

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 OAK FOREST HOSPITAL OF COOK COUNTY (14-0301) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 12/01/2008 AND ENDING 11/30/2009, 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	SUBPROVIDER I	-87077	34538	1
3	SWING BED - SNF	35043		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	-52034	34538	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: 15900 SOUTH CICERO AVENUE
 1.01 CITY: OAK FOREST STATE: IL

P.O.BOX: 1
 ZIP CODE: 60452 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	OAK FOREST HOSPITAL OF COOK COUNTY 14-0301	12/01/2001	P	P	O	2
3	SUBPROVIDER I	OAK FOREST HOSPITAL OF COOK COUNTY 14-T301	12/01/2001	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						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: 12/01/2008	TO: 11/30/2009	1	2		17
18	TYPE OF CONTROL			9			18
TYPE OF HOSPITAL/SUBPROVIDER							
19	HOSPITAL		1				19
20	SUBPROVIDER I		5				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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR 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.						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.						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.						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.						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).						21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-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)	YES	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
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	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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.	YES	E		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?	NO			36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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)?	YES			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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
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40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
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?		NO		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	N	N	49
50	HOME HEALTH AGENCY	N	N	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
54.01	PREMIUMS: 1423876 PAID LOSSES: 1200000 AND/OR SELF INSURANCE:				54.01
55	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			55
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
		/ /	NO	0.00	NO	
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.					56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			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.		YES			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)		YES	NO		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
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	02/28/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XX 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		261	762	2836	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		261	762	2836	12
13 RPCH VISITS					13
14 SUBPROVIDER I		28	130	335	14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	61836722		61836722	1935118.70	31.96		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	2491147		2491147	25014.54	99.59	HBP WORKPAPER	4
4.01 TEACHING PHYSICIAN SALARIES	721946		721946	7586.75	95.16	STATS 30-2	4.01
5 PHYSICIAN - PART B	5356392		5356392	59453.85	90.09	HBP W/P	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	1569923	-1090687	479236	18712.30	25.61	EXCEL PAYROLL	8
8.01 EXCLUDED AREA SALARIES	2548804	-64327	2484477	83012.89	29.93	EXCEL PAYROLL	8.01
9 OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1295142		1295142	24037.97	53.88	REGISTRY RECAP	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	89869		89869	2080.80	43.19	WAGE IND. W/P	9.03
10 CONTRACT LABOR: PHYSICIAN PART A	113110		113110	1144.00	98.87	HBP MALLICK	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	4614866		4614866	124694.51	37.01	890 EARNINGS	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	14752643		14752643			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1202668		1202668			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	545069		545069			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	366663		366663			CMS 339	18.01
19 PHYSICIAN PART B	1156826		1156826			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1331490		1331490				21
22 ADMINISTRATIVE & GENERAL	5781969	103109	5885078				22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	381925		381925	9444.50	40.44		22.01
23 MAINTENANCE & REPAIRS	3318685		3318685				23
24 OPERATION OF PLANT	4302753		4302753				24
25 LAUNDRY & LINEN SERVICE	1351		1351				25
26 HOUSEKEEPING	1950558		1950558				26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	4467747		4467747				27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2154751		2154751				30
31 CENTRAL SERVICES AND SUPPLY	671666		671666				31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1161186		1161186				33
34 SOCIAL SERVICE	423767		423767				34
35 OTHER GENERAL SERVICE	416327	-226693	189634				35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	56140309		56140309	1877522.60	29.90	1
2 EXCLUDED AREA SALARIES	4118727	-1155014	2963713	101725.19	29.13	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	52021582	1155014	53176596	1775797.41	29.95	3
4 SUBTOTAL OTHER WAGES & REL COSTS	6112987		6112987	151957.28	40.23	4
5 SUBTOTAL WAGE-RELATED COSTS	15297712		15297712		28.77%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	73432281	1155014	74587295	1927754.69	38.69	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	26364175	-123584	26240591	9444.50	2778.40	13

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	28366081 17
17.01	GROSS MEDICAID REVENUES	24400996 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	52767077 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	1.305079 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	24400996 28
29	TOTAL GROSS MEDICAID COST	31845227 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	28366081 30
31	UNCOMPENSATED CARE COST	37019977 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	31845227 32

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

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	
99.07 9906 ALL TUNNELS								99.07
99.08 9907 VACANT AND USED FOR STORAGE								99.08
99.09 9901 OTHER COUNTY AGENCIES								99.09
101 TOTAL	61836722	46747954	108584676		108584676	-2353027	106231649	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS SUPPLIES CHARGES	A	MEDICAL SUPPLIES CHARGED TO P	55		784394	1
2 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		1504450	2
3	A					3
4	A					4
5	A					5
6	A					6
7	A					7
8	A					8
9						9
10						10
11 RECLASS MEDICAL DIRECTOR	B	ADULTS & PEDIATRICS	25	226693		11
12						12
13 RECLASS CONTRACT PAYMENTS REHAB	C	I&R SERVICES-OTHER PRGM COSTS	23		145038	13
14						14
15 POSIATRY RESIDENTS SALARY	D	I&R SERVICES-OTHER PRGM COSTS	23	91166		15
16						16
17 RECLASS REHAB RES. OVERHEAD COSTS	E	I&R SERVICES-OTHER PRGM COSTS	23		4629	17
18						18
19 RECLASS TEACHING DOLLARS	G	I&R SERVICES-OTHER PRGM COSTS	23	17187		19
20	G	I&R SERVICES-OTHER PRGM COSTS	23	67285		20
21	G	I&R SERVICES-OTHER PRGM COSTS	23	39742		21
22	G	I&R SERVICES-OTHER PRGM COSTS	23	67919		22
23	G	I&R SERVICES-OTHER PRGM COSTS	23	26443		23
24	G	I&R SERVICES-OTHER PRGM COSTS	23	54634		24
25	G	I&R SERVICES-OTHER PRGM COSTS	23	381809		25
26	G	I&R SERVICES-OTHER PRGM COSTS	23	66927		26
27						27
28 RECLASS I.C.F. TO S.N.F.	F	SKILLED NURSING FACILITY	34	125		9 28
29						29
30 RECLASS PODIETRY RES. OVERHEAD COST	H	I&R SERVICES-OTHER PRGM COSTS	23	2725		30
31						31
32 RECLASS I.C.U. INVENTORY ISSUES	I					32
33 CLINIC	I					33
34 EMERGENCY	I					34
35	I					35
36 SUBTOTAL				1042655	2438520	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS SUPPLIES CHARGES	A	ADULTS & PEDIATRICS	25		289882	1
2 DRUGS CHARGED TO PATIENTS	A	INTENSIVE CARE UNIT	26		148013	2
3	A	SUBPROVIDER I	31		34140	3
4	A	SKILLED NURSING FACILITY	34		20964	4
5	A	PHARMACY	16		1419881	5
6	A	CENTRAL SERVICES & SUPPLY	15		287333	6
7	A	CLINIC	60		54256	7
8	A	EMERGENCY	61		34375	8
9						9
10						10
11 RECLASS MEDICAL DIRECTOR	B	MEDICAL ADMINISTRATION	19	226693		11
12						12
13 RECLASS CONTRACT PAYMENTS REHAB	C	SUBPROVIDER I	31		145038	13
14						14
15 POSIATRY RESIDENTS SALARY	D	OPERATING ROOM	37	91166		15
16						16
17 RECLASS REHAB RES. OVERHEAD COSTS	E	ADULTS & PEDIATRICS	25		4629	17
18						18
19 RECLASS TEACHING DOLLARS	G	ADULTS & PEDIATRICS	25	17187		19
20	G	CLINIC	60	67285		20
21	G	EMERGENCY	61	39742		21
22	G	ADULTS & PEDIATRICS	25	67919		22
23	G	RADIOLOGY-DIAGNOSTIC	41	26443		23
24	G	ELECTROCARDIOLOGY	53	54634		24
25	G	OPERATING ROOM	37	381809		25
26	G	SUBPROVIDER I	31	66927		26
27						27
28 RECLASS I.C.F. TO S.N.F.	F	NURSING FACILITY	35	125	9	28
29						29
30 RECLASS PODIETRY RES. OVERHEAD CO	H	OPERATING ROOM	37	2725		30
31						31
32 RECLASS I.C.U. INVENTORY ISSUES	I					32
33 CLINIC	I					33
34 EMERGENCY	I					34
35	I					35
36 SUBTOTAL				1042655	2438520	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS COUNTY STORE NON-ALLOW	J	COUNTY STORE-NON-ALLOWABLE	96.01	2725	
2	J	COUNTY STORE-NON-ALLOWABLE	96.01		466
3 RECLASS SNF SALARIES	K	ADULTS & PEDIATRICS	25	87583	
4	K	INTENSIVE CARE UNIT	26	31424	
5	K	ADMINISTRATIVE & GENERAL	6	105834	
6	K	ADULTS & PEDIATRICS	25	865971	
7	K				
8					
9 RECLASS COSTS APPEARING IN DENTAL	L	OPTOMETRY	97.01		155
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36 TOTAL RECLASSIFICATIONS				2136192	2439141

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
				LINE #	SALARY	OTHER	
1		1	6	7	8	9	10
1	RECLASS COUNTY STORE NON-ALLOW	J	ADMINISTRATIVE & GENERAL	6	2725		1
2		J	ADMINISTRATIVE & GENERAL	6		466	2
3	RECLASS SNF SALARIES	K	SKILLED NURSING FACILITY	34	87583		3
4		K	SKILLED NURSING FACILITY	34	31424		4
5		K	SKILLED NURSING FACILITY	34	105834		5
6		K	SKILLED NURSING FACILITY	34	865971		6
7		K					7
8							8
9	RECLASS COSTS APPEARING IN DENTAL	L	DENTAL	98.01		155	9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							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				2136192	2439141	36

