

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY NORTHWEST COMMUNITY HOSPITAL (14-0252) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	76947	-79960	1
3	SWING BED - SNF	-30725		2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	46222	-79960	9
				100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 WEST CENTRAL ROAD P.O.BOX: 1
 1.01 CITY: ARLINGTON HEIGHTS STATE: IL ZIP CODE: 60005 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	NORTHWEST COMMUNITY HOSPITAL	14-0252	07/01/1966	N	P	O	2
3	SUBPROVIDER I	NWCH PSYCHIATRIC UNIT	14-S252	11/01/1985	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	NORTHWEST COMMUNITY HOME CARE SERV	14-7094	07/01/1966	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2008	TO: 09/30/2009				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36.01
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37
					37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: 10222357	PAID LOSSES: 799196	AND/OR SELF INSURANCE: 603454						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N NO	LIMIT 0.00	Y/N NO	FEEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES	57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO	58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO					60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	01/20/2010				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & Peds, EXCL. SWING BED, OBSERV & HOSPICE DAYS		12142	2013	24623	1
2	HMO XIX					2
3	HOSPITAL ADULTS & Peds - SWING BED SNF					3
4	HOSPITAL ADULTS & Peds - SWING BED NF					4
5	TOTAL ADULTS & Peds EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		12142	2013	24623	12
13	RPCH VISITS					13
14	SUBPROVIDER I		212	270	1367	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	175413081		175413081	5657911.44	31.00		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	3001558		3001558	34240.00	87.66	TC OFFSET	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	12803720	-642907	12160813	361719.69	33.62	ANALYSIS	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	690244		690244	12158.60	56.77	CONT LABOR SUMM	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	1326260		1326260	15604.00	84.99	ANALYSIS	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	54874951		54874951			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	3852481		3852481			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	364673		364673			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)							20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	3138206	-400000	2738206	41030.00	66.74		21
22	ADMINISTRATIVE & GENERAL	25856619	400000	26256619	818669.00	32.07		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	22463		22463	100.50	223.51		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	7151025		7151025	376637.00	18.99		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2957185	-882294	2074891	125911.71	16.48		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		882294	882294	56420.00	15.64		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2763766		2763766	70380.15	39.27		30
31	CENTRAL SERVICES AND SUPPLY	1426342		1426342	83774.47	17.03		31
32	PHARMACY	4231382		4231382	102411.45	41.32		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2315557		2315557	109089.96	21.23		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	172433986		172433986	5623771.94	30.66	1
2	EXCLUDED AREA SALARIES	12803720	-642907	12160813	361719.69	33.62	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	159630266	642907	160273173	5262052.25	30.46	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2016504		2016504	27762.60	72.63	4
5	SUBTOTAL WAGE-RELATED COSTS	54874951		54874951		34.24%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	216521721	642907	217164628	5289814.85	41.05	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	49862545		49862545	1784424.24	27.94	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		4774		933	5707	1
2 UNDUPLICATED CENSUS COUNT		488.00		169.00	657.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	21.31		21.31	5
6 DIRECT NURSING SERVICE	24.51		24.51	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	16.04		16.04	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.61		1.61	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.48		.48	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.53		1.53	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.74		2.74	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 CONTINUUM PERSONNEL	4.16		4.16	18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7094

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	15094		378	248		15720	21
22	SKILLED NURSING VISIT CHARGES	2974496		74872	48412		3097780	22
23	PHYSICAL THERAPY VISITS	11748		132	141		12021	23
24	PHYSICAL THERAPY VISIT CHARGES	2498208		27984	29892		2556084	24
25	OCCUPATIONAL THERAPY VISITS	1029			23		1052	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	218784			4876		223660	26
27	SPEECH PATHOLOGY VISITS	280			2		282	27
28	SPEECH PATHOLOGY VISIT CHARGES	61056			424		61480	28
29	MEDICAL SOCIAL SERVICE VISITS	607		3	10		620	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	142272		702	2340		145314	30
31	HOME HEALTH AIDE VISITS	2161		4	15		2180	31
32	HOME HEALTH AIDE VISIT CHARGES	282490		520	2080		285090	32
33	TOTAL VISITS	30919		517	439		31875	33
34	OTHER CHARGES	150047		4803	1642		156492	34
35	TOTAL CHARGES	6327353		108881	89666		6525900	35
36	TOTAL NUMBER OF EPISODES	1906		186	41		2133	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	150047		4803	1642		156492	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	9824329 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9824329 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.288125 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	67637150 28
29	TOTAL GROSS MEDICAID COST	19487954 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	20702784 30
31	UNCOMPENSATED CARE COST	5964990 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	19487954 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				16218228	16218228	-1968081	14250147	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				15207284	15207284	-60353	15146931	4
5	0500 EMPLOYEE BENEFITS	2738206	46583224	49321430		49321430	-87156	49234274	5
5.01	0501 GENERAL OVERHEAD	400000	51087376	51487376	-51487376				5.01
6	0600 ADMINISTRATIVE & GENERAL	25856619	34382955	60239574	14898347	75137921	-2869349	72268572	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	7151025	9507668	16658693	297324	16956017	-125516	16830501	8
9	0900 LAUNDRY & LINEN SERVICE								9
10	1000 HOUSEKEEPING								10
11	1100 DIETARY	2957185	2380481	5337666	-1833828	3503838		3503838	11
12	1200 CAFETERIA				1833828	1833828	-1695233	138595	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	2763766	601671	3365437		3365437	-38886	3326551	14
15	1500 CENTRAL SERVICES & SUPPLY	1426342	3776927	5203269	-3096715	2106554		2106554	15
16	1600 PHARMACY	4231382	15607755	19839137	-14727620	5111517	-22300	5089217	16
17	1700 MEDICAL RECORDS & LIBRARY	2315557	2235202	4550759		4550759	-55	4550704	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM- EMS INPATIENT ROUTINE SERV COST CENTERS				225655	225655	-208640	17015	24
25	2500 ADULTS & PEDIATRICS	38968219	6861509	45829728	-2071571	43758157	-291500	43466657	25
26	2600 INTENSIVE CARE UNIT	8475016	2217314	10692330	-322088	10370242	-900810	9469432	26
31	3100 SUBPROVIDER I	4296207	546824	4843031	-346287	4496744	-117742	4379002	31
33	3300 NURSERY	2299944	353231	2653175	-103821	2549354		2549354	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	13192122	23190976	36383098	-19963957	16419141	-242030	16177111	37
40	4000 ANESTHESIOLOGY	120501	928244	1048745	-890612	158133		158133	40
41	4100 RADIOLOGY-DIAGNOSTIC	14161550	10517107	24678657	-2422979	22255678	-7963	22247715	41
43.01	3480 ONCOLOGY	577870	80272	658142	-20654	637488		637488	43.01
44	4400 LABORATORY	6215874	6865865	13081739	-296406	12785333		12785333	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	665328	3148429	3813757	-37045	3776712		3776712	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1830241	767693	2597934	-221744	2376190		2376190	49
50	5000 PHYSICAL THERAPY	5371345	1324464	6695809	-137544	6558265	-107980	6450285	50
53	5300 ELECTROCARDIOLOGY	2501942	841568	3343510	-106532	3236978	-252545	2984433	53
53.01	3120 CARDIAC CATH LAB	1513168	8675063	10188231	-7825333	2362898	-14018	2348880	53.01
53.02	3160 CARDIAC REHABILITATION	609975	356112	966087	-7116	958971	-69602	889369	53.02
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				38855149	38855149		38855149	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				14652706	14652706		14652706	56
57	5700 RENAL DIALYSIS		961074	961074	-3645	957429		957429	57
59	3950 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS									
60.01	4950 PARTIAL HOSPITALIZATION PROGRAM				1208621	1208621		1208621	60.01
60.02	4951 TREATMENT CENTERS	4821353	1796546	6617899	-444479	6173420	-3318083	2855337	60.02
61	6100 EMERGENCY	11444831	4778361	16223192	-1954967	14268225	-1132008	13136217	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	5709027	934496	6643523	3084	6646607		6646607	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE				5254029	5254029	-5254029		88
95	SUBTOTALS	172614595	241308407	413923002	331936	414254938	-18783879	395471059	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	93773	199332	293105		293105		293105	96
96.01	9601 ADULT DAY CARE	162802	37746	200548		200548		200548	96.01
96.02	9602 OTHER NRCC	96935	108597	205532		205532		205532	96.02
96.03	9603 FOUNDATION								96.03
96.04	9604 CHCC						9853770	9853770	96.04
96.05	9605 CORPORATE HEALTH	638818	517407	1156225		1156225		1156225	96.05
96.06	9606 MARKETING	399916	1420663	1820579		1820579		1820579	96.06

