

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 KINDRED HOSPITAL - NORTHLAKE (14-2008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2008 AND ENDING 08/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-91809	357300	13297723	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-91809	357300	13297723	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: 365 E. NORTH AVENUE P.O. BOX: 1
 1.01 CITY: NORTHLAKE STATE: IL ZIP CODE: 60164 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	KINDRED HOSPITAL - NORTHLAKE	14-2008	04/01/1991	N	P	O	2
3	SUBPROVIDER I							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: 09/01/2008 TO: 08/31/2009 17
 18 TYPE OF CONTROL 4 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 2 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	189003	40
40.01	NAME: KINDRED HEALTHCARE INC. FI/CONTRACTOR'S NAME: WISCONSIN PHYSICIANS SERVICFI/CONTRACTOR'S NUMBER: 52280			40.01
40.02	STREET: 680 SOUTH 4TH STREET P.O.BOX:			40.02
40.03	CITY: LOUISVILLE STATE: KY ZIP CODE: 40202			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP 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			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 181996 PAID LOSSES: 1380 AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / / Y/N NO LIMIT 0.00 Y/N NO FEES 4		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.			NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			YES		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
 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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
 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.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. YES 61
 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.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5
62 NAME: KINDRED HOSPITAL - CHICAGO (NORTHLAK COOK	IL	60164	16974	152.00 62
62.01 NAME: KINDRED HOSPITAL - CHICAGO (NORTH CA COOK	IL	60618	16974	335.00 62.01

SETTLEMENT DATA

63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 12/31/2009 63
 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)

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		747	2091	2957	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		747	2091	2957	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	28714682	-20878		1013222.00			1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES		94001		2403.00			8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	5449016			104462.00			9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	897361			12320.00			10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	2958488			57356.00			11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	4365195					CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	14337					CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	152895			3996.00			21
22	ADMINISTRATIVE & GENERAL	2510324			80589.00			22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	282458			20149.00			24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING							26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1439431			36395.00			30
31	CENTRAL SERVICES AND SUPPLY	274551			17984.00			31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	903676			31046.00			33
34	SOCIAL SERVICE	748277	-94001		16864.00			34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	28714682	-20878	28693804	1013222.00	28.32	1
2	EXCLUDED AREA SALARIES		94001	94001	2403.00	39.12	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	28714682	-114879	28599803	1010819.00	28.29	3
4	SUBTOTAL OTHER WAGES & REL COSTS	9304865		9304865	174138.00	53.43	4
5	SUBTOTAL WAGE-RELATED COSTS	4365195		4365195		15.26%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	42384742	-114879	42269863	1184957.00	35.67	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	6311612	-94001	6217611	207023.00	30.03	13