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	19143463		19143463	.496570				1
2 OLD CAP REL COSTS-MVBLE EQUIP	19407935		19407935	.503430				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL	38551398		38551398	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	1093373		994737				2088110	1
2 OLD CAP REL COSTS-MVBLE EQUIP	1354646		1105816				2460462	2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	2448019		2100553				4548572	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	1093373		118788				1212161	1
2 OLD CAP REL COSTS-MVBLE EQUIP	1354646		674588				2029234	2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	2448019		793376				3241395	5

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)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8188866			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	8646157			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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 PAID MEDICAL MALPRACTICE LOSSES	B	-2498876	ADMINISTRATIVE & GENERAL	6	37
37.01 CAFETERIA SALES	B	-53865	DIETARY	11	37.01
38					38
39 MEDICAL RECORDS	B	-8983	MEDICAL RECORDS & LIBRARY	17	39
40 JURY DUTY	B	-1399	ADMINISTRATIVE & GENERAL	6	40
41 HEARING AIDS, DENTURES	B	-7665	ADMINISTRATIVE & GENERAL	6	41
41.01 CO-PAY PHARMACY	B	-138402	ADMINISTRATIVE & GENERAL	6	41.01
42					42
43 COUNTY STORE ALLOWABLE	B	-92349	ADMINISTRATIVE & GENERAL	6	43
44 INCOME ON INVESTMENTS	B	-7855	ADMINISTRATIVE & GENERAL	6	44
45 PUBLIC TELEPHONE COMMISSION	B	-2105	PHARMACY	16	45
46 KEY DEPOSIT	B	-280	ADMINISTRATIVE & GENERAL	6	46
47 PARKING LOT PASS (GATE)	B	-125	ADMINISTRATIVE & GENERAL	6	47
48					48
49 LOST I.D.	B	-270	ADMINISTRATIVE & GENERAL	6	49
49.03 CASH DISBURSED	B	10025	ADMINISTRATIVE & GENERAL	6	49.03
49.06 BASIC TRAINING PUBLIC SAFETY	B	-8126	ADMINISTRATIVE & GENERAL	6	49.06
49.07 MED ASSETS CASH INCENTIVE	B	-43	ADMINISTRATIVE & GENERAL	6	49.07
50 TOTAL		-2353027			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	5	EMPLOYEE BENEFITS				
		COOK COUNTY PENSION		7178871	-7178871	1
2	1	OLD CAP REL COSTS-BLDG & FIXT	880454		880454	11 2
3	6	ADMINISTRATIVE & GENERAL	8630420		8630420	3
4	1	OLD CAP REL COSTS-BLDG & FIXT	-4505		-4505	11 4
4.01	16	PHARMACY	5285455		5285455	4.01
4.02	7	MAINTENANCE & REPAIRS	601976		601976	4.02
4.03	2	OLD CAP REL COSTS-MVBLE EQUIP	431228		431228	11 4.03
5		TOTALS	15825028	7178871	8646157	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		COUNTY OF COOK			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	E.R. CONSULTANTS	46705	17367	29338	165600	428	34075	1704
2 25	ADULTS & PEDIATRICS	INT. MEDICINE CONSU	131595	108369	23226	165600	310	24681	1234
3 53	ELECTROCARDIOLOGY	CARDIOLOGY	401822	228228	173593	165600	2080	165600	8280
4 41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	583807	68619	515188	225300	3744	405540	20277
5 37.01	PATHOLOGY	PATHOLOGY	281325	28132	253192	208000	1872	187200	9360
6 37.02	NEUROLOGY & PSYCHIATRY	NEUROLOGY/INT. MED.	360362	216886	143476	208000	1061	106100	5305
7 37.02	NEUROLOGY & PSYCHIATRY	NEUROLOGY/PSYCHIARY	376733	320225	56508	208000	5513	551300	27565
8 50	PHYSICAL THERAPY	P.T. PHYSIATRY	913301	447871	465430	165600	4354	346645	17332
9 60	CLINIC	O/P INTERNAL MEDICI	929326	595011	334315	138700	3382	225521	11276
10 61	EMERGENCY	E.R. INTERNAL MED.	564798	376988	187810	138700	2143	142901	7145
11 60	CLINIC	O/P FAMILY PRACTICE	92799	92799		138700	12	800	40
12 61	EMERGENCY	E/R FAMILY PRACTICE	69171	58796	10375	138700	7	467	23
13 37	OPERATING ROOM	SURGERY ANESTHESIOLOG	617294	272044	345250	208000	2330	233000	11650
14 37	OPERATING ROOM	SURGERY GENERAL	532498	417429	115069	208000	1123	112300	5615
15 37	OPERATING ROOM	SURGERY CONSULTANTS	495831	311691	184140	208000	2028	202800	10140
16 37	OPERATING ROOM	SURGERY UROLOGY	112165	100948	11217	208000	82	8200	410
17 25	ADULTS & PEDIATRICS	CONSULTANTS NEUROLO	75879	72085	3794	208000	47	4700	235
18 25	ADULTS & PEDIATRICS	MEDICINE-INTERNAL M	4409504	3497285	912219	165600	7223	575062	28753
19 25	ADULTS & PEDIATRICS	INTENSIVE CARE MEDI	643051	482457	160594	165600	5431	432391	21620
20 37	OPERATING ROOM	PODIATRY	205681	48277	157404	208000	3786	378600	18930
101	TOTAL		11843647	7761507	4082138		46956	4137883	206894

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	E.R. CONSULTANTS			7648	4804	38879		17367
2 25	ADULTS & PEDIATRICS	INT. MEDICINE CONSU			21549	3803	28484		108369
3 53	ELECTROCARDIOLOGY	CARDIOLOGY			65799	28426	194026		228229
4 41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY			95599	84363	489903	25285	93904
5 37.01	PATHOLOGY	PATHOLOGY			46068	41461	228661	24531	52664
6 37.02	NEUROLOGY & PSYCHIATRY	NEUROLOGY/INT. MED.			59010	23494	129594	13882	230768
7 37.02	NEUROLOGY & PSYCHIATRY	NEUROLOGY/PSYCHIARY			61691	9253	560553		320225
8 50	PHYSICAL THERAPY	P.T. PHYSIATRY			149554	76215	422860	42570	490441
9 60	CLINIC	O/P INTERNAL MEDICI			152178	54744	280265	54050	649061
10 61	EMERGENCY	E.R. INTERNAL MED.			92486	30754	173655	14155	391143
11 60	CLINIC	O/P FAMILY PRACTICE			15196		800		92799
12 61	EMERGENCY	E/R FAMILY PRACTICE			11327	1699	2166	8209	67005
13 37	OPERATING ROOM	SURGERY ANESTHESIOLOG			101083	56535	289535	55715	327759
14 37	OPERATING ROOM	SURGERY GENERAL			87198	18843	131143		417429
15 37	OPERATING ROOM	SURGERY CONSULTANTS			81193	30153	232953		311691
16 37	OPERATING ROOM	SURGERY UROLOGY			18367	1837	10037	1180	102128
17 25	ADULTS & PEDIATRICS	CONSULTANTS NEUROLO			12425	621	5321		72085
18 25	ADULTS & PEDIATRICS	MEDICINE-INTERNAL M			722062	149377	724439	187780	3685065
19 25	ADULTS & PEDIATRICS	INTENSIVE CARE MEDI			105301	26298	458689		482457
20 37	OPERATING ROOM	PODIATRY			33681	25775	404375		48277
101	TOTAL				1939415	668455	4806338	427357	8188866

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS	
	0	1	2	5	5A	6	7	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	2088110	2088110						1
2 OLD CAP REL COSTS-MVBLE EQUIP	2460462		2460462					2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	20215711	3021	7823	20226555				5
6 ADMINISTRATIVE & GENERAL	13311352	182031	127455	2321055	15941893	15941893		6
7 MAINTENANCE & REPAIRS	6459569	200591	628000	1109416	8397576	1482710	9880286	7
8 OPERATION OF PLANT	7342260	163264	128977	1438385	9072886	1601945	947508	11622339
9 LAUNDRY & LINEN SERVICE	624382		78607	452	703441	124202		
10 HOUSEKEEPING	2202572	36039	3618	652060	2894289	511027	209155	272129
11 DIETARY	5120033	88973	54639	1493541	6757186	1193076	516358	671826
12 CAFETERIA								
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	2382172	11291	294736	720320	3408519	601822	65529	85259
15 CENTRAL SERVICES & SUPPLY	691063	30186	34161	224534	979944	173023	175182	227927
16 PHARMACY	5271645	113991	174025		5559661	981636	661549	860731
17 MEDICAL RECORDS & LIBRARY	1202937	17035	6192		1226164	216496	98860	128626
18 SOCIAL SERVICE	430593	5949		141663	578205	102090	34525	44920
19 MEDICAL ADMINISTRATION	523836	2513	6879	139176	672404	118722	14584	18975
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A	965504				965504	170473		
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10519441	106910	292564	4138443	15057358	2658560	620454	807263
26 INTENSIVE CARE UNIT	2946067	3249	6836	956767	3912919	690881	18857	24535
31 SUBPROVIDER I	2276877	55929	6018	805952	3144776	555254	324586	422314
34 SKILLED NURSING FACILITY	503536	11597	19417	524858	1059408	187053	67304	87569
35 NURSING FACILITY								
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1611512	18559	171931	870378	2672380	471846	107707	140136
37.01 PATHOLOGY	592822	6696	7253	145874	752645	132890	38858	50558
37.02 NEUROLOGY & PSYCHIATRY	296887	2254		454710	753851	133103	13080	17018
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	582834	6568		589402	104067	38116	49592	37.03
41 RADIOLOGY-DIAGNOSTIC	2270311	5401	151353	357464	2784529	491648	31345	40783
43 RADIOISOTOPE								
44 LABORATORY	2804901	8903	50047	582496	3446347	608501	51667	67223
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1797701	13317	100359	521454	2432831	429550	77285	100593
50 PHYSICAL THERAPY	1634253	18225	5962	549581	2208021	389857	105771	137617
51 OCCUPATIONAL THERAPY	654643	23384	8163	190899	877089	154862	135712	176573
52 SPEECH PATHOLOGY	3574666	4482	2164	118603	482715	85230	26009	33840
53 ELECTROCARDIOLOGY	352755	1664	48789	205956	609164	107556	9659	12568
55 MEDICAL SUPPLIES CHARGED TO PAT	784394				784394	138496		
56 DRUGS CHARGED TO PATIENTS	1504450				1504450	265632		
59 ACTIVITY THERAPY	147344		4287	48532	200163	35342		
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1961842	32455	13484	931353	2939134	518945	188352	245062
61 EMERGENCY	1195704	12931	8543	536578	1753756	309650	75048	97644
62 OBSERVATION BEDS (NON-DISTINCT)								
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	106087941	1187408	2442282	20180500	105123004	15746145	4653060	4821281
NONREIMBURSABLE COST CENTERS								
96.01 COUNTY STORE-NON-ALLOWABLE	3191	235	23		3449	609	1364	1775
97.01 OPTOMETRY	140517	1346	606	46055	188524	33287	7814	10166
98.01 DENTAL								
98.02 NON-REIMBURSABLE COMMUNITY CLIN		1982	3983		5965	1053	11505	14969
98.09 IDLE								
99.03 IDLE SPACE B22/OTHER								
99.04 H REC. 2 - 6 VACANT								
99.05 PUBLIC AID OFFICES VACANT								
99.06 MISC. WALLS AND HALLS		193049			193049	34086	1120362	1457686