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
96.07 9607 EMS CONTINUING EDUCATION				493528	493528		493528	96.07
97.01 9701 RESIDENTIAL TREATMENT CENTER	1402482	196777	1599259	-825464	773795		773795	97.01
98 9800 PHYSICIANS' PRIVATE OFFICES								98
98.05 9801 SCHAUMBURG MEDICAL CENTER		942243	942243		942243		942243	98.05
99.01 9902 GASTRO PARSONS								99.01
99.50 9901 OTHER CORP	3760	256789	260549		260549		260549	99.50
101 TOTAL	175413081	244987961	420401042		420401042	-8930109	411470933	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 SHARED EXPENSES	A	CAFETERIA	12	882294	951534	1
2						2
3 FLOAT POOL	B	ADULTS & PEDIATRICS	25	729986	56292	3
4	B	INTENSIVE CARE UNIT	26	142180	10964	4
5	B	SUBPROVIDER I	31	46757	3606	5
6	B	NURSERY	33	12405	957	6
7	B	OPERATING ROOM	37	955	74	7
8	B	EMERGENCY	61	14313	1104	8
9	B	HOME HEALTH AGENCY	71	2863	221	9
10						10
11 TREATMENT CENTER RENT	C	NEW CAP REL COSTS-BLDG & FIXT	3		387836	11
12	C					12
13						13
14 COST OF MEDICAL SUPPLIES SOLD	D	MEDICAL SUPPLIES CHARGED TO P	55		38855149	14
15	D					15
16	D					16
17	D					17
18	D					18
19	D					19
20	D					20
21	D					21
22	D					22
23	D					23
24	D					24
25	D					25
26	D					26
27	D					27
28	D					28
29	D					29
30	D					30
31	D					31
32	D					32
33	D					33
34						34
35 COST OF DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	56		14652706	35
36 SUBTOTAL				1831753	54920443	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 SHARED EXPENSES	A	DIETARY	11	882294	951534	1
2						2
3 FLOAT POOL	B	ADULTS & PEDIATRICS	25	949459	73218	3
4	B					4
5	B					5
6	B					6
7	B					7
8	B					8
9	B					9
10						10
11 TREATMENT CENTER RENT	C	TREATMENT CENTERS	60.02		313836	9 11
12	C	RADIOLOGY-DIAGNOSTIC	41		74000	12
13						13
14 COST OF MEDICAL SUPPLIES SOLD	D	CENTRAL SERVICES & SUPPLY	15		3096715	14
15	D	ADULTS & PEDIATRICS	25		1835172	15
16	D	INTENSIVE CARE UNIT	26		475232	16
17	D	SUBPROVIDER I	31		13493	17
18	D	NURSERY	33		117183	18
19	D	OPERATING ROOM	37		19964986	19
20	D	ANESTHESIOLOGY	40		890612	20
21	D	RADIOLOGY-DIAGNOSTIC	41		2348979	21
22	D	ONCOLOGY	43.01		20654	22
23	D	LABORATORY	44		296406	23
24	D	WHOLE BLOOD & PACKED RED BLOO	46		37045	24
25	D	RESPIRATORY THERAPY	49		221744	25
26	D	PHYSICAL THERAPY	50		137544	26
27	D	ELECTROCARDIOLOGY	53		106532	27
28	D	CARDIAC CATH LAB	53.01		7825333	28
29	D	CARDIAC REHABILITATION	53.02		7116	29
30	D	PHARMACY	16		74914	30
31	D	RENAL DIALYSIS	57		3645	31
32	D	EMERGENCY	61		1251201	32
33	D	TREATMENT CENTERS	60.02		130643	33
34						34
35 COST OF DRUGS SOLD	E	PHARMACY	16		14652706	35
36 SUBTOTAL				1831753	54920443	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					
2	F	PARAMED ED PRGM- EMS	24	119485	106170
3	F	EMS CONTINUING EDUCATION	96.07	261324	232204
4					
5	G	NEW CAP REL COSTS-BLDG & FIXT	3		14733354
6	G	NEW CAP REL COSTS-MVBLE EQUIP	4		15207284
7					
8	H	NEW CAP REL COSTS-BLDG & FIXT	3		205570
9	H	OPERATION OF PLANT	8		297324
10					
11	I	PARTIAL HOSPITALIZATION PROGR	60.01	1073336	135285
12	I				
13					
14	K	INTEREST EXPENSE	88		6145497
15	K	NEW CAP REL COSTS-BLDG & FIXT	3		891468
16					
17					
18	L	ADMINISTRATIVE & GENERAL	6	400000	15001241
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36		TOTAL RECLASSIFICATIONS		3685898	107875840

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
				LINE #	SALARY	OTHER	
1			6	7	8	9	10
2	PARA MEDICAL EDUCATION	F	EMERGENCY	61	380809	338374	2
3		F					3
4							4
5	DEPRECIATION EXPENSE	G	GENERAL OVERHEAD	5.01		29940638	9 5
6		G					9 6
7							7
8	SALT CREEK OCC EXPENSE	H	ADMINISTRATIVE & GENERAL	6		502894	9 8
9		H					9
10							10
11	PHP EXPENSE	I	SUBPROVIDER I	31	349439	33718	11
12		I	RESIDENTIAL TREATMENT CENTER	97.01	723897	101567	12
13							13
14	INTEREST EXPENSES	K	GENERAL OVERHEAD	5.01		6145497	11 14
15		K	INTEREST EXPENSE	88		891468	11 15
16							16
17							17
18	BALANCE OF GEN OH	L	GENERAL OVERHEAD	5.01	400000	15001241	18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3685898	107875840	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	1789072					1789072		1
2 LAND IMPROVEMENTS	11967055	844799		844799		12811854		2
3 BUILDINGS AND FIXTURES	189786917				3770420	186016497		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	119052732	18422887		18422887		137475619		5
6 MOVABLE EQUIPMENT	98772352				15801798	82970554		6
7 SUBTOTAL	421368128	19267686		19267686	19572218	421063596		7
8 RECONCILING ITEMS								8
9 TOTAL	421368128	19267686		19267686	19572218	421063596		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-107988	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-6756	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5820759			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	94985			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1695233	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 WELLNESS CENTER RENT	A	-69202	CARDIAC REHABILITATION	53.02	37
37.01 WELLNESS CNTR RENT	A	28517	PHYSICAL THERAPY	50	37.01
38 CAPITATION	A	-863581	ADMINISTRATIVE & GENERAL	6	38
39 DR SELECT AND PHO	A	-1242790	ADMINISTRATIVE & GENERAL	6	39
40					40
41 SUPP PENSION	A	-73542	EMPLOYEE BENEFITS	5	41
42 LOBBYING FEES	A	-51498	ADMINISTRATIVE & GENERAL	6	42
43					43
44 PIANO DEPRECIATION	A	-1371	NEW CAP REL COSTS-MVBLE EQUIP	4	9 44
45 PATIENT PHONE EMPLOYEE BENEFITS	A	-10133	EMPLOYEE BENEFITS	5	45
45.06 SWAP BASIS SETTLEMENT INT	A	-169963	INTEREST EXPENSE	88	45.06
45.07 INTEREST EXPENSE	A	-5084066	INTEREST EXPENSE	88	45.07
45.08 2008 CAP INT INC AMORT	B	-78148	NEW CAP REL COSTS-BLDG & FIXT	3	9 45.08
45.14 EMS PROGRAM REVENUE	B	-208640	PARAMED ED PRGM- EMS	24	45.14
45.71 AFFILIATED CORP COST	A	9853770	CHCC	96.04	45.71
45.73 MISC INCOME	B	-285874	ADULTS & PEDIATRICS	25	45.73
45.74 MISC INCOME	B	-38886	NURSING ADMINISTRATION	14	45.74
45.76 MISC INCOME	B	-133866	PHYSICAL THERAPY	50	45.76
45.77 MISC INCOME	B	-65610	OPERATING ROOM	37	45.77
45.78 MISC INCOME	B	-12020	RADIOLOGY-DIAGNOSTIC	41	45.78
45.79 MISC INCOME	B	-250	INTENSIVE CARE UNIT	26	45.79
45.80 MISC INCOME	B	-400	CARDIAC REHABILITATION	53.02	45.80
45.82 MISC INCOME	B	-117742	SUBPROVIDER I	31	45.82
45.85 MISC INCOME	B	-118760	OPERATION OF PLANT	8	45.85
45.88 MISC INCOME	B	-22300	PHARMACY	16	45.88
45.90 MISC INCOME	B	-455532	ADMINISTRATIVE & GENERAL	6	45.90
45.92 MISC INCOME	B	-7150	EMERGENCY	61	45.92
45.94 MISC INCOME	B	-55	MEDICAL RECORDS & LIBRARY	17	45.94
45.96 MISC INCOME	B	-121242	TREATMENT CENTERS	60.02	45.96
46					46

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
47 MESA BILLING	A	-16429	ADMINISTRATIVE & GENERAL		6	47
48						48
49 NON ALLOWABLE MEALS	A	-59168	ADMINISTRATIVE & GENERAL		6	49
49.26 NON ALLOWABLE TRAVEL	A	-13275	ADMINISTRATIVE & GENERAL		6	49.26
49.27 CONTRIBUTIONS	A	-6237	ADMINISTRATIVE & GENERAL		6	49.27
49.28 CSM DEPRECIATION	A	-1958044	NEW CAP REL COSTS-BLDG & FIXT		3	9 49.28
49.29 CSM DEPRECIATION	A	-58982	NEW CAP REL COSTS-MVBLE EQUIP		4	9 49.29
49.30 AMORT OF DEMOLISHED ASSET COST	A	68111	NEW CAP REL COSTS-BLDG & FIXT		3	9 49.30
50 TOTAL		-8930109				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	60.02	TREATMENT CENTERS				
2	41	RADIOLOGY-DIAGNOSTIC				
		TREATMENT CENTER RENT	277665	200000	77665	1
		IMAGING CENTER RENT	91320	74000	17320	2
3						3
4						4
5	TOTALS		368985	274000	94985	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B	NORTHWEST HEALTHCARE CORP	100.00	NORTHWEST COMMUNITY HOSPITAL		HEALTH CARE	1	
2						2	
3						3	
4						4	
5						5	

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	17638		17638	177200	141	12012	601
2	26	INTENSIVE CARE UNIT	936000	891551	44449	177200	416	35440	1772
3	37	OPERATING ROOM	178920	176420	2500	208000	25	2500	125
4	41	RADIOLOGY-DIAGNOSTIC	32760		32760	225300	180	19497	975
5	44	LABORATORY	309200		309200	215700	4720	489473	24474
6	50	PHYSICAL THERAPY	6720		6720	177200	48	4089	204
7	53	ELECTROCARDIOLOGY	261860	246120	15740	165600	117	9315	466
8	53.01	CARDIAC CATH LAB	33840		33840	225300	183	19822	991
9	53.02	CARDIAC REHABILITATION	118678		118678	165600	1493	118866	5943
10	61	EMERGENCY	1417238	987238	430000	177200	3432	292380	14619
11	60.02	TREATMENT CENTERS	3274506	3274506					
13	5	EMPLOYEE BENEFITS	23075		23075	177200	230	19594	980
14	6	ADMINISTRATIVE & GENERAL	77710		77710	177200	2728	232405	11620
15	6	ADMINISTRATIVE & GENERAL	213950		213950	177200	1891	161099	8055
101		TOTAL	6902095	5575835	1326260		15604	1416492	70825

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS	AGGREGATE				12012	5626	5626
2	26	INTENSIVE CARE UNIT	AGGREGATE				35440	9009	900560
3	37	OPERATING ROOM	AGGREGATE				2500		176420
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				19497	13263	13263
5	44	LABORATORY	AGGREGATE				489473		
6	50	PHYSICAL THERAPY	WOUND CARE				4089	2631	2631
7	53	ELECTROCARDIOLOGY	AGGREGATE				9315	6425	252545
8	53.01	CARDIAC CATH LAB	AGGREGATE				19822	14018	14018
9	53.02	CARDIAC REHABILITATION	AGGREGATE				118866		
10	61	EMERGENCY	AGGREGATE				292380	137620	1124858
11	60.02	TREATMENT CENTERS	AGGREGATE						3274506
13	5	EMPLOYEE BENEFITS	AGGREGATE				19594	3481	3481
14	6	ADMINISTRATIVE & GENERAL	AGGREGATE				232405		
15	6	ADMINISTRATIVE & GENERAL	AGGREGATE				161099	52851	52851
101		TOTAL					1416492	244924	5820759

