURS OF SERVICE	26,185.00	12.59
5 SOCIAL WORKERS	157,218	HOURS OF SERVICE	5,314.00	2.55
6 DIETICIANS	167,110	HOURS OF SERVICE	5,984.00	2.88
7 PHYSICIANS	7,982	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	403,957	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	3,083,961			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	1,073,670	REQUIREMENTS		
15 DRUGS	1,853,190	REQUIREMENTS		
16 OTHER	626,420	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	6,637,241			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	397,853	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	128,646	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	1,002,289	SALARY		
23 ADMINISTRATIVE AND GENERAL	1,822,062	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	331,370	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	126,669	REQUIREMENTS		
27 PHARMACY	-769,084	REQUIREMENTS		
28 OTHER ALLOCATED COST	412,128	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	10,089,174			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	10,089,174			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 SATELLITE NO: PREPARED 2/23/2010
 WORKSHEET 1-2

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	729,223	128,646	1,802,405	869,617	1,002,289
2	HEMODIALYSIS	729,223	128,646	1,709,456	798,970	940,071
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS			92,949	70,647	62,218
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	729,223	128,646	1,802,405	869,617	1,002,289
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,084,106	1,200,339		6,816,625	3,272,549
2	HEMODIALYSIS	1,084,106	1,200,339		6,590,811	3,164,140
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS				225,814	108,409
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	1,841,248				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	1,084,106	1,200,339		6,816,625	3,272,549
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)	
		11	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	10,089,174	
2	HEMODIALYSIS	9,754,951	
3	INTERMITTENT PERITONEAL TRAINING		
4	HEMODIALYSIS		
5	INTERMITTENT PERITONEAL		
6	CAPD		
7	CCDP		
8	HOME		
9	HEMODIALYSIS		
10	INTERMITTENT PERITONEAL		
11	CAPD		
11	CCDP		
OTHER BILLABLE SERVICES			
12	INPATIENT DIALYSIS	334,223	
13	METHOD II HOME PATIENT		
14	EPO (INCLUDED IN RENAL DEPARTMENT)		
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)		
15	OTHER		
16	TOTAL (SUM OF LINES 2-15)	10,089,174	
17	MEDICAL EDUCATION PROGRAM COSTS		
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	10,089,174	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 SATELLITE NO: PREPARED 2/23/2010
 WORKSHEET 1-3

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	729,223	128,646	1,802,405	869,617	1,002,289
2	HEMODIALYSIS	19,984	100.00	49,289.00	36,167.00	2,885,035
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS			2,680.00	3,198.00	190,944
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	19,984	100.00	51,969.00	39,365.00	3,075,979
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	36.490342	1286.460000	34.682311	22.091122	.325844

	COMPOSITE PAYMENT SERVICES	DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCI LLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
				8 (CHARGES)	9	10
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,084,106	1,200,339		6,816,625	3,272,549
2	HEMODIALYSIS	1,853,190	1,136,967			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	1,853,190	1,136,967			6,816,625
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.584995	1.055738			.480083

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 SATELLITE NO: WORKSHEET 1-4
 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	36,136	9,754,951	269.95	25,822	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	36,136	9,754,951		25,822	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS	6,970,649	166.76		4,306,077
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	6,970,649			4,306,077

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 SATELLITE NO:
 PREPARED 2/23/2010
 WORKSHEET 1-1
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	67,854	HOURS OF SERVICE	1,895.00	.91
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS	198	HOURS OF SERVICE	6.00	
6 DIETICIANS	75	HOURS OF SERVICE	3.00	
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	68,127			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	241,736	REQUISITIONS		
15 DRUGS		REQUISITIONS		
16 OTHER	27,877	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	337,740			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	22,199	SALARY		
23 ADMINISTRATIVE AND GENERAL	80,312	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING		SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	29,419	REQUISITIONS		
27 PHARMACY		REQUISITIONS		
28 OTHER ALLOCATED COST	2,821	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	472,491			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	472,491			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODI LITI ES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/ 1/2008 TO 9/30/2009
 SATELLITE NO:
 PREPARED 2/23/2010
 WORKSHEET 1-2
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE			67,854	273	22,199
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL			67,854	273	22,199
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS					
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)			67,854	273	22,199
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		271,155		361,481	111,010
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL		271,155		361,481	111,010
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS					
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		271,155		361,481	111,010
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	472,491
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	472,491
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS	
14	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	472,491
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	472,491

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 SATELLITE NO: PREPARED 2/23/2010
 WORKSHEET 1-3
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING EQUIPMENT	DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS	
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE			67,854	273	22,199
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL			1,895.00	9.00	68,127
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS		0			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS			1,895.00	9.00	68,127
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)			35.806860	30.333333	.325847

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		271,155		361,481	111,010
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL		260,465			
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS		0			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		260,465			361,481
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		1.041042			.307098

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0213
SATELLITE NO:
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/23/2010
WORKSHEET 1-4
RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
	1	2	3	4	4.01
1 MAINTENANCE - HEMODIALYSIS					
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS	33	472,491	14,317.91	14	
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	228			111	
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	6,513			4,775	
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	6,774	472,491		4,900	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS				
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS	200,451	181.06		2,535
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS		83.06		9,220
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS		68.26		325,942
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	200,451			337,697

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 2/23/2010
14-0213	FROM 10/ 1/2008	
SATELLITE NO:	TO 9/30/2009	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	7,171,100
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	4,643,774
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	3,715,019
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	928,755
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET L
14-0213		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,611,092
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	76,231
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	147.29
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.22
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.88
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	22.10
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.58
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	165,388
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,852,711
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2008	2/23/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET L
14-T213		PARTS I-IV
	FULLY PROSPECTIVE METHOD	

TITLE XVIII, PART A

SUBPROVIDER 2

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	147.29
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.88
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	17.88
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.69
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	