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	REPAIRS	8	
	0	1	2	5		6	7		
99.07 ALL TUNNELS		106670			106670	18834	619060	805449	99.07
99.08 VACANT AND USED FOR STORAGE		501882	13568		515450	91010	2912667	3789622	99.08
99.09 OTHER COUNTY AGENCIES		95538			95538	16869	554454	721391	99.09
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	106231649	2088110	2460462	20226555	106231649	15941893	9880286	11622339	103

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
99.07 ALL TUNNELS		275806							99.07
99.08 VACANT AND USED FOR STORAGE		1297663							99.08
99.09 OTHER COUNTY AGENCIES		247023							99.09
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	827643	3886600	9368496	4190324	1634124	8370340	1714191	775122	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MED. ADMIN I+R		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	19	PROGRAM COSTS 23				
GENERAL SERVICE COST CENTERS						
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
18						18
19	831183					19
20						20
21						21
22						22
23		1135977				23
24						24
INPATIENT ROUTINE SERV COST CENTERS						
25	510442	689700	30525018	-689700	29835318	25
26			6340022		6340022	26
31	55567	446277	8199758	-446277	7753481	31
34	14482		2456061		2456061	34
35						35
ANCILLARY SERVICE COST CENTERS						
37			4142952		4142952	37
37.01			1004626		1004626	37.01
37.02			927739		927739	37.02
37.03			799973		799973	37.03
41			3819720		3819720	41
43						43
44			6927452		6927452	44
46.30						46.30
49			3265652		3265652	49
50			2970292		2970292	50
51			1630532		1630532	51
52			639920		639920	52
53			746773		746773	53
55			1210372		1210372	55
56			6476732		6476732	56
59			235673		235673	59
OUTPATIENT SERVICE COST CENTERS						
60	126187		5435463		5435463	60
61	124505		2807448		2807448	61
62						62
63.50						63.50
63.60						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10						69.10
69.20						69.20
69.30						69.30
69.40						69.40
71						71
SPECIAL PURPOSE COST CENTERS						
85.01						85.01
85.02						85.02
85.03						85.03
95	831183	1135977	90562178	-1135977	89426201	95
NONREIMBURSABLE COST CENTERS						
96.01			7805		7805	96.01
97.01			243805		243805	97.01
98.01						98.01
98.02			46023		46023	98.02
98.09						98.09
99.03						99.03
99.04						99.04
99.05						99.05
99.06			3304332		3304332	99.06

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MED.	ADMIN	I+R	PROGRAM	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	19			COSTS	25	26	27	
99.07 ALL TUNNELS					1825819		1825819	99.07
99.08 VACANT AND USED FOR STORAGE					8606412		8606412	99.08
99.09 OTHER COUNTY AGENCIES					1635275		1635275	99.09
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	831183		1135977		106231649	-1135977	105095672	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8
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		3021	7823	10844	10844			5
6	ADMINISTRATIVE & GENERAL		182031	127455	309486	1243	310729		6
7	MAINTENANCE & REPAIRS	29058	200591	628000	857649	594	28896	887139	7
8	OPERATION OF PLANT		163264	128977	292241	770	31220	85076	409307 8
9	LAUNDRY & LINEN SERVICE			78607	78607		2421		9
10	HOUSEKEEPING		36039	3618	39657	349	9959	18780	9584 10
11	DIETARY		88973	54639	143612	800	23251	46363	23660 11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		11291	294736	306027	386	11729	5884	3003 14
15	CENTRAL SERVICES & SUPPLY	105020	30186	34161	169367	120	3372	15729	8027 15
16	PHARMACY		113991	174025	288016		19131	59400	30313 16
17	MEDICAL RECORDS & LIBRARY		17035	6192	23227		4219	8877	4530 17
18	SOCIAL SERVICE		5949		5949	76	1990	3100	1582 18
19	MEDICAL ADMINISTRATION		2513	6879	9392	75	2314	1310	668 19
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A						3322		23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		106910	292564	399474	2230	51852	55710	28430 25
26	INTENSIVE CARE UNIT		3249	6836	10085	512	13464	1693	864 26
31	SUBPROVIDER I		55929	6018	61947	432	10821	29144	14873 31
34	SKILLED NURSING FACILITY		11597	19417	31014	281	3645	6043	3084 34
35	NURSING FACILITY								35
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		18559	171931	190490	466	9196	9671	4935 37
37.01	PATHOLOGY		6696	7253	13949	78	2590	3489	1780 37.01
37.02	NEUROLOGY & PSYCHIATRY		2254		2254	243	2594	1174	599 37.02
37.03	CLINICAL PSYCHOLOGY& PSYCHOTHER		6568		6568		2028	3422	1746 37.03
41	RADIOLOGY-DIAGNOSTIC		5401	151353	156754	191	9582	2814	1436 41
43	RADIOISOTOPE								43
44	LABORATORY		8903	50047	58950	312	11859	4639	2367 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		13317	100359	113676	279	8371	6939	3543 49
50	PHYSICAL THERAPY		18225	5962	24187	294	7598	9497	4847 50
51	OCCUPATIONAL THERAPY		23384	8163	31547	102	3018	12185	6218 51
52	SPEECH PATHOLOGY		4482	2164	6646	64	1661	2335	1192 52
53	ELECTROCARDIOLOGY		1664	48789	50453	110	2096	867	443 53
55	MEDICAL SUPPLIES CHARGED TO PAT						2699		55
56	DRUGS CHARGED TO PATIENTS						5177		56
59	ACTIVITY THERAPY			4287	4287	26	689		59
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		32455	13484	45939	499	10114	16912	8630 60
61	EMERGENCY		12931	8543	21474	287	6035	6738	3439 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	134078	1187408	2442282	3763768	10819	306913	417791	169793 95
NONREIMBURSABLE COST CENTERS									
96.01	COUNTY STORE-NON-ALLOWABLE		235	23	258		12	122	63 96.01
97.01	OPTOMETRY		1346	606	1952	25	649	702	358 97.01
98.01	DENTAL								98.01
98.02	NON-REIMBURSABLE COMMUNITY CLIN		1982	3983	5965		21	1033	527 98.02
98.09	IDLE								98.09
99.03	IDLE SPACE B22/OTHER								99.03
99.04	H REC. 2 - 6 VACANT								99.04
99.05	PUBLIC AID OFFICES VACANT								99.05
99.06	MISC. WALLS AND HALLS		193049		193049		664	100596	51336 99.06

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	1	2	4A	5	6	7	8
99.07 ALL TUNNELS		106670		106670		367	55585	28366 99.07
99.08 VACANT AND USED FOR STORAGE		501882	13568	515450		1774	261526	133459 99.08
99.09 OTHER COUNTY AGENCIES		95538		95538		329	49784	25405 99.09
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	134078	2088110	2460462	4682650	10844	310729	887139	409307 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
99.07 ALL TUNNELS		5559						99.07
99.08 VACANT AND USED FOR STORAGE		26154						99.08
99.09 OTHER COUNTY AGENCIES		4978						99.09
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	81028	78329	242322	327617	198188	404259	41741	13007 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MED.	ADMIN	I+R	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	19		23				
GENERAL SERVICE COST CENTERS							
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
18							18
19		13890					19
20							20
21							21
22							22
23			3322				23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25		8529		988652		988652	25
26				111461		111461	26
31		929		242530		242530	31
34		242		84574		84574	34
35							35
ANCILLARY SERVICE COST CENTERS							
37				292350		292350	37
37.01				23711		23711	37.01
37.02				7551		7551	37.02
37.03				14326		14326	37.03
41				193324		193324	41
43							43
44				212164		212164	44
46.30							46.30
49				156660		156660	49
50				57283		57283	50
51				65945		65945	51
52				12197		12197	52
53				54483		54483	53
55				37565		37565	55
56				232492		232492	56
59				5022		5022	59
OUTPATIENT SERVICE COST CENTERS							
60		2109		154154		154154	60
61		2081		54118		54118	61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71							71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
95		13890		3000562		3000562	95
NONREIMBURSABLE COST CENTERS							
96.01				467		467	96.01
97.01				3821		3821	97.01
98.01							98.01
98.02				7829		7829	98.02
98.09							98.09
99.03							99.03
99.04							99.04
99.05							99.05
99.06				355705		355705	99.06