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	DIETARY 11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	14250147	14250147							3
4 NEW CAP REL COSTS-MVBLE EQUIP	15146931		15146931						4
5 EMPLOYEE BENEFITS	49234274	212138	6800	49453212					5
5.01 GENERAL OVERHEAD									5.01
6 ADMINISTRATIVE & GENERAL	72268572	3332498	5521579	7519764	88642413	88642413			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	16830501	1955110	428737	2048018	21262366	5838220	27100586		8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY	3503838	172760	16981	594238	4287817	1177349	535049	6000215	11
12 CAFETERIA	138595	113610	155231	252685	660121	181256	351859		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3326551	141038	13273	791529	4272391	1173113	436804		14
15 CENTRAL SERVICES & SUPPLY	2106554	257490	57473	408497	2830014	777065	797465		15
16 PHARMACY	5089217	102677	9566	1211847	6413307	1760966	317997		16
17 MEDICAL RECORDS & LIBRARY	4550704	87386	56349	663164	5357603	1471091	270641		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM- EMS	17015	10042	486	34220	61763	16959	31099		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	43466657	2417476	591908	11097437	57573478	15808682	7487090	4963008	25
26 INTENSIVE CARE UNIT	9469432	533051	309654	2467922	12780059	3509149	1650897	300443	26
31 SUBPROVIDER I	4379002	352760	68891	1143726	5944379	1632208	1092523	526146	31
33 NURSERY	2549354	41328	59800	662245	3312727	909609	127995		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	16177111	1299859	2264648	3778431	23520049	6458135	4025751		37
40 ANESTHESIOLOGY	158133	10830	133698	34511	337172	92581	33541		40
41 RADIOLOGY-DIAGNOSTIC	22247715	709753	3949878	4055797	30963143	8501860	2198154		41
43.01 ONCOLOGY	637488	351951	7649	165499	1162587	319223	1090017		43.01
44 LABORATORY	12785333	279876	464986	1780195	15310390	4203927	866796		44
46 WHOLE BLOOD & PACKED RED BLOOD	3776712	19295	15506	190547	4002060	1098886	59757		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2376190	65623	87848	524172	3053833	838521	203238		49
50 PHYSICAL THERAPY	6450285	203694	85211	1538326	8277516	2272840	630853		50
53 ELECTROCARDIOLOGY	2984433	111453	148265	716544	3960695	1087528	345176		53
53.01 CARDIAC CATH LAB	2348880	49523	93763	433364	2925530	803292	153376		53.01
53.02 CARDIAC REHABILITATION	889369	182822	12446	174694	1259331	345787	566213		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	38855149				38855149	10668847			55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	14652706				14652706	4023340			56
57 RENAL DIALYSIS	957429		3826		961255	263941			57
59 LITHOTRIPSY									59
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION PROGRAM	1208621	100706	1427	307398	1618152	444312	311892		60.01
60.02 TREATMENT CENTERS	2855337	448155	46619	1380811	4730922	1299017	1387966		60.02
61 EMERGENCY	13136217	325478	447096	3172780	17081571	4690258	1008028		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	6646607	107386	38337	1635857	8428187	2314212	332582		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	395471059	13995768	15097931	48784218	394498686	83982174	26312759	5789597	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	293105	117531	2452	26856	439944	120800	364003		96
96.01 ADULT DAY CARE	200548		2379	46626	249553	68522			96.01
96.02 OTHER NRCC	205532		1699	27762	234993	64524			96.02
96.03 FOUNDATION		18652			18652	5121	57765		96.03
96.04 CHCC	9853770				9853770	2705648			96.04
96.05 CORPORATE HEALTH	1156225	56452	14720	182954	1410351	387254	174837		96.05
96.06 MARKETING	1820579	41826	2399	114534	1979338	543487	129538		96.06
96.07 EMS CONTINUING EDUCATION	493528	10042	21529	74842	599941	164732	31099		96.07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	DIETARY	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT		
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL			
	0	3	4	5	5A	6	8	11	
97.01 RESIDENTIAL TREATMENT CENTER	773795			194343	968138	265831		210618	97.01
98 PHYSICIANS' PRIVATE OFFICES		9876	3183		13059	3586	30585		98
98.05 SCHAUMBURG MEDICAL CENTER	942243		639		942882	258897			98.05
99.01 GASTRO PARSONS									99.01
99.50 OTHER CORP	260549			1077	261626	71837			99.50
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	411470933	14250147	15146931	49453212	411470933	88642413	27100586	6000215	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	1193236							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	23462	5905770						14
15 CENTRAL SERVICES & SUPPLY	25318		4429862					15
16 PHARMACY	30779	209217		8732266				16
17 MEDICAL RECORDS & LIBRARY	31897				7131238			17
18 SOCIAL SERVICE				6				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM- EMS	1229	8352				119402		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	372510	2532073		119785	757055		89613681	25
26 INTENSIVE CARE UNIT	61939	421023		20789	131114		18875413	26
31 SUBPROVIDER I	18105	123066		218	99791		9436436	31
33 NURSERY	18160	123442		6998	36344		4535275	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	116488	791810		38521	576124		35526878	37
40 ANESTHESIOLOGY	1960	13321		5834	71152		555561	40
41 RADIOLOGY-DIAGNOSTIC	132098			12253	1806414		43613922	41
43.01 ONCOLOGY	4958	33700		45	14626		2625156	43.01
44 LABORATORY	81654			71	944234		21407072	44
46 WHOLE BLOOD & PACKED RED BLOOD	6727			43	94217		5261690	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	17294			31815	55644		4200345	49
50 PHYSICAL THERAPY	53172			595	115113		11350089	50
53 ELECTROCARDIOLOGY	25956	176436		268	220384		5816443	53
53.01 CARDIAC CATH LAB	12987	88280		1637	249338		4234440	53.01
53.02 CARDIAC REHABILITATION	5474	37208		78	9876		2223967	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT			4415614	22452	1225257		55187319	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS				8312207	376204		27364457	56
57 RENAL DIALYSIS					21042		1246238	57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	9215				15835		2399406	60.01
60.02 TREATMENT CENTERS		200113		51437	27171		7696626	60.02
61 EMERGENCY	101651	850691		32715	284303	119402	24168619	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		297038	9871	3140			11385030	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1153033	5905770	4425491	8660901	7131238	119402	388724063	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	2629		310				927686	96
96.01 ADULT DAY CARE	4110		144	51			322380	96.01
96.02 OTHER NRCC	1481						300998	96.02
96.03 FOUNDATION							81538	96.03
96.04 CHCC							12559418	96.04
96.05 CORPORATE HEALTH	14284		2748	71253			2060727	96.05
96.06 MARKETING	5793		7				2658163	96.06
96.07 EMS CONTINUING EDUCATION				61			795833	96.07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
97.01 RESIDENTIAL TREATMENT CENTER	10690						1455277	97.01
98 PHYSICIANS' PRIVATE OFFICES							47230	98
98.05 SCHAUMBURG MEDICAL CENTER							1201779	98.05
99.01 GASTRO PARSONS	1216		1162				2378	99.01
99.50 OTHER CORP							333463	99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1193236	5905770	4429862	8732266	7131238	119402	411470933	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	GENERAL OVERHEAD		5.01
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM- EMS		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	89613681	25
26	INTENSIVE CARE UNIT	18875413	26
31	SUBPROVIDER I	9436436	31
33	NURSERY	4535275	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	35526878	37
40	ANESTHESIOLOGY	555561	40
41	RADIOLOGY-DIAGNOSTIC	43613922	41
43.01	ONCOLOGY	2625156	43.01
44	LABORATORY	21407072	44
46	WHOLE BLOOD & PACKED RED BLOOD	5261690	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	4200345	49
50	PHYSICAL THERAPY	11350089	50
53	ELECTROCARDIOLOGY	5816443	53
53.01	CARDIAC CATH LAB	4234440	53.01
53.02	CARDIAC REHABILITATION	2223967	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	55187319	55
55.30	IMPL. DEV. CHARGED TO PATIENT		55.30
56	DRUGS CHARGED TO PATIENTS	27364457	56
57	RENAL DIALYSIS	1246238	57
59	LITHOTRIPSY		59
OUTPATIENT SERVICE COST CENTERS			
60.01	PARTIAL HOSPITALIZATION PROGRAM	2399406	60.01
60.02	TREATMENT CENTERS	7696626	60.02
61	EMERGENCY	24168619	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	11385030	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	388724063	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	927686	96
96.01	ADULT DAY CARE	322380	96.01
96.02	OTHER NRCC	300998	96.02
96.03	FOUNDATION	81538	96.03
96.04	CHCC	12559418	96.04
96.05	CORPORATE HEALTH	2060727	96.05
96.06	MARKETING	2658163	96.06
96.07	EMS CONTINUING EDUCATION	795833	96.07

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.08
02/24/2010 10:01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
97.01 RESIDENTIAL TREATMENT CENTER	1455277	97.01
98 PHYSICIANS' PRIVATE OFFICES	47230	98
98.05 SCHAUMBURG MEDICAL CENTER	1201779	98.05
99.01 GASTRO PARSONS	2378	99.01
99.50 OTHER CORP	333463	99.50
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	411470933	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	DIETARY 11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	68	212138	6800	219006	219006			5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL	838257	3332498	5521579	9692334	33293	9725627		6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	3769	1955110	428737	2387616	9067	640550	3037233	8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	4531	172760	16981	194272	2631	129175	59964	386042
12 CAFETERIA		113610	155231	268841	1119	19887	39434	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	333	141038	13273	154644	3504	128710	48954	14
15 CENTRAL SERVICES & SUPPLY	230606	257490	57473	545569	1809	85257	89374	15
16 PHARMACY	254862	102677	9566	367105	5365	193207	35639	16
17 MEDICAL RECORDS & LIBRARY	68	87386	56349	143803	2936	161403	30331	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM- EMS		10042	486	10528	152	1861	3485	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1239	2417476	591908	3010623	49188	1734553	839099	319310
26 INTENSIVE CARE UNIT	769	533051	309654	843474	10927	385012	185020	19330
31 SUBPROVIDER I	517	352760	68891	422168	5064	179080	122442	33851
33 NURSERY	27	41328	59800	101155	2932	99799	14345	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	144667	1299859	2264648	3709174	16729	708565	451176	37
40 ANESTHESIOLOGY		10830	133698	144528	153	10158	3759	40
41 RADIOLOGY-DIAGNOSTIC	1534973	709753	3949878	6194604	17957	932796	246353	41
43.01 ONCOLOGY	68	351951	7649	359668	733	35024	122161	43.01
44 LABORATORY	25211	279876	464986	770073	7882	461241	97144	44
46 WHOLE BLOOD & PACKED RED BLOOD		19295	15506	34801	844	120566	6697	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	8862	65623	87848	162333	2321	92000	22777	49
50 PHYSICAL THERAPY	536421	203694	85211	825326	6811	249368	70701	50
53 ELECTROCARDIOLOGY	493	111453	148265	260211	3172	119320	38685	53
53.01 CARDIAC CATH LAB	68	49523	93763	143354	1919	88135	17189	53.01
53.02 CARDIAC REHABILITATION	154400	182822	12446	349668	773	37939	63457	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT						1170550		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS						441427		56
57 RENAL DIALYSIS			3826	3826		28959		57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM		100706	1427	102133	1361	48748	34955	60.01
60.02 TREATMENT CENTERS	386214	448155	46619	880988	6113	142524	155553	60.02
61 EMERGENCY	4989	325478	447096	777563	14047	514599	112972	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	125	107386	38337	145848	7243	253908	37273	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	4131537	13995768	15097931	33225236	216045	9214321	2948939	372491
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		117531	2452	119983	119	13254	40795	96
96.01 ADULT DAY CARE			2379	2379	206	7518		96.01
96.02 OTHER NRCC			1699	1699	123	7079		96.02
96.03 FOUNDATION		18652		18652		562	6474	96.03
96.04 CHCC						296855		96.04
96.05 CORPORATE HEALTH	51039	56452	14720	122211	810	42488	19594	96.05
96.06 MARKETING		41826	2399	44225	507	59630	14518	96.06
96.07 EMS CONTINUING EDUCATION	68	10042	21529	31639	331	18074	3485	96.07