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		9749219	9749219	1057554	10806773	-1461409	9345364	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1595428	1595428	466634	2062062	386370	2448432	4
5	0500 EMPLOYEE BENEFITS	152895	4788702	4941597		4941597	-852	4940745	5
6	0600 ADMINISTRATIVE & GENERAL	2510324	18824690	21335014		21335014	-2493323	18841691	6
7	0700 MAINTENANCE & REPAIRS		2057246	2057246		2057246	125364	2182610	7
8	0800 OPERATION OF PLANT	282458	809397	1091855		1091855	171484	1263339	8
9	0900 LAUNDRY & LINEN SERVICE		493616	493616		493616		493616	9
10	1000 HOUSEKEEPING		886119	886119		886119	72778	958897	10
11	1100 DIETARY		1559348	1559348		1559348		1559348	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1439431	103489	1542920		1542920		1542920	14
15	1500 CENTRAL SERVICES & SUPPLY	274551	79230	353781		353781		353781	15
16	1600 PHARMACY		2039404	2039404		2039404		2039404	16
17	1700 MEDICAL RECORDS & LIBRARY	903676	451115	1354791		1354791	-10120	1344671	17
18	1800 SOCIAL SERVICE	748277	71052	819329	-102525	716804		716804	18
19	1950 FRESH START								19
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	17356806	3891755	21248561	751218	21999779	-211746	21788033	25
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	334655	300937	635592		635592	-109864	525728	37
41	4100 RADIOLOGY-DIAGNOSTIC	238398	262624	501022		501022		501022	41
44	4400 LABORATORY	468472	1488726	1957198		1957198	-12290	1944908	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	3937897	434843	4372740		4372740		4372740	49
50	5000 PHYSICAL THERAPY		2605216	2605216		2605216	-88658	2516558	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY								52
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		695347	695347		695347		695347	55
56	5600 DRUGS CHARGED TO PATIENTS		4603832	4603832		4603832	-214	4603618	56
57	5700 RENAL DIALYSIS	66842	1602130	1668972		1668972		1668972	57
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY		751218	751218	-751218				61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
90	9000 OTHER CAPITAL RELATED COSTS		1524188	1524188	-1524188				90
95	SUBTOTALS	28714682	61668871	90383553	-102525	90281028	-3632480	86648548	95
	NONREIMBURSABLE COST CENTERS								
100	7950 NON-ALLOWABLE CASE MGR				102525	102525		102525	100
100.01	7951 GUEST MEALS								100.01
100.02	7952 VENDING								100.02
100.05	7954 IDLE SPACE								100.05
100.07	7955 4410 REGIONAL OFFICE		2004	2004		2004		2004	100.07
101	TOTAL	28714682	61670875	90385557		90385557	-3632480	86753077	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS ER TO A&P	A	ADULTS & PEDIATRICS	25		751218	1
2 RECLASS CASE MGR NONALLOWABLE	B	NON-ALLOWABLE CASE MGR	100	94001	8524	2
3 RECLASS SALARY TO OTHER	C	ADULTS & PEDIATRICS	25		20878	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						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				94001	780620	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS ER TO A&P	A	EMERGENCY	61		751218	1
2 RECLASS CASE MGR NONALLOWABLE	B	SOCIAL SERVICE	18	94001	8524	2
3 RECLASS SALARY TO OTHER	C	ADULTS & PEDIATRICS	25	20878		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						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				114879	759742	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	675156					675156		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	22340947	1510024		1510024		23850971		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	10076813	761228		761228	16137	10821904		6
7 SUBTOTAL	33092916	2271252		2271252	16137	35348031		7
8 RECONCILING ITEMS								8
9 TOTAL	33092916	2271252		2271252	16137	35348031		9