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	MED. ADMIN	I+R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	19	23	25	26	27	
99.07 ALL TUNNELS			196547		196547	99.07
99.08 VACANT AND USED FOR STORAGE			938363		938363	99.08
99.09 OTHER COUNTY AGENCIES			176034		176034	99.09
101 CROSS FOOT ADJUSTMENTS		3322	3322		3322	101
102 NEGATIVE COST CENTER						102
103 TOTAL	13890	3322	4682650		4682650	103

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	CAP REL COST TO BE ALLOC	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27

101 CROSS FOOT ADJUSTMENTS
102 NEGATIVE COST CENTER
103 TOTAL

101
102
103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	MED. ADMIN	I+R PROGRAM COSTS	
	TIME SPENT	PART B DOLLARS	RESIDENTS FTE	
	18	19	23	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	723520			18
19 MEDICAL ADMINISTRATION		6098732		19
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS			560	23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	394200	3745332	340	25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I	262220	407714	220	31
34 SKILLED NURSING FACILITY	10065	106259		34
35 NURSING FACILITY				35
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM				37
37.01 PATHOLOGY				37.01
37.02 NEUROLOGY & PSYCHIATRY				37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH				37.03
41 RADIOLOGY-DIAGNOSTIC				41
43 RADIOISOTOPE				43
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS				56
59 ACTIVITY THERAPY				59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	57035	925885		60
61 EMERGENCY		913542		61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	723520	6098732	560	95
NONREIMBURSABLE COST CENTERS				
96.01 COUNTY STORE-NON-ALLOWABLE				96.01
97.01 OPTOMETRY				97.01
98.01 DENTAL				98.01
98.02 NON-REIMBURSABLE COMMUNITY CL				98.02
98.09 IDLE				98.09
99.03 IDLE SPACE B22/OTHER				99.03
99.04 H REC. 2 - 6 VACANT				99.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	MED. ADMIN	I+R PROGRAM COSTS	
	TIME SPENT	PART B DOLLARS	RESIDENTS FTE	
	18	19	23	
99.05 PUBLIC AID OFFICES VACANT				99.05
99.06 MISC. WALLS AND HALLS				99.06
99.07 ALL TUNNELS				99.07
99.08 VACANT AND USED FOR STORAGE				99.08
99.09 OTHER COUNTY AGENCIES				99.09
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	775122	831183	1135977	103
104 UNIT COST MULT-WS B PT I	1.071321		2028.530357	104
104 UNIT COST MULT-WS B PT I		.136288		104
105 COST TO BE ALLOC PER B PT II	13007	13890	3322	105
106 UNIT COST MULT-WS B PT II	.017977		5.932143	106
106 UNIT COST MULT-WS B PT II		.002278		106
107 COST TO BE ALLOC PER B PT III				107
108 UNIT COST MULT-WS B PT III				108
108 UNIT COST MULT-WS B PT III				108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	29835318		29835318	187780	30023098	25
26 INTENSIVE CARE UNIT	6340022		6340022		6340022	26
31 SUBPROVIDER I	7753481		7753481		7753481	31
34 SKILLED NURSING FACILITY	2456061		2456061		2456061	34
35 NURSING FACILITY						35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4142952		4142952	56895	4199847	37
37.01 PATHOLOGY	1004626		1004626	24531	1029157	37.01
37.02 NEUROLOGY & PSYCHIATRY	927739		927739	13882	941621	37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHO	799973		799973		799973	37.03
41 RADIOLOGY-DIAGNOSTIC	3819720		3819720	25285	3845005	41
43 RADIOISOTOPE						43
44 LABORATORY	6927452		6927452		6927452	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3265652		3265652		3265652	49
50 PHYSICAL THERAPY	2970292		2970292	42570	3012862	50
51 OCCUPATIONAL THERAPY	1630532		1630532		1630532	51
52 SPEECH PATHOLOGY	639920		639920		639920	52
53 ELECTROCARDIOLOGY	746773		746773		746773	53
55 MEDICAL SUPPLIES CHARGED TO	1210372		1210372		1210372	55
56 DRUGS CHARGED TO PATIENTS	6476732		6476732		6476732	56
59 ACTIVITY THERAPY	235673		235673		235673	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	5435463		5435463	54050	5489513	60
61 EMERGENCY	2807448		2807448	22364	2829812	61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	89426201		89426201	427357	89853558	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	89426201		89426201	427357	89853558	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	19607400		19607400			25
26 INTENSIVE CARE UNIT	5939600		5939600			26
31 SUBPROVIDER I	8119200		8119200			31
34 SKILLED NURSING FACILITY	948600		948600			34
35 NURSING FACILITY						35
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	753331	1694338	2447669	1.692611	1.692611	1.715856 37
37.01 PATHOLOGY	147521	291485	439006	2.288411	2.288411	2.344289 37.01
37.02 NEUROLOGY & PSYCHIATRY	344864	40278	385142	2.408823	2.408823	2.444867 37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHO	487719	77287	565006	1.415866	1.415866	1.415866 37.03
41 RADIOLOGY-DIAGNOSTIC	1064597	4423784	5488381	.695965	.695965	.700572 41
43 RADIOISOTOPE						43
44 LABORATORY	3116968	407410	3524378	1.965581	1.965581	1.965581 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	196469	200	196669	16.604813	16.604813	16.604813 49
50 PHYSICAL THERAPY	379770	11968	391738	7.582343	7.582343	7.691013 50
51 OCCUPATIONAL THERAPY	143831	6084	149915	10.876377	10.876377	10.876377 51
52 SPEECH PATHOLOGY	95466	9392	104858	6.102729	6.102729	6.102729 52
53 ELECTROCARDIOLOGY	372559	303396	675955	1.104767	1.104767	1.104767 53
55 MEDICAL SUPPLIES CHARGED TO	464428	4692	469120	2.580090	2.580090	2.580090 55
56 DRUGS CHARGED TO PATIENTS	5324355	5324356	10648711	.608217	.608217	.608217 56
59 ACTIVITY THERAPY	7210	230070	237280	.993227	.993227	.993227 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		2025603	2025603	2.683380	2.683380	2.710064 60
61 EMERGENCY	376870	5780600	6157470	.455942	.455942	.459574 61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	47890758	20630943	68521701			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	47890758	20630943	68521701			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [XX] TITLE V
 APPLICABLE [] 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	988652		988652			25
26 INTENSIVE CARE UNIT	111461		111461			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	242530		242530			31
33 NURSERY						33
101 TOTAL	1342643		1342643			101

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	14648		67.49			25
26 INTENSIVE CARE UNIT	1928		57.81			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	4776		50.78			31
33 NURSERY						33
101 TOTAL	21352					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (14-0301) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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	292350		2447669		.119440			37
37.01 PATHOLOGY	23711		439006		.054011			37.01
37.02 NEUROLOGY & PSYCHIATRY	7551		385142		.019606			37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH	14326		565006		.025355			37.03
41 RADIOLOGY-DIAGNOSTIC	193324		5488381		.035224			41
43 RADIOISOTOPE								43
44 LABORATORY	212164		3524378		.060199			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	156660		196669		.796567			49
50 PHYSICAL THERAPY	57283		391738		.146228			50
51 OCCUPATIONAL THERAPY	65945		149915		.439883			51
52 SPEECH PATHOLOGY	12197		104858		.116319			52
53 ELECTROCARDIOLOGY	54483		675955		.080602			53
55 MEDICAL SUPPLIES CHARGED TO P	37565		469120		.080075			55
56 DRUGS CHARGED TO PATIENTS	232492		10648711		.021833			56
59 ACTIVITY THERAPY	5022		237280		.021165			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	154154		2025603		.076103			60
61 EMERGENCY	54118		6157470		.008789			61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1573345		33906901					101

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					14648			25
26 INTENSIVE CARE UNIT					1928			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					4776			31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					21352			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0301)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 PATHOLOGY							37.01
37.02 NEUROLOGY & PSYCHIATRY							37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH							37.03
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACTIVITY THERAPY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0301)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2447669					37
37.01 PATHOLOGY		439006					37.01
37.02 NEUROLOGY & PSYCHIATRY		385142					37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH		565006					37.03
41 RADIOLOGY-DIAGNOSTIC		5488381					41
43 RADIOISOTOPE							43
44 LABORATORY		3524378					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		196669					49
50 PHYSICAL THERAPY		391738					50
51 OCCUPATIONAL THERAPY		149915					51
52 SPEECH PATHOLOGY		104858					52
53 ELECTROCARDIOLOGY		675955					53
55 MEDICAL SUPPLIES CHARGED TO P		469120					55
56 DRUGS CHARGED TO PATIENTS		10648711					56
59 ACTIVITY THERAPY		237280					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2025603					60
61 EMERGENCY		6157470					61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		33906901					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0301)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	8.01	8.02	9	9.01	9.02
37.01 PATHOLOGY					37
37.02 NEUROLOGY & PSYCHIATRY					37.01
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH					37.02
41 RADIOLOGY-DIAGNOSTIC					37.03
43 RADIOISOTOPE					41
44 LABORATORY					43
46.30 BLOOD CLOTTING FACTORS ADMIN					44
49 RESPIRATORY THERAPY					46.30
50 PHYSICAL THERAPY					49
51 OCCUPATIONAL THERAPY					50
52 SPEECH PATHOLOGY					51
53 ELECTROCARDIOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					53
56 DRUGS CHARGED TO PATIENTS					55
59 ACTIVITY THERAPY					56
OUTPATIENT SERVICE COST CENTERS					59
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [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	988652		988652			25
26 INTENSIVE CARE UNIT	111461		111461			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	242530		242530			31
33 NURSERY						33
101 TOTAL	1342643		1342643			101