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	DIETARY	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	OF PLANT 8	11	
97.01 RESIDENTIAL TREATMENT CENTER	68			68	860	29166		13551	97.01
98 PHYSICIANS' PRIVATE OFFICES		9876	3183	13059		393	3428		98
98.05 SCHAUMBURG MEDICAL CENTER			639	639		28405			98.05
99.01 GASTRO PARSONS									99.01
99.50 OTHER CORP					5	7882			99.50
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4182712	14250147	15146931	33579790	219006	9725627	3037233	386042	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 GENERAL OVERHEAD								5.01
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	329281							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	6475	342287						14
15 CENTRAL SERVICES & SUPPLY	6987		728996					15
16 PHARMACY	8494	12126		621936				16
17 MEDICAL RECORDS & LIBRARY	8802		1		347276			17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM- EMS	339	484				16849		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	102794	146753		8531	36845		6247696	25
26 INTENSIVE CARE UNIT	17093	24402		1481	6381		1493120	26
31 SUBPROVIDER I	4996	7133		16	4857		779607	31
33 NURSERY	5011	7154		498	1769		232663	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	32146	45892		2744	28039		4994465	37
40 ANESTHESIOLOGY	541	772		416	3463		163790	40
41 RADIOLOGY-DIAGNOSTIC	36453			873	88125		7517161	41
43.01 ONCOLOGY	1368	1953		3	712		521622	43.01
44 LABORATORY	22533			5	45954		1404832	44
46 WHOLE BLOOD & PACKED RED BLOOD	1856			3	4585		169352	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	4772			2266	2708		289177	49
50 PHYSICAL THERAPY	14673			42	5602		1172523	50
53 ELECTROCARDIOLOGY	7163	10226		19	10726		449522	53
53.01 CARDIAC CATH LAB	3584	5117		117	12135		271550	53.01
53.02 CARDIAC REHABILITATION	1511	2157		6	481		455992	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT			726652	1599	59631		1958432	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS				592017	18309		1051753	56
57 RENAL DIALYSIS					1024		33809	57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRAM	2543				771		190511	60.01
60.02 TREATMENT CENTERS		11598		3663	1322		1201761	60.02
61 EMERGENCY	28051	49304		2330	13837		1512703	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY		17216	1624	224			463336	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	318185	342287	728277	616853	347276		32575377	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	726		51				174928	96
96.01 ADULT DAY CARE	1134		24	4			11265	96.01
96.02 OTHER NRCC	409						9310	96.02
96.03 FOUNDATION							25688	96.03
96.04 CHCC							296855	96.04
96.05 CORPORATE HEALTH	3942		452	5075			194572	96.05
96.06 MARKETING	1599		1				120480	96.06
96.07 EMS CONTINUING EDUCATION				4			53533	96.07

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	PARAMED EDUCATION EMS 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
97.01 RESIDENTIAL TREATMENT CENTER	2950						46595	97.01
98 PHYSICIANS' PRIVATE OFFICES							16880	98
98.05 SCHAUMBURG MEDICAL CENTER							29044	98.05
99.01 GASTRO PARSONS	336		191				527	99.01
99.50 OTHER CORP							7887	99.50
101 CROSS FOOT ADJUSTMENTS						16849	16849	101
102 NEGATIVE COST CENTER								102
103 TOTAL	329281	342287	728996	621936	347276	16849	33579790	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
5.01	GENERAL OVERHEAD		5.01
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM- EMS		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	6247696	25
26	INTENSIVE CARE UNIT	1493120	26
31	SUBPROVIDER I	779607	31
33	NURSERY	232663	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	4994465	37
40	ANESTHESIOLOGY	163790	40
41	RADIOLOGY-DIAGNOSTIC	7517161	41
43.01	ONCOLOGY	521622	43.01
44	LABORATORY	1404832	44
46	WHOLE BLOOD & PACKED RED BLOOD	169352	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	289177	49
50	PHYSICAL THERAPY	1172523	50
53	ELECTROCARDIOLOGY	449522	53
53.01	CARDIAC CATH LAB	271550	53.01
53.02	CARDIAC REHABILITATION	455992	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	1958432	55
55.30	IMPL. DEV. CHARGED TO PATIENT		55.30
56	DRUGS CHARGED TO PATIENTS	1051753	56
57	RENAL DIALYSIS	33809	57
59	LITHOTRIPSY		59
OUTPATIENT SERVICE COST CENTERS			
60.01	PARTIAL HOSPITALIZATION PROGRAM	190511	60.01
60.02	TREATMENT CENTERS	1201761	60.02
61	EMERGENCY	1512703	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	463336	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	32575377	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	174928	96
96.01	ADULT DAY CARE	11265	96.01
96.02	OTHER NRCC	9310	96.02
96.03	FOUNDATION	25688	96.03
96.04	CHCC	296855	96.04
96.05	CORPORATE HEALTH	194572	96.05
96.06	MARKETING	120480	96.06
96.07	EMS CONTINUING EDUCATION	53533	96.07