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				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	24526127		24526127	.693847	55447	1002107		1057554 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10821904		10821904	.306153	24465	442169		466634 4
5 TOTAL	35348031		35348031	1.000000	79912	1444276		1524188 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							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1905931	6395796		41530	1002107		9345364 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1026429	955369		24465	442169		2448432 4
5 TOTAL	2932360	7351165		65995	1444276		11793796 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							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3353423	6395796					9749219 3
4 NEW CAP REL COSTS-MVBLE EQUIP	640059	955369					1595428 4
5 TOTAL	3993482	7351165					11344647 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	2064	ADMINISTRATIVE & GENERAL	6	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-43050	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-69262	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-4926	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-301521			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	199577			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	B	-214	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-21621	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 MISC. INCOME	B	-146754	ADMINISTRATIVE & GENERAL	6	37
37.04 PRO FEES - CAPITAL PROJECT	A	-2800	ADMINISTRATIVE & GENERAL	6	37.04
37.05 MEDICARE BAD DEBT	A	-1971130	ADMINISTRATIVE & GENERAL	6	37.05
37.06 OTHER MEDICARE NON-ALLOW	A	-101902	ADMINISTRATIVE & GENERAL	6	37.06
37.07 OTHER OPER - PT RELATIONS	A	-204	ADMINISTRATIVE & GENERAL	6	37.07
37.08 OTHER OPER - MARKETING	A	-10606	ADMINISTRATIVE & GENERAL	6	37.08
37.09 OTHER OPER - PUBLIC RELATIONS	A	-2283	ADMINISTRATIVE & GENERAL	6	37.09
37.11 OTHER OPER - TRADE SHOW BOOTH	A	-300	ADMINISTRATIVE & GENERAL	6	37.11
37.12 CHARITABLE CONTRIBUTIONS	A	-42351	ADMINISTRATIVE & GENERAL	6	37.12
37.14 MALPRACTICE FINITE COST	A	783	ADMINISTRATIVE & GENERAL	6	37.14
37.15 AGGREGATE CAPITAL ERROSION	A	-257874	ADMINISTRATIVE & GENERAL	6	37.15
37.16 CABLE TV / SATELLITE	A	-28731	ADMINISTRATIVE & GENERAL	6	37.16
37.18 AGGREGATE CAPITAL PAYMENTS - NONA	A	1380	ADMINISTRATIVE & GENERAL	6	37.18
37.65 RENT VENTAS OTHER	A	16494	ADMINISTRATIVE & GENERAL	6	37.65
37.66 MALPRACTICE TAIL LIABILITY	A	-114039	ADMINISTRATIVE & GENERAL	6	37.66
38 ADD BACK REGION OFFICE-BLDG	A	283343	NEW CAP REL COSTS-BLDG & FIXT	3	9
38.01 ADD BACK REGION OFFICE-EQUIP	A	44339	NEW CAP REL COSTS-MVBLE EQUIP	4	9
38.02 ADD BACK REGION OFFICE-MAINT	A	125364	MAINTENANCE & REPAIRS	7	38.02
38.03 ADD BACK REGION OFFICE-PLANT OPS	A	176410	OPERATION OF PLANT	8	38.03
38.04 ADD BACK REGION OFFICE- HSKPG	A	72778	HOUSEKEEPING	10	38.04
39 OCCUPATIONAL INCENTIVE COMP	A	53422	ADMINISTRATIVE & GENERAL	6	39
39.01 NET MEDICARE DEPR ADJUST-BLDG	A	-1759101	NEW CAP REL COSTS-BLDG & FIXT	3	9
39.03 NET MEDICARE DEPR ADJUST-EQUIP	A	-245456	NEW CAP REL COSTS-MVBLE EQUIP	4	9
39.04 ASSET EXP ADDON <\$5000 BLDG	A	28266	NEW CAP REL COSTS-BLDG & FIXT	3	9
39.05 ASSET EXP ADDON <\$5000 EQUIP	A	587487	NEW CAP REL COSTS-MVBLE EQUIP	4	9
39.09 LOBBYING FEES	A	-18427	ADMINISTRATIVE & GENERAL	6	39.09
39.12 BUSINESS INTERRUPT INSURANCE	A	-13917	NEW CAP REL COSTS-BLDG & FIXT	3	12
39.17 PHYSICIAN FEE ADJUST-MED REC	A	16200	MEDICAL RECORDS & LIBRARY	17	39.17
39.18 PHYSICIAN FEE ADJUST-A&P	A	-16200	ADULTS & PEDIATRICS	25	39.18
40 NON ALLOWABLE OTHER OPERATING EXP	A	-1000	ADMINISTRATIVE & GENERAL	6	40

PROVIDER NO. 14-2008 KINDRED HOSPITAL - NORTHLAKE
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
 01/29/2010 15:02