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	14648	1412	67.49	95296		25
26 INTENSIVE CARE UNIT	1928	247	57.81	14279		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	4776	414	50.78	21023		31
33 NURSERY						33
101 TOTAL	21352	2073		130598		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0301) [] 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 CHARGES	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	292350		2447669		.119440			37
37.01 PATHOLOGY	23711		439006		.054011			37.01
37.02 NEUROLOGY & PSYCHIATRY	7551		385142		.019606			37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH	14326		565006		.025355			37.03
41 RADIOLOGY-DIAGNOSTIC	193324		5488381		.035224			41
43 RADIOISOTOPE								43
44 LABORATORY	212164		3524378		.060199			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	156660		196669		.796567			49
50 PHYSICAL THERAPY	57283		391738		.146228			50
51 OCCUPATIONAL THERAPY	65945		149915		.439883			51
52 SPEECH PATHOLOGY	12197		104858		.116319			52
53 ELECTROCARDIOLOGY	54483		675955		.080602			53
55 MEDICAL SUPPLIES CHARGED TO P	37565		469120		.080075			55
56 DRUGS CHARGED TO PATIENTS	232492		10648711		.021833			56
59 ACTIVITY THERAPY	5022		237280		.021165			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	154154		2025603		.076103			60
61 EMERGENCY	54118		6157470		.008789			61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1573345		33906901					101

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
 04/26/2010 12:00

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					14648		1412	25
26 INTENSIVE CARE UNIT					1928		247	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					4776		414	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					21352		2073	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0301) [] 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			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 PATHOLOGY							37.01
37.02 NEUROLOGY & PSYCHIATRY							37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH							37.03
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACTIVITY THERAPY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0301) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	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		2447669					93108 37
37.01 PATHOLOGY		439006					37.01
37.02 NEUROLOGY & PSYCHIATRY		385142					37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH		565006					123100 37.03
41 RADIOLOGY-DIAGNOSTIC		5488381					191760 41
43 RADIOISOTOPE							43
44 LABORATORY		3524378					18310 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		196669					49
50 PHYSICAL THERAPY		391738					50
51 OCCUPATIONAL THERAPY		149915					51
52 SPEECH PATHOLOGY		104858					52
53 ELECTROCARDIOLOGY		675955					42507 53
55 MEDICAL SUPPLIES CHARGED TO P		469120					4698 55
56 DRUGS CHARGED TO PATIENTS		10648711					49295 56
59 ACTIVITY THERAPY		237280					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2025603					658716 60
61 EMERGENCY		6157470					135705 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		33906901					1317199 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0301)	[]	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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	8.01	8.02	9	9.01	9.02
37.01 PATHOLOGY					37
37.02 NEUROLOGY & PSYCHIATRY					37.01
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH					37.02
41 RADIOLOGY-DIAGNOSTIC					37.03
43 RADIOISOTOPE					41
44 LABORATORY					43
46.30 BLOOD CLOTTING FACTORS ADMIN					44
49 RESPIRATORY THERAPY					46.30
50 PHYSICAL THERAPY					49
51 OCCUPATIONAL THERAPY					50
52 SPEECH PATHOLOGY					51
53 ELECTROCARDIOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					53
56 DRUGS CHARGED TO PATIENTS					55
59 ACTIVITY THERAPY					56
OUTPATIENT SERVICE COST CENTERS					59
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0301) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1.692611	1.692611	1.692611			37
37.01 PATHOLOGY	2.288411	2.288411	2.288411			37.01
37.02 NEUROLOGY & PSYCHIATRY	2.408823	2.408823	2.408823			37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	1.415866	1.415866	1.415866			37.03
41 RADIOLOGY-DIAGNOSTIC	.695965	.695965	.695965			41
43 RADIOISOTOPE						43
44 LABORATORY	1.965581	1.965581	1.965581			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	16.604813	16.604813	16.604813			49
50 PHYSICAL THERAPY	7.582343	7.582343	7.582343			50
51 OCCUPATIONAL THERAPY	10.876377	10.876377	10.876377			51
52 SPEECH PATHOLOGY	6.102729	6.102729	6.102729			52
53 ELECTROCARDIOLOGY	1.104767	1.104767	1.104767			53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.580090	2.580090	2.580090			55
56 DRUGS CHARGED TO PATIENTS	.608217	.608217	.608217			56
59 ACTIVITY THERAPY	.993227	.993227	.993227			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2.683380	2.683380	2.683380			60
61 EMERGENCY	.455942	.455942	.455942			61
62 OBSERVATION BEDS (NON-DISTINCT						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 BPB 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	.608217	1
2 PROGRAM VACCINE CHARGES	4026	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	2449	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 (14-0301) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37		93108						37
37.01								37.01
37.02								37.02
37.03		123100						37.03
41		191760						41
43		1840						43
44		18310						44
46.30								46.30
49								49
50								50
51								51
52								52
53		42507						53
55		4698						55
56		49295						56
59								59
60		658716						60
61		135705						61
62								62
63.50								63.50
63.60								63.60
65.01								65.01
65.02								65.02
65.03								65.03
101		1319039						101
102								102
103								103
104		1319039						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0301) [] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		157596					37
37.01 PATHOLOGY							37.01
37.02 NEUROLOGY & PSYCHIATRY							37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER		174293					37.03
41 RADIOLOGY-DIAGNOSTIC		133458					41
43 RADIOISOTOPE							43
44 LABORATORY		35990					44
46.30 BLOOD CLOTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		46960					53
55 MEDICAL SUPPLIES CHARGED TO PAT		12121					55
56 DRUGS CHARGED TO PATIENTS		29982					56
59 ACTIVITY THERAPY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1767585					60
61 EMERGENCY		61874					61
62 OBSERVATION BEDS (NON-DISTINCT							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		2419859					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2419859					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-T301) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	--- OLD CAPITAL ---		--- NEW CAPITAL ---	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	292350		2447669		.119440			37
37.01 PATHOLOGY	23711		439006		.054011			37.01
37.02 NEUROLOGY & PSYCHIATRY	7551		385142		.019606			37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH	14326		565006		.025355			37.03
41 RADIOLOGY-DIAGNOSTIC	193324		5488381		.035224			41
43 RADIOISOTOPE								43
44 LABORATORY	212164		3524378		.060199			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	156660		196669		.796567			49
50 PHYSICAL THERAPY	57283		391738		.146228			50
51 OCCUPATIONAL THERAPY	65945		149915		.439883			51
52 SPEECH PATHOLOGY	12197		104858		.116319			52
53 ELECTROCARDIOLOGY	54483		675955		.080602			53
55 MEDICAL SUPPLIES CHARGED TO P	37565		469120		.080075			55
56 DRUGS CHARGED TO PATIENTS	232492		10648711		.021833			56
59 ACTIVITY THERAPY	5022		237280		.021165			59
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	154154		2025603		.076103			60
61 EMERGENCY	54118		6157470		.008789			61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1573345		33906901					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-T301)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST						
	COST	COST	COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM							37	
37.01 PATHOLOGY							37.01	
37.02 NEUROLOGY & PSYCHIATRY							37.02	
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH							37.03	
41 RADIOLOGY-DIAGNOSTIC							41	
43 RADIOISOTOPE							43	
44 LABORATORY							44	
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30	
49 RESPIRATORY THERAPY							49	
50 PHYSICAL THERAPY							50	
51 OCCUPATIONAL THERAPY							51	
52 SPEECH PATHOLOGY							52	
53 ELECTROCARDIOLOGY							53	
55 MEDICAL SUPPLIES CHARGED TO P							55	
56 DRUGS CHARGED TO PATIENTS							56	
59 ACTIVITY THERAPY							59	
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC							60	
61 EMERGENCY							61	
62 OBSERVATION BEDS (NON-DISTINC							62	
63.50 RHC							63.50	
63.60 FQHC							63.60	
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL							101	

APPORTIONMENT OF INPATIENT 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-T301) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	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		2447669					37
37.01 PATHOLOGY		439006					37.01
37.02 NEUROLOGY & PSYCHIATRY		385142					37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH		565006					37.03
41 RADIOLOGY-DIAGNOSTIC		5488381					41
43 RADIOISOTOPE							43
44 LABORATORY		3524378					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		196669					49
50 PHYSICAL THERAPY		391738					50
51 OCCUPATIONAL THERAPY		149915					51
52 SPEECH PATHOLOGY		104858					52
53 ELECTROCARDIOLOGY		675955					53
55 MEDICAL SUPPLIES CHARGED TO P		469120					55
56 DRUGS CHARGED TO PATIENTS		10648711					56
59 ACTIVITY THERAPY		237280					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2025603					60
61 EMERGENCY		6157470					61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		33906901					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-T301)	[]	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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	8.01	8.02	9	9.01	9.02
37.01 PATHOLOGY					37
37.02 NEUROLOGY & PSYCHIATRY					37.01
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH					37.02
41 RADIOLOGY-DIAGNOSTIC					37.03
43 RADIOISOTOPE					41
44 LABORATORY					43
46.30 BLOOD CLOTTING FACTORS ADMIN					44
49 RESPIRATORY THERAPY					46.30
50 PHYSICAL THERAPY					49
51 OCCUPATIONAL THERAPY					50
52 SPEECH PATHOLOGY					51
53 ELECTROCARDIOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					53
56 DRUGS CHARGED TO PATIENTS					55
59 ACTIVITY THERAPY					56
OUTPATIENT SERVICE COST CENTERS					59
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	988652		988652			25
26 INTENSIVE CARE UNIT	111461		111461			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	242530		242530			31
33 NURSERY						33
101 TOTAL	1342643		1342643			101