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/24/2010 10:01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
97.01 RESIDENTIAL TREATMENT CENTER	46595	97.01
98 PHYSICIANS' PRIVATE OFFICES	16880	98
98.05 SCHAUMBURG MEDICAL CENTER	29044	98.05
99.01 GASTRO PARSONS	527	99.01
99.50 OTHER CORP	7887	99.50
101 CROSS FOOT ADJUSTMENTS	16849	101
102 NEGATIVE COST CENTER		102
103 TOTAL	33579790	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	DIETARY
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		TRATIVE & GENERAL	OF PLANT	
	SQUARE FEET	DOLLAR VALUE	GROSS SALARIES	CILATION	ACCUM COST	SQUARE FEET	MEALS SERVED
	3	4	5	6A	6	8	11
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	686855						3
4 NEW CAP REL COSTS-MVBLE EQUIP		15125052					4
5 EMPLOYEE BENEFITS	10225	6790	172674875				5
5.01 GENERAL OVERHEAD							5.01
6 ADMINISTRATIVE & GENERAL	160626	5513604	26256619	-88642413	322828520		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	94236	428118	7151025		21262366	421768	8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY	8327	16956	2074891		4287817	8327	11
12 CAFETERIA	5476	155007	882294		660121	5476	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	6798	13254	2763766		4272391	6798	14
15 CENTRAL SERVICES & SUPPLY	12411	57390	1426342		2830014	12411	15
16 PHARMACY	4949	9552	4231382		6413307	4949	16
17 MEDICAL RECORDS & LIBRARY	4212	56268	2315557		5357603	4212	17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM- EMS	484	485	119485		61763	484	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	116522	591053	38748746		57573478	116522	25
26 INTENSIVE CARE UNIT	25693	309207	8617196		12780059	25693	26
31 SUBPROVIDER I	17003	68791	3993525		5944379	17003	31
33 NURSERY	1992	59714	2312349		3312727	1992	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	62653	2261376	13193077		23520049	62653	37
40 ANESTHESIOLOGY	522	133505	120501		337172	522	40
41 RADIOLOGY-DIAGNOSTIC	34210	3944171	14161550		30963143	34210	41
43.01 ONCOLOGY	16964	7638	577870		1162587	16964	43.01
44 LABORATORY	13490	464314	6215874		15310390	13490	44
46 WHOLE BLOOD & PACKED RED BLOO	930	15484	665328		4002060	930	46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	3163	87721	1830241		3053833	3163	49
50 PHYSICAL THERAPY	9818	85088	5371345		8277516	9818	50
53 ELECTROCARDIOLOGY	5372	148051	2501942		3960695	5372	53
53.01 CARDIAC CATH LAB	2387	93628	1513168		2925530	2387	53.01
53.02 CARDIAC REHABILITATION	8812	12428	609975		1259331	8812	53.02
55 MEDICAL SUPPLIES CHARGED TO P					38855149		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS					14652706		56
57 RENAL DIALYSIS		3820			961255		57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR	4854	1425	1073336		1618152	4854	60.01
60.02 TREATMENT CENTERS	21601	46552	4821353		4730922	21601	60.02
61 EMERGENCY	15688	446450	11078335		17081571	15688	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	5176	38282	5711890		8428187	5176	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	674594	15076122	170338962	-88642413	305856273	409507	305124
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	5665	2448	93773		439944	5665	96
96.01 ADULT DAY CARE		2376	162802		249553		96.01
96.02 OTHER NRCC		1697	96935		234993		96.02
96.03 FOUNDATION	899				18652	899	96.03
96.04 CHCC					9853770		96.04
96.05 CORPORATE HEALTH	2721	14699	638818		1410351	2721	96.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	DIETARY
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST	
	3	4	5	6A	6	8	11
96.06 MARKETING	2016	2396	399916		1979338	2016	96.06
96.07 EMS CONTINUING EDUCATION	484	21498	261324		599941	484	96.07
97.01 RESIDENTIAL TREATMENT CENTER			678585		968138		11100 97.01
98 PHYSICIANS' PRIVATE OFFICES	476	3178			13059	476	98
98.05 SCHAUMBURG MEDICAL CENTER		638			942882		98.05
99.01 GASTRO PARSONS							99.01
99.50 OTHER CORP			3760		261626		99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	14250147	15146931	49453212		88642413	27100586	6000215 103
104 UNIT COST MULT-WS B PT I		1.001447				64.254723	104
104 UNIT COST MULT-WS B PT I	20.746951		.286395		.274580		18.974572 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			219006		9725627	3037233	386042 107
108 UNIT COST MULT-WS B PT III						7.201194	108
108 UNIT COST MULT-WS B PT III			.001268		.030126		1.220787 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMED	
	MEALS SERVED	ADMINIS- TRATION (NSG VP FTES)	SERVICES & SUPPLY COSTED REQUIS.	GROSS REVENUE	RECORDS + LIBRARY GROSS REVENUE	EDUCATION EMS ASSIGNED TIME	
	12	14	15	16	17	24	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
5.01 GENERAL OVERHEAD							5.01
6 ADMINISTRATIVE & GENERAL							6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA	194226						12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3819	141422					14
15 CENTRAL SERVICES & SUPPLY	4121		37516440				15
16 PHARMACY	5010	5010		15393185			16
17 MEDICAL RECORDS & LIBRARY	5192		48		1309637852		17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM- EMS	200	200				1000	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	60634	60634		211156	139036756		25
26 INTENSIVE CARE UNIT	10082	10082		36647	24079765		26
31 SUBPROVIDER I	2947	2947		385	18327141		31
33 NURSERY	2956	2956		12336	6674724		33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	18961	18961		67905	105807977		37
40 ANESTHESIOLOGY	319	319		10285	13067373		40
41 RADIOLOGY-DIAGNOSTIC	21502			21600	331708471		41
43.01 ONCOLOGY	807	807		79	2686149		43.01
44 LABORATORY	13291			126	173413080		44
46 WHOLE BLOOD & PACKED RED BLOO	1095			76	17303424		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	2815			56084	10219210		49
50 PHYSICAL THERAPY	8655			1049	21140996		50
53 ELECTROCARDIOLOGY	4225	4225		473	40474644		53
53.01 CARDIAC CATH LAB	2114	2114		2885	45792142		53.01
53.02 CARDIAC REHABILITATION	891	891		137	1813838		53.02
55 MEDICAL SUPPLIES CHARGED TO P			37395780	39578	225024324		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS				14652706	69091577		56
57 RENAL DIALYSIS					3864428		57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR	1500				2908198		60.01
60.02 TREATMENT CENTERS		4792		90672	4990075		60.02
61 EMERGENCY	16546	20371		57669	52213560	1000	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY		7113	83599	5535			71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	187682	141422	37479427	15267383	1309637852	1000	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	428		2626				96
96.01 ADULT DAY CARE	669		1218	90			96.01
96.02 OTHER NRCC	241						96.02
96.03 FOUNDATION							96.03
96.04 CHCC							96.04
96.05 CORPORATE HEALTH	2325		23273	125605			96.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	PARAMED	
	MEALS SERVED	ADMINIS- TRATION (NSG VP FTES)	SERVICES & SUPPLY COSTED REQUIS.	GROSS REVENUE	RECORDS + LIBRARY GROSS REVENUE	EDUCATION EMS ASSIGNED TIME	
	12	14	15	16	17	24	
96.06 MARKETING		943		58			96.06
96.07 EMS CONTINUING EDUCATION					107		96.07
97.01 RESIDENTIAL TREATMENT CENTER		1740					97.01
98 PHYSICIANS' PRIVATE OFFICES							98
98.05 SCHAUMBURG MEDICAL CENTER							98.05
99.01 GASTRO PARSONS		198		9838			99.01
99.50 OTHER CORP							99.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1193236	5905770	4429862	8732266	7131238	119402	103
104 UNIT COST MULT-WS B PT I	6.143544		.118078		.005445		104
104 UNIT COST MULT-WS B PT I		41.759910		.567281		119.402000	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	329281	342287	728996	621936	347276	16849	107
108 UNIT COST MULT-WS B PT III	1.695350		.019431		.000265		108
108 UNIT COST MULT-WS B PT III		2.420324		.040403		16.849000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	89613681		89613681	5626	89619307	25
26 INTENSIVE CARE UNIT	18875413		18875413	9009	18884422	26
31 SUBPROVIDER I	9436436		9436436		9436436	31
33 NURSERY	4535275		4535275		4535275	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	35526878		35526878		35526878	37
40 ANESTHESIOLOGY	555561		555561		555561	40
41 RADIOLOGY-DIAGNOSTIC	43613922		43613922	13263	43627185	41
43.01 ONCOLOGY	2625156		2625156		2625156	43.01
44 LABORATORY	21407072		21407072		21407072	44
46 WHOLE BLOOD & PACKED RED BL	5261690		5261690		5261690	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4200345		4200345		4200345	49
50 PHYSICAL THERAPY	11350089		11350089	2631	11352720	50
53 ELECTROCARDIOLOGY	5816443		5816443	6425	5822868	53
53.01 CARDIAC CATH LAB	4234440		4234440	14018	4248458	53.01
53.02 CARDIAC REHABILITATION	2223967		2223967		2223967	53.02
55 MEDICAL SUPPLIES CHARGED TO	55187319		55187319		55187319	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	27364457		27364457		27364457	56
57 RENAL DIALYSIS	1246238		1246238		1246238	57
59 LITHOTRIPSY						59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PRO	2399406		2399406		2399406	60.01
60.02 TREATMENT CENTERS	7696626		7696626		7696626	60.02
61 EMERGENCY	24168619		24168619	137620	24306239	61
62 OBSERVATION BEDS (NON-DISTI	4457978		4457978		4457978	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	381797011		381797011	188592	381985603	101
102 LESS OBSERVATION BEDS	4457978		4457978		4457978	102
103 TOTAL	377339033		377339033	188592	377527625	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	132660085		132660085			25
26 INTENSIVE CARE UNIT	24079765		24079765			26
31 SUBPROVIDER I	18327141		18327141			31
33 NURSERY	6674724		6674724			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	51193930	54614047	105807977	.335767	.335767	.335767 37
40 ANESTHESIOLOGY	8480903	4586470	13067373	.042515	.042515	.042515 40
41 RADIOLOGY-DIAGNOSTIC	105049090	226659381	331708471	.131483	.131483	.131523 41
43.01 ONCOLOGY	13487	2672662	2686149	.977294	.977294	.977294 43.01
44 LABORATORY	85395602	88017478	173413080	.123446	.123446	.123446 44
46 WHOLE BLOOD & PACKED RED BL	13374920	3928504	17303424	.304084	.304084	.304084 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	8885943	1333267	10219210	.411024	.411024	.411024 49
50 PHYSICAL THERAPY	7661477	13479519	21140996	.536876	.536876	.537000 50
53 ELECTROCARDIOLOGY	19142980	21331664	40474644	.143706	.143706	.143865 53
53.01 CARDIAC CATH LAB	32268765	13523377	45792142	.092471	.092471	.092777 53.01
53.02 CARDIAC REHABILITATION	248	1813590	1813838	1.226111	1.226111	1.226111 53.02
55 MEDICAL SUPPLIES CHARGED TO	169569207	55455117	225024324	.245250	.245250	.245250 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	53406382	15685195	69091577	.396061	.396061	.396061 56
57 RENAL DIALYSIS	3820356	44072	3864428	.322490	.322490	.322490 57
59 LITHOTRIPSY						59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PRO		2908198	2908198	.825049	.825049	.825049 60.01
60.02 TREATMENT CENTERS	18737	4971338	4990075	1.542387	1.542387	1.542387 60.02
61 EMERGENCY	21994417	30219143	52213560	.462880	.462880	.465516 61
62 OBSERVATION BEDS (NON-DISTI		6376671	6376671	.699107	.699107	.699107 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	762018159	547619693	1309637852			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	762018159	547619693	1309637852			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				6247696		6247696
26 INTENSIVE CARE UNIT				1493120		1493120
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				779607		779607
33 NURSERY				232663		232663
101 TOTAL				8753086		8753086

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	91751	50566			68.09	3443039
26 INTENSIVE CARE UNIT	10556	5939			141.45	840072
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	9243	1747			84.35	147359
33 NURSERY	8859				26.26	
101 TOTAL	120409	58252				4430470

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4994465	105807977	25536796			.047203	1205413 37
40 ANESTHESIOLOGY		163790	13067373	4032975			.012534	50549 40
41 RADIOLOGY-DIAGNOSTIC		7517161	331708471	62710938			.022662	1421155 41
43.01 ONCOLOGY		521622	2686149	8850			.194190	1719 43.01
44 LABORATORY		1404832	173413080	50074139			.008101	405651 44
46 WHOLE BLOOD & PACKED RED BLOO		169352	17303424	7976929			.009787	78070 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		289177	10219210	5442636			.028297	154010 49
50 PHYSICAL THERAPY		1172523	21140996	5622317			.055462	311825 50
53 ELECTROCARDIOLOGY		449522	40474644	13276865			.011106	147453 53
53.01 CARDIAC CATH LAB		271550	45792142	18738448			.005930	111119 53.01
53.02 CARDIAC REHABILITATION		455992	1813838				.251396	53.02
55 MEDICAL SUPPLIES CHARGED TO P		1958432	225024324	92615156			.008703	806030 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		1051753	69091577	29917718			.015223	455437 56
57 RENAL DIALYSIS		33809	3864428	2900444			.008749	25376 57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		190511	2908198				.065508	60.01
60.02 TREATMENT CENTERS		1201761	4990075	14121			.240830	3401 60.02
61 EMERGENCY		1512703	52213560	12622677			.028971	365692 61
62 OBSERVATION BEDS (NON-DISTINC		310783	6376671				.048737	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		23669738	1127896137	331491009				5542900 101