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
41 DISTRICT OFFICE SALES & MARKETING	A	-44988	ADMINISTRATIVE & GENERAL	6	41
42 REMOVE SALARY FOR NON-LICENSED EM	A	-20878	ADULTS & PEDIATRICS	25	42
43 REMOVE BENEFITS FOR NON-LICENSED	A	-852	EMPLOYEE BENEFITS	5	43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-3632480			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	4565849	4277614	288235	1
2	5	EMPLOYEE BENEFITS	WORKERS COMP PREMIUM	309177	309177		2
3	6	ADMINISTRATIVE & GENERAL	LIABILITY INSURANCE	88187	88187		3
4	17	MEDICAL RECORDS & LIBRARY	HOSPITAL RELATED	30709	30709		4
4.01	50	PHYSICAL THERAPY	THERAPY SERVICES	2473723	2562381	-88658	4.01
5		TOTALS		7467645	7268068	199577	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 KINDRED INC - HOSPITAL DIV	100.00	ADMIN & GEN	100.00	HOME OFFICE COSTS	1
2	B KINDRED INC - HOSPITAL DIV	100.00	CORNERSTONE	100.00	WORKERS COMP INSURANCE	2
3	B KINDRED INC - HOSPITAL DIV	100.00	CORNERSTONE	100.00	LIABILITY INSURANCE	3
4	B KINDRED INC - HOSPITAL DIV	100.00	KH - LOUISVILLE / PHOENIX	100.00	TRANSCRIPTION SERVICES	4
5	B KINDRED INC - HOSPITAL DIV	100.00	PEOPLE FIRST	100.00	THERAPY SERVICES	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		
LINE NO.	1	2	3	4	5	6	7	8	9	
2	25	ADULTS & PEDIATRICS	DR. B	358047		358047	177200	5508	469239	23462
3	25	ADULTS & PEDIATRICS	DR. C	2960	2960		177200			
4	25	ADULTS & PEDIATRICS	DR. D	1912		1912	177200	18	1533	77
5	25	ADULTS & PEDIATRICS	DR. E	14500		14500	177200	138	11757	588
6	25	ADULTS & PEDIATRICS	DR. F	1281	1281		177200			
7	25	ADULTS & PEDIATRICS	DR. G	4681		4681	177200	37	3152	158
8	25	ADULTS & PEDIATRICS	DR. H	7425		7425	177200	50	4260	213
9	25	ADULTS & PEDIATRICS	DR. I	3197		3197	177200	21	1789	89
10	25	ADULTS & PEDIATRICS	DR. J	9090	9090		177200			
11	37	OPERATING ROOM	DR. K	39330	39330		200300			
13	25	ADULTS & PEDIATRICS	DR. O	1080		1080	177200	12	1022	51
14	25	ADULTS & PEDIATRICS	DR. P	351406		351406	177200	5406	460550	23028
15	25	ADULTS & PEDIATRICS	DR. Q	10430	10430		177200			
16	25	ADULTS & PEDIATRICS	DR. R	26085		26085	177200	178	15164	758
17	17	MEDICAL RECORDS & LIBRAR	DR. S	16200		16200	177200	135	11501	575
18	25	ADULTS & PEDIATRICS	DR. T	3206		3206	177200	31	2641	132
19	25	ADULTS & PEDIATRICS	DR. U	14500		14500	177200	118	10053	503
20	25	ADULTS & PEDIATRICS	DR. V	2469		2469	177200	20	1704	85
21	25	ADULTS & PEDIATRICS	DR. W	8068		8068	177200	54	4600	230
22	25	ADULTS & PEDIATRICS	DR. X	1884		1884	177200	13	1108	55
23	25	ADULTS & PEDIATRICS	DR. Y	32436		32436	154100	260	19263	963
24	44	LABORATORY	DR. Z	35001		35001	215700	219	22711	1136
25	25	ADULTS & PEDIATRICS	DR. AA	23896	23896		177200			
26	25	ADULTS & PEDIATRICS	DR. BB	6300		6300	177200	42	3578	179
27	25	ADULTS & PEDIATRICS	DR. CC	10950	10950		177200			
28	37	OPERATING ROOM	DR. DD	70534	70534		200300			
29	25	ADULTS & PEDIATRICS	DR. EE	46515	46515		177200			
30	25	ADULTS & PEDIATRICS	DR. FF	23427	23427		177200			
101		TOTAL		1126810	238413	888397		12260	1045625	52282