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	14648	4455	67.49	300668		25
26 INTENSIVE CARE UNIT	1928	536	57.81	30986		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	4776	1852	50.78	94045		31
33 NURSERY						33
101 TOTAL	21352	6843		425699		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0301) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	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	292350		2447669		.119440			37
37.01 PATHOLOGY	23711		439006		.054011			37.01
37.02 NEUROLOGY & PSYCHIATRY	7551		385142		.019606			37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH	14326		565006		.025355			37.03
41 RADIOLOGY-DIAGNOSTIC	193324		5488381		.035224			41
43 RADIOISOTOPE								43
44 LABORATORY	212164		3524378		.060199			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	156660		196669		.796567			49
50 PHYSICAL THERAPY	57283		391738		.146228			50
51 OCCUPATIONAL THERAPY	65945		149915		.439883			51
52 SPEECH PATHOLOGY	12197		104858		.116319			52
53 ELECTROCARDIOLOGY	54483		675955		.080602			53
55 MEDICAL SUPPLIES CHARGED TO P	37565		469120		.080075			55
56 DRUGS CHARGED TO PATIENTS	232492		10648711		.021833			56
59 ACTIVITY THERAPY	5022		237280		.021165			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	154154		2025603		.076103			60
61 EMERGENCY	54118		6157470		.008789			61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1573345		33906901					101

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					14648		4455	25
26 INTENSIVE CARE UNIT					1928		536	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					4776		1852	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					21352		6843	101

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0301) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 PATHOLOGY							37.01
37.02 NEUROLOGY & PSYCHIATRY							37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH							37.03
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACTIVITY THERAPY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0301) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2447669					37
37.01 PATHOLOGY		439006					37.01
37.02 NEUROLOGY & PSYCHIATRY		385142					37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH		565006					37.03
41 RADIOLOGY-DIAGNOSTIC		5488381					41
43 RADIOISOTOPE							43
44 LABORATORY		3524378					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		196669					49
50 PHYSICAL THERAPY		391738					50
51 OCCUPATIONAL THERAPY		149915					51
52 SPEECH PATHOLOGY		104858					52
53 ELECTROCARDIOLOGY		675955					53
55 MEDICAL SUPPLIES CHARGED TO P		469120					55
56 DRUGS CHARGED TO PATIENTS		10648711					56
59 ACTIVITY THERAPY		237280					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2025603					60
61 EMERGENCY		6157470					61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		33906901					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0301)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	8.01	8.02	9	9.01	9.02
37.01 PATHOLOGY					37
37.02 NEUROLOGY & PSYCHIATRY					37.01
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH					37.02
41 RADIOLOGY-DIAGNOSTIC					37.03
43 RADIOISOTOPE					41
44 LABORATORY					43
46.30 BLOOD CLOTTING FACTORS ADMIN					44
49 RESPIRATORY THERAPY					46.30
50 PHYSICAL THERAPY					49
51 OCCUPATIONAL THERAPY					50
52 SPEECH PATHOLOGY					51
53 ELECTROCARDIOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					53
56 DRUGS CHARGED TO PATIENTS					55
59 ACTIVITY THERAPY					56
OUTPATIENT SERVICE COST CENTERS					59
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T301) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	292350		2447669		.119440			37
37.01 PATHOLOGY	23711		439006		.054011			37.01
37.02 NEUROLOGY & PSYCHIATRY	7551		385142		.019606			37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH	14326		565006		.025355			37.03
41 RADIOLOGY-DIAGNOSTIC	193324		5488381		.035224			41
43 RADIOISOTOPE								43
44 LABORATORY	212164		3524378		.060199			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	156660		196669		.796567			49
50 PHYSICAL THERAPY	57283		391738		.146228			50
51 OCCUPATIONAL THERAPY	65945		149915		.439883			51
52 SPEECH PATHOLOGY	12197		104858		.116319			52
53 ELECTROCARDIOLOGY	54483		675955		.080602			53
55 MEDICAL SUPPLIES CHARGED TO P	37565		469120		.080075			55
56 DRUGS CHARGED TO PATIENTS	232492		10648711		.021833			56
59 ACTIVITY THERAPY	5022		237280		.021165			59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	154154		2025603		.076103			60
61 EMERGENCY	54118		6157470		.008789			61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1573345		33906901					101

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T301)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 PATHOLOGY							37.01
37.02 NEUROLOGY & PSYCHIATRY							37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH							37.03
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACTIVITY THERAPY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
 PERIOD FROM 12/01/2008 TO 11/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
 04/26/2010 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T301)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2447669					37
37.01 PATHOLOGY		439006					37.01
37.02 NEUROLOGY & PSYCHIATRY		385142					37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH		565006					37.03
41 RADIOLOGY-DIAGNOSTIC		5488381					41
43 RADIOISOTOPE							43
44 LABORATORY		3524378					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		196669					49
50 PHYSICAL THERAPY		391738					50
51 OCCUPATIONAL THERAPY		149915					51
52 SPEECH PATHOLOGY		104858					52
53 ELECTROCARDIOLOGY		675955					53
55 MEDICAL SUPPLIES CHARGED TO P		469120					55
56 DRUGS CHARGED TO PATIENTS		10648711					56
59 ACTIVITY THERAPY		237280					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2025603					60
61 EMERGENCY		6157470					61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		33906901					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-T301)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	8.01	8.02	9	9.01	9.02
37.01 PATHOLOGY					37
37.02 NEUROLOGY & PSYCHIATRY					37.01
37.03 CLINICAL PSYCHOLOGY& PSYCHOTH					37.02
41 RADIOLOGY-DIAGNOSTIC					37.03
43 RADIOISOTOPE					41
44 LABORATORY					43
46.30 BLOOD CLOTTING FACTORS ADMIN					44
49 RESPIRATORY THERAPY					46.30
50 PHYSICAL THERAPY					49
51 OCCUPATIONAL THERAPY					50
52 SPEECH PATHOLOGY					51
53 ELECTROCARDIOLOGY					52
55 MEDICAL SUPPLIES CHARGED TO P					53
56 DRUGS CHARGED TO PATIENTS					55
59 ACTIVITY THERAPY					56
OUTPATIENT SERVICE COST CENTERS					59
60 CLINIC					60
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

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0301)	SUB I	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)	14648						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14648						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14648						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)							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)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0301)	SUB I	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	30023098						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	30023098						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19607400						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19607400						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.531213						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1338.57						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	30023098						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0301)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	2049.64					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						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	6340022	1928	3288.39			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) (14-0301)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS						49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0301)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)				
(14-0301)				
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2049.64	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL					
	ROUTINE	COLUMN 1	TOTAL	OBSERVATION	OBSERVATION BED
	COST	DIVIDED BY	OBSERVATION	BED COST	PASS-THROUGH COST
	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
	1	2	4	5	

86 OLD CAPITAL-RELATED COST	988652	30023098	.032930		86
87 NEW CAPITAL-RELATED COST		30023098			87
88 NON PHYSICIAN ANESTHETIST		30023098			88
89 MEDICAL EDUCATION		30023098			89

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) (14-0301)	SUB I (PPS) (14-T301)	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)	14648	4776					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14648	4776					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14648	4776					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)	1412	414					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) (14-0301)	SUB I (PPS) (14-T301)	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	30023098	7753481					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	30023098	7753481					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19607400	8119200					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19607400	8119200					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.531213	.954956					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1338.57	1700.00					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	30023098	7753481					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) (14-0301)	SUB I (PPS) (14-T301)	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	2049.64	1623.43				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2894092	672100				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2894092	672100				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	6340022	1928	3288.39	247	812232	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) (14-0301)	SUB I (PPS) (14-T301)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	3446881	672100				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	109575	21023				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	109575	21023				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3337306	651077				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) (14-0301)	SUB I (PPS) (14-T301)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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)			
(14-0301)	(14-T301)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2049.64	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL					
	ROUTINE	COLUMN 1	TOTAL	OBSERVATION	OBSERVATION BED
	COST	DIVIDED BY	OBSERVATION	BED COST	PASS-THROUGH COST
	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3	TIMES COL 4
	1	2	4	5	

86 OLD CAPITAL-RELATED COST	988652	30023098	.032930		86
87 NEW CAPITAL-RELATED COST		30023098			87
88 NON PHYSICIAN ANESTHETIST		30023098			88
89 MEDICAL EDUCATION		30023098			89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0301)	SUB I (OTHER) (14-T301)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	14648	4776				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	14648	4776				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14648	4776				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)	4455	1852				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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0301)	SUB I (OTHER) (14-T301)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	29835318	7753481					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	29835318	7753481					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19607400	8119200					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19607400	8119200					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.521636	.954956					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1338.57	1700.00					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	29835318	7753481					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0301)	SUB I (OTHER) (14-T301)	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	2036.82	1623.43				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9074033	3006592				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9074033	3006592				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	6340022	1928	3288.39	536	1762577	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0301)	SUB I (OTHER) (14-T301)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	10078047	3006592				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	331654	94045				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	331654	94045				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0301)	SUB I (OTHER) (14-T301)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		130				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0301)	SUB I (OTHER) (14-T301)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2049.64	84
85 OBSERVATION BED COST		85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input checked="" type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0301)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1.715856		37
37.01 PATHOLOGY	2.344289		37.01
37.02 NEUROLOGY & PSYCHIATRY	2.444867		37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	1.415866		37.03
41 RADIOLOGY-DIAGNOSTIC	.700572		41
43 RADIOISOTOPE			43
44 LABORATORY	1.965581		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	16.604813		49
50 PHYSICAL THERAPY	7.691013		50
51 OCCUPATIONAL THERAPY	10.876377		51
52 SPEECH PATHOLOGY	6.102729		52
53 ELECTROCARDIOLOGY	1.104767		53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.580090		55
56 DRUGS CHARGED TO PATIENTS	.608217		56
59 ACTIVITY THERAPY	.993227		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2.710064		60
61 EMERGENCY	.459574		61
62 OBSERVATION BEDS (NON-DISTINCT			62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0301)	<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		1807580	25
26 INTENSIVE CARE UNIT		765700	26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1.715856		37
37.01 PATHOLOGY	2.344289		37.01
37.02 NEUROLOGY & PSYCHIATRY	2.444867		37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	1.415866		37.03
41 RADIOLOGY-DIAGNOSTIC	.700572		41
43 RADIOISOTOPE			43
44 LABORATORY	1.965581		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	16.604813		49
50 PHYSICAL THERAPY	7.691013		50
51 OCCUPATIONAL THERAPY	10.876377		51
52 SPEECH PATHOLOGY	6.102729		52
53 ELECTROCARDIOLOGY	1.104767		53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.580090		55
56 DRUGS CHARGED TO PATIENTS	.608217		56
59 ACTIVITY THERAPY	.993227		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2.710064		60
61 EMERGENCY	.459574		61
62 OBSERVATION BEDS (NON-DISTINCT			62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