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 02/24/2010 10:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/24/2010 10:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25 INPAT ROUTINE SERV COST CTRS					25
26 ADULTS & PEDIATRICS	91751		50566		26
27 INTENSIVE CARE UNIT	10556		5939		27
28 CORONARY CARE UNIT					28
29 BURN INTENSIVE CARE UNIT					29
30 SURGICAL INTENSIVE CARE UNIT					30
31 OTHER SPECIAL CARE (SPECIFY)					31
33 SUBPROVIDER I	9243		1747		33
34 NURSERY	8859				34
35 SKILLED NURSING FACILITY					35
101 NURSING FACILITY					101
101 TOTAL	120409		58252		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 ONCOLOGY							43.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR							60.01
60.02 TREATMENT CENTERS							60.02
61 EMERGENCY				119402			119402
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				119402			119402 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO		PROGRAM	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105807977			25536796		19154587 37
40 ANESTHESIOLOGY		13067373			4032975		1386456 40
41 RADIOLOGY-DIAGNOSTIC		331708471			62710938		84053493 41
43.01 ONCOLOGY		2686149			8850		1184585 43.01
44 LABORATORY		173413080			50074139		4277284 44
46 WHOLE BLOOD & PACKED RED BLOO		17303424			7976929		917975 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		10219210			5442636		613177 49
50 PHYSICAL THERAPY		21140996			5622317		178514 50
53 ELECTROCARDIOLOGY		40474644			13276865		6872453 53
53.01 CARDIAC CATH LAB		45792142			18738448		6861709 53.01
53.02 CARDIAC REHABILITATION		1813838					866637 53.02
55 MEDICAL SUPPLIES CHARGED TO P		225024324			92615156		20642159 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		69091577			29917718		5364234 56
57 RENAL DIALYSIS		3864428			2900444		36225 57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR		2908198					60.01
60.02 TREATMENT CENTERS		4990075			14121		377195 60.02
61 EMERGENCY	119402	52213560	.002287	.002287	12622677	28868	6232890 61
62 OBSERVATION BEDS (NON-DISTINC		6376671					1348675 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	119402	1127896137			331491009	28868	160368248 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0252) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 LITHOTRIPSY					59
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGR					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY			14255		61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			14255		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.335767	.335767	.335767			37
40 ANESTHESIOLOGY	.042515	.042515	.042515			40
41 RADIOLOGY-DIAGNOSTIC	.131483	.131483	.131483			41
43.01 ONCOLOGY	.977294	.977294	.977294			43.01
44 LABORATORY	.123446	.123446	.123446			44
46 WHOLE BLOOD & PACKED RED BLOOD	.304084	.304084	.304084			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.411024	.411024	.411024			49
50 PHYSICAL THERAPY	.536876	.536876	.536876			50
53 ELECTROCARDIOLOGY	.143706	.143706	.143706			53
53.01 CARDIAC CATH LAB	.092471	.092471	.092471			53.01
53.02 CARDIAC REHABILITATION	1.226111	1.226111	1.226111			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.245250	.245250	.245250			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.396061	.396061	.396061			56
57 RENAL DIALYSIS	.322490	.322490	.322490			57
59 LITHOTRIPSY						59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PROGRAM	.825049	.825049	.825049			60.01
60.02 TREATMENT CENTERS	1.542387	1.542387	1.542387			60.02
61 EMERGENCY	.462880	.462880	.462880			61
62 OBSERVATION BEDS (NON-DISTINCT	.699107	.699107	.699107			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.396061	1
2 PROGRAM VACCINE CHARGES	19373	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	7673	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		19154587						37
40 ANESTHESIOLOGY		1386456						40
41 RADIOLOGY-DIAGNOSTIC		84053493						41
43.01 ONCOLOGY		1184585						43.01
44 LABORATORY		4277284						44
46 WHOLE BLOOD & PACKED RED BLOOD		917975						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		613177						49
50 PHYSICAL THERAPY		178514						50
53 ELECTROCARDIOLOGY		6872453						53
53.01 CARDIAC CATH LAB		6861709						53.01
53.02 CARDIAC REHABILITATION		866637						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		20642159						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		5364234						56
57 RENAL DIALYSIS		36225						57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGRA								60.01
60.02 TREATMENT CENTERS		377195						60.02
61 EMERGENCY		6232890						61
62 OBSERVATION BEDS (NON-DISTINCT		1348675						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		160368248						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		160368248						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0252) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		6431478					37
40 ANESTHESIOLOGY		58945					40
41 RADIOLOGY-DIAGNOSTIC		11051605					41
43.01 ONCOLOGY		1157688					43.01
44 LABORATORY		528014					44
46 WHOLE BLOOD & PACKED RED BLOOD		279142					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		252030					49
50 PHYSICAL THERAPY		95840					50
53 ELECTROCARDIOLOGY		987613					53
53.01 CARDIAC CATH LAB		634509					53.01
53.02 CARDIAC REHABILITATION		1062593					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		5062489					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		2124564					56
57 RENAL DIALYSIS		11682					57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGRAM							60.01
60.02 TREATMENT CENTERS		581781					60.02
61 EMERGENCY		2885080					61
62 OBSERVATION BEDS (NON-DISTINCT		942868					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		34147921					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		34147921					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4994465	105807977				.047203	37
40 ANESTHESIOLOGY		163790	13067373				.012534	40
41 RADIOLOGY-DIAGNOSTIC		7517161	331708471	50663			.022662	1148 41
43.01 ONCOLOGY		521622	2686149				.194190	43.01
44 LABORATORY		1404832	173413080	334493			.008101	2710 44
46 WHOLE BLOOD & PACKED RED BLOO		169352	17303424				.009787	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		289177	10219210	591			.028297	17 49
50 PHYSICAL THERAPY		1172523	21140996	17449			.055462	968 50
53 ELECTROCARDIOLOGY		449522	40474644	51984			.011106	577 53
53.01 CARDIAC CATH LAB		271550	45792142				.005930	53.01
53.02 CARDIAC REHABILITATION		455992	1813838				.251396	53.02
55 MEDICAL SUPPLIES CHARGED TO P		1958432	225024324	9703			.008703	84 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		1051753	69091577	254955			.015223	3881 56
57 RENAL DIALYSIS		33809	3864428	1575			.008749	14 57
59 LITHOTRIPSY								59
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION PROGR		190511	2908198				.065508	60.01
60.02 TREATMENT CENTERS		1201761	4990075				.240830	60.02
61 EMERGENCY		1512703	52213560	120210			.028971	3483 61
62 OBSERVATION BEDS (NON-DISTINC		310783	6376671				.048737	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		23669738	1127896137	841623				12882 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 ONCOLOGY							43.01
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHABILITATION							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR							60.01
60.02 TREATMENT CENTERS							60.02
61 EMERGENCY				119402			119402
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				119402			119402 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		105807977					37
40 ANESTHESIOLOGY		13067373					40
41 RADIOLOGY-DIAGNOSTIC		331708471			50663		41
43.01 ONCOLOGY		2686149					43.01
44 LABORATORY		173413080			334493		44
46 WHOLE BLOOD & PACKED RED BLOO		17303424					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		10219210			591		49
50 PHYSICAL THERAPY		21140996			17449		50
53 ELECTROCARDIOLOGY		40474644			51984		53
53.01 CARDIAC CATH LAB		45792142					53.01
53.02 CARDIAC REHABILITATION		1813838					53.02
55 MEDICAL SUPPLIES CHARGED TO P		225024324			9703		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		69091577			254955		56
57 RENAL DIALYSIS		3864428			1575		57
59 LITHOTRIPSY							59
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION PROGR		2908198					60.01
60.02 TREATMENT CENTERS		4990075					60.02
61 EMERGENCY	119402	52213560	.002287	.002287	120210	275	61
62 OBSERVATION BEDS (NON-DISTINC		6376671					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	119402	1127896137			841623	275	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S252) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 ONCOLOGY					43.01
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHABILITATION					53.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 LITHOTRIPSY					59
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION PROGR					60.01
60.02 TREATMENT CENTERS					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	91751	9243					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	91751	9243					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	91751	9243					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	50566	1747					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	89619307	9436436					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	89619307	9436436					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	132660085	18327141					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	132660085	18327141					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.675556	.514889					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1445.87	1982.81					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	89619307	9436436					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	976.77	1020.93				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	49391352	1783565				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	49391352	1783565				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	18884422	10556	1788.98	5939	10624752	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	75910684	224873				48
49 TOTAL PROGRAM INPATIENT COSTS	135926788	2008438				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4283111	147359				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5571768	13157				51
52 TOTAL PROGRAM EXCLUDABLE COST	9854879	160516				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	126071909	1847922				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0252)	SUB I (PPS) (14-S252)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/24/2010 10:01

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(14-0252)	(14-S252)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4564	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	976.77	84
85 OBSERVATION BED COST	4457978	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		89619307		4457978		86
87 NEW CAPITAL-RELATED COST	6247696	89619307	.069714	4457978	310783	87
88 NON PHYSICIAN ANESTHETIST		89619307		4457978		88
89 NURSING SCHOOL		89619307		4457978		89
89.01 ALLIED HEALTH		89619307		4457978		89.01
89.02 ALL OTHER		89619307		4457978		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0252)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		68442306		25
26 INTENSIVE CARE UNIT		13876980		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.335767	25536796	8574413	37
40 ANESTHESIOLOGY	.042515	4032975	171462	40
41 RADIOLOGY-DIAGNOSTIC	.131523	62710938	8247931	41
43.01 ONCOLOGY	.977294	8850	8649	43.01
44 LABORATORY	.123446	50074139	6181452	44
46 WHOLE BLOOD & PACKED RED BLOOD	.304084	7976929	2425656	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.411024	5442636	2237054	49
50 PHYSICAL THERAPY	.537000	5622317	3019184	50
53 ELECTROCARDIOLOGY	.143865	13276865	1910076	53
53.01 CARDIAC CATH LAB	.092777	18738448	1738497	53.01
53.02 CARDIAC REHABILITATION	1.226111			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.245250	92615156	22713867	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.396061	29917718	11849241	56
57 RENAL DIALYSIS	.322490	2900444	935364	57
59 LITHOTRIPSY				59
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION PROGRAM	.825049			60.01
60.02 TREATMENT CENTERS	1.542387	14121	21780	60.02
61 EMERGENCY	.465516	12622677	5876058	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.699107			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		331491009	75910684	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		331491009		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S252)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		3465933		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.335767			37
40 ANESTHESIOLOGY	.042515			40
41 RADIOLOGY-DIAGNOSTIC	.131523	50663	6663	41
43.01 ONCOLOGY	.977294			43.01
44 LABORATORY	.123446	334493	41292	44
46 WHOLE BLOOD & PACKED RED BLOOD	.304084			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.411024	591	243	49
50 PHYSICAL THERAPY	.537000	17449	9370	50
53 ELECTROCARDIOLOGY	.143865	51984	7479	53
53.01 CARDIAC CATH LAB	.092777			53.01
53.02 CARDIAC REHABILITATION	1.226111			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.245250			55
55.30 IMPL. DEV. CHARGED TO PATIENT		9703	2380	55.30
56 DRUGS CHARGED TO PATIENTS	.396061	254955	100978	56
57 RENAL DIALYSIS	.322490	1575	508	57
59 LITHOTRIPSY				59
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION PROGRAM	.825049			60.01
60.02 TREATMENT CENTERS	1.542387			60.02
61 EMERGENCY	.465516	120210	55960	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.699107			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		841623	224873	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		841623		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	22403499					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	70549679					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	4087220					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	386.50					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	97040398					6
7						7
7.01						7.01
8	97040398					8
9	8182367					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15	28868					15
16	105251633					16
17	26485					17
18	105225148					18
19	8803316					19
20	203109					20
21	903976					21
21.01	632783					21.01
21.02	691230					21.02
22	96851506					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0252)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	96851506					26
27						27
28	96774559					28
28.01						28.01
29	76947					29
30	485202					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0252) 1	HOSPITAL (14-0252) 1.01	HOSPITAL (14-0252) 1.02	
1 MEDICAL AND OTHER SERVICES	7673			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	34133666			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	28784311			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	14255			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	7673			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19373			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	19373			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	19373			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	11700			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	7673			17
17.01 TOTAL PPS PAYMENTS	28798566			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0252) 1	HOSPITAL (14-0252) 1.01	HOSPITAL (14-0252) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	7179700		18.01
19 SUBTOTAL	21626539		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	21626539		23
24 PRIMARY PAYER PAYMENTS	1742		24
25 SUBTOTAL	21624797		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	677812		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	474468		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	566361		27.02
28 SUBTOTAL	22099265		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	22099265		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	22179225		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-79960		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S252)	SUB I (14-S252)	SUB I (14-S252)	
1	1	1.01	1.02	1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S252)	SUB I (14-S252)	SUB I (14-S252)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0252)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0252)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0252)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0252)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		96151459		21608225	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		507700		462600	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	04/28/2009 115400	04/28/2009	108400	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	115400		108400	3.99
4 TOTAL INTERIM PAYMENTS		96774559		22179225	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S252)