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-T301)	<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		703800	31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1.715856		37
37.01 PATHOLOGY	2.344289		37.01
37.02 NEUROLOGY & PSYCHIATRY	2.444867		37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	1.415866		37.03
41 RADIOLOGY-DIAGNOSTIC	.700572		41
43 RADIOISOTOPE			43
44 LABORATORY	1.965581		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	16.604813		49
50 PHYSICAL THERAPY	7.691013		50
51 OCCUPATIONAL THERAPY	10.876377		51
52 SPEECH PATHOLOGY	6.102729		52
53 ELECTROCARDIOLOGY	1.104767		53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.580090		55
56 DRUGS CHARGED TO PATIENTS	.608217		56
59 ACTIVITY THERAPY	.993227		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2.710064		60
61 EMERGENCY	.459574		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS			62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0301)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1.692611		37
37.01 PATHOLOGY	2.288411		37.01
37.02 NEUROLOGY & PSYCHIATRY	2.408823		37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	1.415866		37.03
41 RADIOLOGY-DIAGNOSTIC	.695965		41
43 RADIOISOTOPE			43
44 LABORATORY	1.965581		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	16.604813		49
50 PHYSICAL THERAPY	7.582343		50
51 OCCUPATIONAL THERAPY	10.876377		51
52 SPEECH PATHOLOGY	6.102729		52
53 ELECTROCARDIOLOGY	1.104767		53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.580090		55
56 DRUGS CHARGED TO PATIENTS	.608217		56
59 ACTIVITY THERAPY	.993227		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2.683380		60
61 EMERGENCY	.455942		61
62 OBSERVATION BEDS (NON-DISTINCT			62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T301)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1.692611		37
37.01 PATHOLOGY	2.288411		37.01
37.02 NEUROLOGY & PSYCHIATRY	2.408823		37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	1.415866		37.03
41 RADIOLOGY-DIAGNOSTIC	.695965		41
43 RADIOISOTOPE			43
44 LABORATORY	1.965581		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	16.604813		49
50 PHYSICAL THERAPY	7.582343		50
51 OCCUPATIONAL THERAPY	10.876377		51
52 SPEECH PATHOLOGY	6.102729		52
53 ELECTROCARDIOLOGY	1.104767		53
55 MEDICAL SUPPLIES CHARGED TO PAT	2.580090		55
56 DRUGS CHARGED TO PATIENTS	.608217		56
59 ACTIVITY THERAPY	.993227		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2.683380		60
61 EMERGENCY	.455942		61
62 OBSERVATION BEDS (NON-DISTINCT			62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0301)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	82527					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1						1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	1239552					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	91969					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	257006					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	100.00					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	2.40					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	2.40					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	0.15					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..	1.15					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	1.23				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0301)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.012300				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.011500				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.011500				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	517				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1					3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	8345				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8862 0 8862				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0775				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3012				4.01
4.02	SUM OF 4 AND 4.01	0.3787				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2418				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	319679				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	1907626				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	1907626				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	116688				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	16805				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	2041119				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2041119				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	191668				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	144461				20
21	REIMBURSABLE BAD DEBTS	19479				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	13635				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	19479				21.02
22	SUBTOTAL	1718625				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0301)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	1718625					26
27						27
28	1805702					28
28.01						28.01
29	-87077					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0301)	HOSPITAL (14-0301)	HOSPITAL (14-0301)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	2449			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2419859			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	940328			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2449			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	4026			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	4026			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	4026			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1577			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2449			17
17.01 TOTAL PPS PAYMENTS	940328			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0301) 1	HOSPITAL (14-0301) 1.01	HOSPITAL (14-0301) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	304519		18.01
LINE 17.01			
19 SUBTOTAL	638258		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	9883		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	648141		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	648141		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	33063		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	23144		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	17424		27.02
28 SUBTOTAL	671285		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	671285		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	636747		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	34538		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T301)	SUB I (14-T301)	SUB I (14-T301)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T301)	SUB I (14-T301)	SUB I (14-T301)
	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0301)

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		1805702		636747
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1805702		636747
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			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): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T301)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		761698		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01			3.02
REVISION OF THE INTERIM RATE FOR THE COST TO	.02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		761698		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
	PROGRAM			
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 SUB I SUB II SUB III SUB IV
 (14-T301) (14-T301)
 1.01

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		571773			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0775			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		153621			1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS		802037			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		1.96			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)		2.20			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)		1.96			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		13.084932			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.134044	0.100732		1.41
1.42	MEDICAL EDUCATION ADJUSTMENT		76643			1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL		802037			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		802037			6
7	DEDUCTIBLES		5296			7
8	SUBTOTAL		796741			8
9	COINSURANCE					9
10	SUBTOTAL		796741			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL		796741			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T301)	SUB I (14-T301) 1.01	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)							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		796741					17
18 SEQUESTRATION ADJUSTMENT							18
19 INTERIM PAYMENTS		761698					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							19.01
20 BALANCE DUE PROVIDER/PROGRAM		35043					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

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

WORKSHEET E-3
 PART III

	[XX] TITLE V	[] TITLE XVIII	[] TITLE XIX		
		HOSPITAL (14-0301) (PPS)	SUB I (14-T301)	SUB II	
			SUB III	SUB IV	
				NF I	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES				1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL				6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
	SUBTOTAL				9
	COMPUTATION OF LESSER OF COST OR CHARGES				
10	ROUTINE SERVICE CHARGES				10
11	ANCILLARY SERVICE CHARGES				11
12	INTERNS AND RESIDENTS SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
14	TEACHING PHYSICIANS				14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
16	TOTAL REASONABLE CHARGES				16
	CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				18
19	RATIO OF LINE 17 TO LINE 18				19
20	TOTAL CUSTOMARY CHARGES				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				22
23	COST OF COVERED SERVICES				23
	PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS				24
25	OUTLIER PAYMENTS				25
26	PROGRAM CAPITAL PAYMENTS				26
27	CAPITAL EXCEPTION PAYMENTS				27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
30	SUBTOTAL				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)				31
32	LESSER OF LINE 30 OR 31				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0301) (OTHER)	SUB I (14-T301) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	10078047	3006592				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	10078047	3006592				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	10078047	3006592				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	10078047	3006592				22
23	COST OF COVERED SERVICES	10078047	3006592				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	10078047	3006592				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	10078047	3006592				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0301) (OTHER)	SUB I (14-T301) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
	EXCESS OF REASONABLE COST	10078047	3006592				34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	4.40 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP 2.03	2.03 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	5.60 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	2.03 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.20 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	1.00 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.20 3.09
3.10	SEE INSTRUCTIONS	1.16 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.40 3.11
3.12	SEE INSTRUCTIONS	2.76 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	1.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	1.00 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	1.59 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	1.59 3.16
3.17	SEE INSTRUCTIONS	86171.09 3.17
3.18	SEE INSTRUCTIONS	137012 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		2.00	3.19
3.20	SEE INSTRUCTIONS		2.00	3.20
3.21	SEE INSTRUCTIONS		1.60	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		1.60	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		86171.09	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		137874	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		274886	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		2073	4
5	TOTAL INPATIENT DAYS		21352	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.097087	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 26688	0	26688	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		21352	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0		6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	4118981	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	4118981	16
PART B REASONABLE COST			
17	REASONABLE COST	2422308	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	2422308	19
20	TOTAL REASONABLE COST	6541289	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.629690	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.370310	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	26688	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	16805	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	9883	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	6843	4
5	TOTAL INPATIENT DAYS	21352	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.320485	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	21352	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12]	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.03 2
3	UNADJUSTED DIRECT GME FTE CAP	4.40 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.03 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	13 13
14	UNADJUSTED IME FTE CAP	14 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	15 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

CALCULATION OF GME AND IME PAYMENTS FOR
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
PART VI

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

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	84920			1
2 TEMPORARY INVESTMENTS	70568599			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	235886094			4
5 OTHER RECEIVABLES	40913629			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-226021017			6
7 INVENTORY	909471			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	122341696			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2717512			13
13.01 ACCUMULATED DEPRECIATION	-1192716			13.01
14 BUILDINGS	69177134			14
14.01 ACCUMULATED DEPRECIATION	-51327592			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	7725508			16
16.01 ACCUMULATED DEPRECIATION	-3265750			16.01
17 AUTOMOBILES AND TRUCKS	595909			17
17.01 ACCUMULATED DEPRECIATION	-511519			17.01
18 MAJOR MOVABLE EQUIPMENT	18812027			18
18.01 ACCUMULATED DEPRECIATION				18.01
19 MINOR EQUIPMENT DEPRECIABLE	-14185817			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	28544696			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS				26
27 TOTAL ASSETS	150886392			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4297375			28
29 SALARIES, WAGES & FEES PAYABLE	8635654			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	17641116			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	19225			35
36 TOTAL CURRENT LIABILITIES	30593370			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	878455			41
42 TOTAL LONG TERM LIABILITIES	878455			42
43 TOTAL LIABILITIES	31471825			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	119414567			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	119414567			51
52 TOTAL LIABILITIES AND FUND BALANCES	150886392			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	84651015			1
2 NET INCOME (LOSS)	34763552			2
3 TOTAL	119414567			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 ADJUST FOR COUNTY COSTS				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	119414567			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	119414567			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	25504094		25504094	2
4 SUBPROVIDER I	8181005		8181005	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	948600		948600	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	34633699		34633699	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	34633699		34633699	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES		32604519	32604519	20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
PHYSICIAN REVENUE				
TOTAL PATIENT REVENUES	34633699	32604519	67238218	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		108584676	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		108584676	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	67238218	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	-29183803	2
3	NET PATIENT REVENUES	96422021	3
4	LESS - TOTAL OPERATING EXPENSES	108584676	4
5	NET INCOME FROM SERVICE TO PATIENTS	-12162655	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7821	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	2105	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	53865	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	8983	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	14588	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	46684635	23
24	OTHER (SPECIFY)	154210	24
25	TOTAL OTHER INCOME	46926207	25
26	TOTAL	34763552	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	34763552	31