WORKSHEET E-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		1289622		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		31000	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1320622		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S252)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		1349403				1.08
1.09		89047				1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		25.323288				1.16
1.17						1.17
1.18						1.18
1.19		1438450				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		1438450				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		1438450				4
5						5
6		1438450				6
7		105788				7
8		1332662				8
9		43040				9
10		1289622				10
11						11
11.01						11.01
11.02						11.02
12		1289622				12
13						13

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2009.08
02/24/2010 10:01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S252)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		275			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1289897				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1320622				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-30725				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1103169			1
2 TEMPORARY INVESTMENTS	9733387			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	68723660			4
5 OTHER RECEIVABLES	5709999			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17863000			6
7 INVENTORY	3839375			7
8 PREPAID EXPENSES	4243896			8
9 OTHER CURRENT ASSETS	2895232			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	78385718			11
FIXED ASSETS				
12 LAND	1789072			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	12811854			13
13.01 ACCUMULATED DEPRECIATION	-7311094			13.01
14 BUILDINGS	186016497			14
14.01 ACCUMULATED DEPRECIATION	-76669227			14.01
15 LEASEHOLD IMPROVEMENTS	10777			15
15.01 ACCUMULATED AMORTIZATION	-4851			15.01
16 FIXED EQUIPMENT	137475619			16
16.01 ACCUMULATED DEPRECIATION	-71322146			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	82959777			18
18.01 ACCUMULATED DEPRECIATION	-44034448			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	221721830			21
OTHER ASSETS				
22 INVESTMENTS	114786228			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	162472333			25
26 TOTAL OTHER ASSETS	277258561			26
27 TOTAL ASSETS	577366109			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	24460746			28
29 SALARIES, WAGES & FEES PAYABLE	5604775			29
30 PAYROLL TAXES PAYABLE	392557			30
31 NOTES & LOANS PAYABLE (SHORT TERM)	5265000			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	57639952			35
36 TOTAL CURRENT LIABILITIES	93363030			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	288780000			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	56469920			41
42 TOTAL LONG TERM LIABILITIES	345249920			42
43 TOTAL LIABILITIES	438612950			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	138753159			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	138753159			51
52 TOTAL LIABILITIES AND FUND BALANCES	577366109			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	109690084			1
2 NET INCOME (LOSS)	-2450039			2
3 TOTAL	107240045			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 MKT VALUE AND OTHER	31513114			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	31513114			10
11 SUBTOTAL	138753159			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	138753159			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	192367158		192367158	1
4 SUBPROVIDER I	18327141		18327141	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	210694299		210694299	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	210694299		210694299	16
19 ANCILLARY SERVICES	520750898	490669217	1011420115	17
18.50 OUTPATIENT SERVICES	29652897	50175780	79828677	18
18.60 RHC				18.50
19 FQHC				18.60
20 HOME HEALTH AGENCY		8673033	8673033	19
21 AMBULANCE				20
22 CORF				21
23 ASC				22
24 HOSPICE				23
24 GI PARSONS				24
24.01 ADULT DAY CARE		162337	162337	24.01
24.02 CORPORATE HEALTH		1387737	1387737	24.02
24.03 RESIDENTIAL TREATMENT		3824132	3824132	24.03
25 TOTAL PATIENT REVENUES	761098094	554892236	1315990330	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		420401042	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	25363011		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		25363011	33
34 DEDUCT (SPECIFY)			34
35 OTHER	-13081		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-13081		39
40 TOTAL OPERATING EXPENSES		445750972	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1315990330	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	886715052	2
3	NET PATIENT REVENUES	429275278	3
4	LESS - TOTAL OPERATING EXPENSES	445750972	4
5	NET INCOME FROM SERVICE TO PATIENTS	-16475694	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	816179	6
7	INCOME FROM INVESTMENTS	5783761	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	340365	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	27061	10
11	REBATES AND REFUNDS OF EXPENSES	1650442	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1899011	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2372507	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET OTHER INCOME	1373373	24
25	TOTAL OTHER INCOME	14262699	25
26	TOTAL	-2212995	26
27	NET NON OPERATING AND UNREAL LOSSES	237043	27
27.01	ROUNDING	1	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	237044	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2450039	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	1427951	112431			249989	1790371
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	2043616	151066	84820			2279502
7 PHYSICAL THERAPY	1546160	103380	60193	228		1709961
8 OCCUPATIONAL THERAPY	142630	9537	5362			157529
9 SPEECH PATHOLOGY	45852	3066	1358			50276
10 MEDICAL SOCIAL SERVICES	106911	8264	2900			118075
11 HOME HEALTH AIDE	86530	5683	9957			102170
12 SUPPLIES					103881	103881
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS	309377	22381				331758
23.50 TELEMEDICINE						23.50
24 TOTAL	5709027	415808	164590	228	353870	6643523

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7094

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	3084	1793455		1793455	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		2279502		2279502	6
7 PHYSICAL THERAPY		1709961		1709961	7
8 OCCUPATIONAL THERAPY		157529		157529	8
9 SPEECH PATHOLOGY		50276		50276	9
10 MEDICAL SOCIAL SERVICES		118075		118075	10
11 HOME HEALTH AIDE		102170		102170	11
12 SUPPLIES		103881		103881	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS		331758		331758	23
23.50 TELEMEDICINE					23.50
24 TOTAL	3084	6646607		6646607	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7094

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	1793455					1793455	1793455	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2279502					2279502	842378	3121880 6
7 PHYSICAL THERAPY	1709961					1709961	631906	2341867 7
8 OCCUPATIONAL THERAPY	157529					157529	58214	215743 8
9 SPEECH PATHOLOGY	50276					50276	18579	68855 9
10 MEDICAL SOCIAL SERVICES	118075					118075	43634	161709 10
11 HOME HEALTH AIDE	102170					102170	37756	139926 11
12 SUPPLIES	103881					103881	38389	142270 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS	331758					331758	122599	454357 23
23.50 TELEMEDICINE								23.50
24 TOTAL	6646607					6646607		6646607 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1793455	4853152	5
6 SKILLED NURSING CARE						2279502	6
7 PHYSICAL THERAPY						1709961	7
8 OCCUPATIONAL THERAPY						157529	8
9 SPEECH PATHOLOGY						50276	9
10 MEDICAL SOCIAL SERVICES						118075	10
11 HOME HEALTH AIDE						102170	11
12 SUPPLIES						103881	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						331758	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1793455	4853152	24
25 COST TO BE ALLOC (PER W/S H)						1793455	25
26 UNIT COST MULTIPLIER						.369544	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7094

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R	PARAMED	SUBTOTAL	I&R COST &	SUBTOTAL	ALLOCATED	TOTAL	
	PROGRAM	EDUCATION		POST STEP-		HHA	TOTAL	
	COSTS	EMS		DOWN ADJS		A & G	HHA COSTS	
	23	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL			1337650		1337650			1
2 SKILLED NURSING CARE			4728215		4728215	629489	5357704	2
3 PHYSICAL THERAPY			3549296		3549296	472532	4021828	3
4 OCCUPATIONAL THERAPY			327047		327047	43541	370588	4
5 SPEECH PATHOLOGY			104499		104499	13912	118411	5
6 MEDICAL SOCIAL SERVICES			245137		245137	32636	277773	6
7 HOME HEALTH AIDE			209934		209934	27949	237883	7
8 SUPPLIES			191205		191205	25456	216661	8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS			692047		692047	92135	784182	19
19.50 TELEMEDICINE								19.50
20 TOTALS			11385030		11385030	1337650	11385030	20
21 UNIT COST MULTIPLIER						.133134		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	GEN OH COST	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	3	4	5	5.01	6A	6	
1 ADMINISTRATIVE AND GENERAL			5176	38282	1430814			555501	1
2 SKILLED NURSING CARE					2043616			3707161	2
3 PHYSICAL THERAPY					1546160			2784679	3
4 OCCUPATIONAL THERAPY					142630			256592	4
5 SPEECH PATHOLOGY					45852			81987	5
6 MEDICAL SOCIAL SERVICES					106911			192328	6
7 HOME HEALTH AIDE					86530			164708	7
8 SUPPLIES								142270	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS								542961	19
19.50 TELEMEDICINE					309377				19.50
20 TOTALS			5176	38282	5711890			8428187	20
21 TOTAL COST TO BE ALLOCATED			107386	38337	1635857			2314212	21
22 UNIT COST MULTIPLIER			20.746909		.286395				22
22 UNIT COST MULTIPLIER				1.001437				.274580	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION (NSG VP FTES)	
	7	8	9	10	11	12	13	14	
1 ADMINISTRATIVE AND GENERAL		5176						7113	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS		5176						7113	20
21 TOTAL COST TO BE ALLOCATED		332582						297038	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		64.254637						41.759876	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
 PART II

HHA COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY GROSS REVENUE 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE		5535							2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES	83599								8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	83599	5535							20
21 TOTAL COST TO BE ALLOCATED	9871	3140							21
22 UNIT COST MULTIPLIER	.118076								22
22 UNIT COST MULTIPLIER		.567299							22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7094

WORKSHEET H-5
PART II

HHA COST CENTER	PARAMED EDUCATION EMS ASSIGNED TIME	
	24	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE		2
3 PHYSICAL THERAPY		3
4 OCCUPATIONAL THERAPY		4
5 SPEECH PATHOLOGY		5
6 MEDICAL SOCIAL SERVICES		6
7 HOME HEALTH AIDE		7
8 SUPPLIES		8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC		9.20
10 DME		10
11 HOME DIALYSIS AIDE SERVICE		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIE		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGR		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
19.50 TELEMEDICINE		19.50
20 TOTALS		20
21 TOTAL COST TO BE ALLOCATED		21
22 UNIT COST MULTIPLIER		22
22 UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	5357704		5357704	22115	242.27	1
2	PHYSICAL THERAPY	3	4021828		4021828	15694	256.27	2
3	OCCUPATIONAL THERAPY	4	370588		370588	1398	265.08	3
4	SPEECH PATHOLOGY	5	118411		118411	354	334.49	4
5	MEDICAL SOCIAL SERV	6	277773		277773	756	367.42	5
6	HOME HEALTH AIDE SERV	7	237883		237883	2596	91.63	6
7	TOTAL		10384187		10384187	42913		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	216661		216661	210684	1.028370	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7094