CALCULATION OF CAPITAL PAYMENT - TITLE V - COST METHOD

WORKSHEET L

	HOSPITAL (14-0301)	HOSPITAL (14-0301)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					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					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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0301)	HOSPITAL (14-0301)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	109205				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	6642				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	45.41				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD					
		[E-3,PT VI,LN.18]			
		[E-3,PT VI,LN.17][x E-3,PT VI,LN.1]			
4.01	1.23	0.00	1.23		4.01
NO. OF INTERNS & RESIDENTS					
4.02	0.77		0.77		4.02
INDIRECT MEDICAL EDUCATION PERCENTAGE					
4.03	841		841		4.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					
5					5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01					5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					
5.02					5.02
SUM OF LINES 5 AND 5.01					
5.03					5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					
5.04					5.04
DISPROPORTIONATE SHARE ADJUSTMENT					
6	116688				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 MEDICAL ADMINISTRATION					19
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 PATHOLOGY					37.01
37.02 NEUROLOGY & PSYCHIATRY					37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHE					37.03
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
59 ACTIVITY THERAPY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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 THERAP					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					
96.01 COUNTY STORE-NON-ALLOWABLE					96.01
97.01 OPTOMETRY					97.01
98.01 DENTAL					98.01
98.02 NON-REIMBURSABLE COMMUNITY CLI					98.02
98.09 IDLE					98.09
99.03 IDLE SPACE B22/OTHER					99.03
99.04 H REC. 2 - 6 VACANT					99.04
99.05 PUBLIC AID OFFICES VACANT					99.05
99.06 MISC. WALLS AND HALLS					99.06

PROVIDER NO. 14-0301 OAK FOREST HOSPITAL OF COOK CO
PERIOD FROM 12/01/2008 TO 11/30/2009

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

VERSION: 2010.02
04/26/2010 12:00

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	
99.07 ALL TUNNELS						99.07
99.08 VACANT AND USED FOR STORAGE						99.08
99.09 OTHER COUNTY AGENCIES						99.09
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	9.64		30.41				40.05 25
26 INTENSIVE CARE UNIT	12.81		27.80				40.61 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM		3.80					3.80 37
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER		21.79					21.79 37.03
41 RADIOLOGY-DIAGNOSTIC		3.49					3.49 41
44 LABORATORY		0.52					0.52 44
53 ELECTROCARDIOLOGY		6.29					6.29 53
55 MEDICAL SUPPLIES CHARGED TO PAT		1.00					1.00 55
56 DRUGS CHARGED TO PATIENTS		0.46					0.46 56
60 CLINIC		32.52					32.52 60
61 EMERGENCY		2.20					2.20 61
101 TOTAL CHARGES		1.92					1.92 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	2088110	1.97	-2088110	-2.93			1
2	OLD CAP REL COSTS-MVBLE EQUIP	2460462	2.32	-2460462	-3.45			2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS	20215711	19.03	-20215711	-28.36			5
6	ADMINISTRATIVE & GENERAL	13311352	12.53	-13311352	-18.67			6
7	MAINTENANCE & REPAIRS	6459569	6.08	-6459569	-9.06			7
8	OPERATION OF PLANT	7342260	6.91	-7342260	-10.30			8
9	LAUNDRY & LINEN SERVICE	624382	.59	-624382	-.88			9
10	HOUSEKEEPING	2202572	2.07	-2202572	-3.09			10
11	DIETARY	5120033	4.82	-5120033	-7.18			11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	2382172	2.24	-2382172	-3.34			14
15	CENTRAL SERVICES & SUPPLY	691063	.65	-691063	-.97			15
16	PHARMACY	5271645	4.96	-5271645	-7.39			16
17	MEDICAL RECORDS & LIBRARY	1202937	1.13	-1202937	-1.69			17
18	SOCIAL SERVICE	430593	.41	-430593	-.60			18
19	MEDICAL ADMINISTRATION	523836	.49	-523836	-.73			19
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A	965504	.91	-965504	-1.35			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	10519441	9.90	20005577	28.06	30525018	28.73	25
26	INTENSIVE CARE UNIT	2946067	2.77	3393955	4.76	6340022	5.97	26
31	SUBPROVIDER I	2276877	2.14	5922881	8.31	8199758	7.72	31
34	SKILLED NURSING FACILITY	503536	.47	1952525	2.74	2456061	2.31	34
35	NURSING FACILITY							35
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1611512	1.52	2531440	3.55	4142952	3.90	37
37.01	PATHOLOGY	592822	.56	411804	.58	1004626	.95	37.01
37.02	NEUROLOGY & PSYCHIATRY	296887	.28	630852	.88	927739	.87	37.02
37.03	CLINICAL PSYCHOLOGY& PSYCHOTHER	582834	.55	217139	.30	799973	.75	37.03
41	RADIOLOGY-DIAGNOSTIC	2270311	2.14	1549409	2.17	3819720	3.60	41
43	RADIOISOTOPE							43
44	LABORATORY	2804901	2.64	4122551	5.78	6927452	6.52	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1797701	1.69	1467951	2.06	3265652	3.07	49
50	PHYSICAL THERAPY	1634253	1.54	1336039	1.87	2970292	2.80	50
51	OCCUPATIONAL THERAPY	654643	.62	975889	1.37	1630532	1.53	51
52	SPEECH PATHOLOGY	357466	.34	282454	.40	639920	.60	52
53	ELECTROCARDIOLOGY	352755	.33	394018	.55	746773	.70	53
55	MEDICAL SUPPLIES CHARGED TO PAT	784394	.74	425978	.60	1210372	1.14	55
56	DRUGS CHARGED TO PATIENTS	1504450	1.42	4972282	6.97	6476732	6.10	56

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59 ACTIVITY THERAPY	147344	.14	88329	.12	235673	.22	59
60 CLINIC	1961842	1.85	3473621	4.87	5435463	5.12	60
61 EMERGENCY	1195704	1.13	1611744	2.26	2807448	2.64	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96.01 COUNTY STORE-NON-ALLOWABLE	3191		4614	.01	7805	.01	96.01
97.01 OPTOMETRY	140517	.13	103288	.14	243805	.23	97.01
98.01 DENTAL							98.01
98.02 NON-REIMBURSABLE COMMUNITY CLIN			46023	.06	46023	.04	98.02
98.09 IDLE							98.09
99.03 IDLE SPACE B22/OTHER							99.03
99.04 H REC. 2 - 6 VACANT							99.04
99.05 PUBLIC AID OFFICES VACANT							99.05
99.06 MISC. WALLS AND HALLS			3304332	4.63	3304332	3.11	99.06
99.07 ALL TUNNELS			1825819	2.56	1825819	1.72	99.07
99.08 VACANT AND USED FOR STORAGE			8606412	12.07	8606412	8.10	99.08
99.09 OTHER COUNTY AGENCIES			1635275	2.29	1635275	1.54	99.09
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	106231649	100.00	0	.00	106231649	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	292350	2447669	.119440		37
37.01 PATHOLOGY	23711	439006	.054011		37.01
37.02 NEUROLOGY & PSYCHIATRY	7551	385142	.019606		37.02
37.03 CLINICAL PSYCHOLOGY& PSYCHOTHER	14326	565006	.025355		37.03
41 RADIOLOGY-DIAGNOSTIC	193324	5488381	.035224		41
43 RADIOISOTOPE					43
44 LABORATORY	212164	3524378	.060199		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	156660	196669	.796567		49
50 PHYSICAL THERAPY	57283	391738	.146228		50
51 OCCUPATIONAL THERAPY	65945	149915	.439883		51
52 SPEECH PATHOLOGY	12197	104858	.116319		52
53 ELECTROCARDIOLOGY	54483	675955	.080602		53
55 MEDICAL SUPPLIES CHARGED TO PAT	37565	469120	.080075		55
56 DRUGS CHARGED TO PATIENTS	232492	10648711	.021833		56
59 ACTIVITY THERAPY	5022	237280	.021165		59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	154154	2025603	.076103		60
61 EMERGENCY	54118	6157470	.008789		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
63.50 RHC					63.50
63.60 FQHC					63.60
101 TOTAL	1573345	33906901			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	988652		988652	14648	67.49	1412	95296 25
26 INTENSIVE CARE UNIT	111461		111461	1928	57.81	247	14279 26
101 TOTAL	1100113		1100113			1659	109575 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						109575	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						109575	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							261
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							1659
PER DISCHARGE CAPITAL COSTS							419.83
PER DIEM CAPITAL COSTS							66.05

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)	3337306
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	2573280
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	1.297
*** NOTE: COST TO CHARGE RATIO EXCEEDS 1.2	

COST TO CHARGE RATIO FOR REHAB 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))	672100
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	703802
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.955

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)	109575
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.043

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2419859
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	1319039
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	1.835
*** NOTE: COST TO CHARGE RATIO EXCEEDS 1.2	