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.536876			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.245250			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30				COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.396061			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY 2	256.27	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	265.08						2
3	SPEECH PATHOLOGY 4	334.49						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7094

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	4820601	1705299		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	4820601	1705299		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	4820601	1705299		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	4253510	1494711	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	48787	22865	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	28015	10404	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	4330312	1527980	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	4330312	1527980	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	4330312	1527980	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	4330312	1527980	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	4330312	1527980	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	4330312	1527980	24
25 TOTAL INTERIM PAYMENTS	4330312	1527980	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7094

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4330312		1527980	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		4330312		1527980	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO				5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO				5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.02
	PROVIDER TO	.02			
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0252) (14-0252)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	7685293				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	8182367				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
5.01	GENERAL OVERHEAD				5.01
6	ADMINISTRATIVE & GENERAL				6
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM- EMS				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
31	SUBPROVIDER I				31
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
43.01	ONCOLOGY				43.01
44	LABORATORY				44
46	WHOLE BLOOD & PACKED RED BLOOD				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
53	ELECTROCARDIOLOGY				53
53.01	CARDIAC CATH LAB				53.01
53.02	CARDIAC REHABILITATION				53.02
55	MEDICAL SUPPLIES CHARGED TO PAT				55
55.30	IMPL. DEV. CHARGED TO PATIENT				55.30
56	DRUGS CHARGED TO PATIENTS				56
57	RENAL DIALYSIS				57
59	LITHOTRIPSY				59
OUTPATIENT SERVICE COST CENTERS					
60.01	PARTIAL HOSPITALIZATION PROGRAM				60.01
60.02	TREATMENT CENTERS				60.02
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN				96
96.01	ADULT DAY CARE				96.01
96.02	OTHER NRCC				96.02
96.03	FOUNDATION				96.03
96.04	CHCC				96.04
96.05	CORPORATE HEALTH				96.05
96.06	MARKETING				96.06
96.07	EMS CONTINUING EDUCATION				96.07

PROVIDER NO. 14-0252 NORTHWEST COMMUNITY HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/24/2010 10:01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
97.01 RESIDENTIAL TREATMENT CENTER						97.01
98 PHYSICIANS' PRIVATE OFFICES						98
98.05 SCHAUMBURG MEDICAL CENTER						98.05
99.01 GASTRO PARSONS						99.01
99.50 OTHER CORP						99.50
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25	ADULTS & PEDIATRICS	55.11		6.65			61.76 25
26	INTENSIVE CARE UNIT	56.26		5.22			61.48 26
33	NURSERY			28.85			28.85 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37	OPERATING ROOM	24.14	18.10				42.24 37
40	ANESTHESIOLOGY	30.86	10.61				41.47 40
41	RADIOLOGY-DIAGNOSTIC	18.91	25.34				44.25 41
43.01	ONCOLOGY	0.33	44.10				44.43 43.01
44	LABORATORY	28.88	2.47				31.35 44
46	WHOLE BLOOD & PACKED RED BLOOD	46.10	5.31				51.41 46
49	RESPIRATORY THERAPY	53.26	6.00				59.26 49
50	PHYSICAL THERAPY	26.59	0.84				27.43 50
53	ELECTROCARDIOLOGY	32.80	16.98				49.78 53
53.01	CARDIAC CATH LAB	40.92	14.98				55.90 53.01
53.02	CARDIAC REHABILITATION		47.78				47.78 53.02
55	MEDICAL SUPPLIES CHARGED TO PAT	41.16	9.17				50.33 55
56	DRUGS CHARGED TO PATIENTS	43.30	7.76				51.06 56
57	RENAL DIALYSIS	75.05	0.94				75.99 57
60.02	TREATMENT CENTERS	0.28	7.56				7.84 60.02
61	EMERGENCY	24.18	11.94				36.12 61
62	OBSERVATION BEDS (NON-DISTINCT		21.15				21.15 62
101	TOTAL CHARGES	25.31	12.25				37.56 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	18.90		18.97				37.87 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.02						0.02 41
44 LABORATORY	0.19						0.19 44
49 RESPIRATORY THERAPY	0.01						0.01 49
50 PHYSICAL THERAPY	0.08						0.08 50
53 ELECTROCARDIOLOGY	0.13						0.13 53
56 DRUGS CHARGED TO PATIENTS	0.37						0.37 56
57 RENAL DIALYSIS	0.04						0.04 57
61 EMERGENCY	0.23						0.23 61
101 TOTAL CHARGES	0.06						0.06 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	14250147	3.46	-14250147	-7.64		3
4	NEW CAP REL COSTS-MVBLE EQUIP	15146931	3.68	-15146931	-8.12		4
5	EMPLOYEE BENEFITS	49234274	11.97	-49234274	-26.40		5
5.01	GENERAL OVERHEAD						5.01
6	ADMINISTRATIVE & GENERAL	72268572	17.56	-72268572	-38.76		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	16830501	4.09	-16830501	-9.03		8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY	3503838	.85	-3503838	-1.88		11
12	CAFETERIA	138595	.03	-138595	-.07		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3326551	.81	-3326551	-1.78		14
15	CENTRAL SERVICES & SUPPLY	2106554	.51	-2106554	-1.13		15
16	PHARMACY	5089217	1.24	-5089217	-2.73		16
17	MEDICAL RECORDS & LIBRARY	4550704	1.11	-4550704	-2.44		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM- EMS	17015		-17015	-.01		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	43466657	10.56	46147024	24.75	89613681	21.78
26	INTENSIVE CARE UNIT	9469432	2.30	9405981	5.04	18875413	4.59
31	SUBPROVIDER I	4379002	1.06	5057434	2.71	9436436	2.29
33	NURSERY	2549354	.62	1985921	1.07	4535275	1.10
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	16177111	3.93	19349767	10.38	35526878	8.63
40	ANESTHESIOLOGY	158133	.04	397428	.21	555561	.14
41	RADIOLOGY-DIAGNOSTIC	22247715	5.41	21366207	11.46	43613922	10.60
43.01	ONCOLOGY	637488	.15	1987668	1.07	2625156	.64
44	LABORATORY	12785333	3.11	8621739	4.62	21407072	5.20
46	WHOLE BLOOD & PACKED RED BLOOD	3776712	.92	1484978	.80	5261690	1.28
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	2376190	.58	1824155	.98	4200345	1.02
50	PHYSICAL THERAPY	6450285	1.57	4899804	2.63	11350089	2.76
53	ELECTROCARDIOLOGY	2984433	.73	2832010	1.52	5816443	1.41
53.01	CARDIAC CATH LAB	2348880	.57	1885560	1.01	4234440	1.03
53.02	CARDIAC REHABILITATION	889369	.22	1334598	.72	2223967	.54
55	MEDICAL SUPPLIES CHARGED TO PAT	38855149	9.44	16332170	8.76	55187319	13.41
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS	14652706	3.56	12711751	6.82	27364457	6.65
57	RENAL DIALYSIS	957429	.23	288809	.15	1246238	.30

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
59 LITHOTRIPSY								59
60.01 PARTIAL HOSPITALIZATION PROGRAM	1208621	.29	1190785	.64	2399406	.58		60.01
60.02 TREATMENT CENTERS	2855337	.69	4841289	2.60	7696626	1.87		60.02
61 EMERGENCY	13136217	3.19	11032402	5.92	24168619	5.87		61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	6646607	1.62	4738423	2.54	11385030	2.77		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	293105	.07	634581	.34	927686	.23		96
96.01 ADULT DAY CARE	200548	.05	121832	.07	322380	.08		96.01
96.02 OTHER NRCC	205532	.05	95466	.05	300998	.07		96.02
96.03 FOUNDATION			81538	.04	81538	.02		96.03
96.04 CHCC	9853770	2.39	2705648	1.45	12559418	3.05		96.04
96.05 CORPORATE HEALTH	1156225	.28	904502	.49	2060727	.50		96.05
96.06 MARKETING	1820579	.44	837584	.45	2658163	.65		96.06
96.07 EMS CONTINUING EDUCATION	493528	.12	302305	.16	795833	.19		96.07
97.01 RESIDENTIAL TREATMENT CENTER	773795	.19	681482	.37	1455277	.35		97.01
98 PHYSICIANS' PRIVATE OFFICES			47230	.03	47230	.01		98
98.05 SCHAUMBURG MEDICAL CENTER	942243	.23	259536	.14	1201779	.29		98.05
99.01 GASTRO PARSONS			2378		2378			99.01
99.50 OTHER CORP	260549	.06	72914	.04	333463	.08		99.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	411470933	100.00	0	.00	411470933	100.00		103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4994465	105807977	.047203	25536796	1205413	37
40 ANESTHESIOLOGY	163790	13067373	.012534	4032975	50549	40
41 RADIOLOGY-DIAGNOSTIC	7517161	331708471	.022662	62710938	1421155	41
43.01 ONCOLOGY	521622	2686149	.194190	8850	1719	43.01
44 LABORATORY	1404832	173413080	.008101	50074139	405651	44
46 WHOLE BLOOD & PACKED RED BLOOD	169352	17303424	.009787	7976929	78070	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	289177	10219210	.028297	5442636	154010	49
50 PHYSICAL THERAPY	1172523	21140996	.055462	5622317	311825	50
53 ELECTROCARDIOLOGY	449522	40474644	.011106	13276865	147453	53
53.01 CARDIAC CATH LAB	271550	45792142	.005930	18738448	111119	53.01
53.02 CARDIAC REHABILITATION	455992	1813838	.251396			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1958432	225024324	.008703	92615156	806030	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	1051753	69091577	.015223	29917718	455437	56
57 RENAL DIALYSIS	33809	3864428	.008749	2900444	25376	57
59 LITHOTRIPSY						59
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION PROGRAM	190511	2908198	.065508			60.01
60.02 TREATMENT CENTERS	1201761	4990075	.240830	14121	3401	60.02
61 EMERGENCY	1512703	52213560	.028971	12622677	365692	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	310783	6376671	.048738			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	23669738	1127896137		331491009	5542900	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	6247696		6247696	91751	68.09	50566	3443039 25
26 INTENSIVE CARE UNIT	1493120		1493120	10556	141.45	5939	840072 26
101 TOTAL	7740816		7740816			56505	4283111 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 4283111

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 5542900

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 9826011

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	126071909
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	413810295
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.305

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2008163
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4307556
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.466

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	9826011
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	34026145
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	160153509
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.212