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
2 25	ADULTS & PEDIATRICS	DR. B				469239		
3 25	ADULTS & PEDIATRICS	DR. C						2960
4 25	ADULTS & PEDIATRICS	DR. D				1533	379	379
5 25	ADULTS & PEDIATRICS	DR. E				11757	2743	2743
6 25	ADULTS & PEDIATRICS	DR. F						1281
7 25	ADULTS & PEDIATRICS	DR. G				3152	1529	1529
8 25	ADULTS & PEDIATRICS	DR. H				4260	3165	3165
9 25	ADULTS & PEDIATRICS	DR. I				1789	1408	1408
10 25	ADULTS & PEDIATRICS	DR. J						9090
11 37	OPERATING ROOM	DR. K						39330
13 25	ADULTS & PEDIATRICS	DR. O				1022	58	58
14 25	ADULTS & PEDIATRICS	DR. P				460550		
15 25	ADULTS & PEDIATRICS	DR. Q						10430
16 25	ADULTS & PEDIATRICS	DR. R				15164	10921	10921
17 17	MEDICAL RECORDS & LIBRAR	DR. S				11501	4699	4699
18 25	ADULTS & PEDIATRICS	DR. T				2641	565	565
19 25	ADULTS & PEDIATRICS	DR. U				10053	4447	4447
20 25	ADULTS & PEDIATRICS	DR. V				1704	765	765
21 25	ADULTS & PEDIATRICS	DR. W				4600	3468	3468
22 25	ADULTS & PEDIATRICS	DR. X				1108	776	776
23 25	ADULTS & PEDIATRICS	DR. Y				19263	13173	13173
24 44	LABORATORY	DR. Z				22711	12290	12290
25 25	ADULTS & PEDIATRICS	DR. AA						23896
26 25	ADULTS & PEDIATRICS	DR. BB				3578	2722	2722
27 25	ADULTS & PEDIATRICS	DR. CC						10950
28 37	OPERATING ROOM	DR. DD						70534
29 25	ADULTS & PEDIATRICS	DR. EE						46515
30 25	ADULTS & PEDIATRICS	DR. FF						23427
101	TOTAL					1045625	63108	301521

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAINT-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	ENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS		
	0	3	4	5	5A	6	7	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	9345364	9345364							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2448432		2448432						4
5 EMPLOYEE BENEFITS	4940745	236850	65678	5243273					5
6 ADMINISTRATIVE & GENERAL	18841691	1147107	318091	461174	20768063	20768063			6
7 MAINTENANCE & REPAIRS	2182610	357067	99014		2638691	838922	3477613		7
8 OPERATION OF PLANT	1263339	1252704	347373	51891	2915307	926866	614569	4456742	8
9 LAUNDRY & LINEN SERVICE	493616	145762	40420		679798	216129	71510	102277	9
10 HOUSEKEEPING	958897	117809	32668		1109374	352704	57796	82663	10
11 DIETARY	1559348	571789	158556		2289693	727964	280516	401206	11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1542920	71705	19884	264439	1898948	603734	35178	50313	14
15 CENTRAL SERVICES & SUPPLY	353781	427091	118432	50438	949742	301952	209529	299676	15
16 PHARMACY	2039404	169795	47084		2256283	717342	83300	119139	16
17 MEDICAL RECORDS & LIBRARY	1344671	103972	28831	166015	1643489	522516	51008	72954	17
18 SOCIAL SERVICE	716804	62686	17383	120198	917071	291565	30753	43984	18
19 FRESH START									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									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	21788033	2854461	791537	3184795	28618826	9098812	1400384	2002887	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	525728	475716	131915	61480	1194839	379876	233384	333795	37
41 RADIOLOGY-DIAGNOSTIC	501022	120161	33321	43796	698300	222011	58951	84313	41
44 LABORATORY	1944908	141113	39130	86063	2211214	703013	69229	99014	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	4372740	132822	36831	723435	5265828	1674170	65162	93197	49
50 PHYSICAL THERAPY	2516558	241051	66843		2824452	897981	118258	169138	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
55 MEDICAL SUPPLIES CHARGED TO PAT	695347				695347	221072			55
56 DRUGS CHARGED TO PATIENTS	4603618				4603618	1463633			56
57 RENAL DIALYSIS	1668972	52770	14633	12280	1748655	555952	25889	37027	57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	86648548	8682431	2407624	5226004	85927538	20716214	3405416	3991583	95
NONREIMBURSABLE COST CENTERS									
100 NON-ALLOWABLE CASE MGR	102525			17269	119794	38086			100
100.01 GUEST MEALS									100.01
100.02 VENDING		33892	9398		43290	13763	16627	23781	100.02
100.05 IDLE SPACE		515770			515770			361899	100.05
100.074410 REGIONAL OFFICE	2004	113271	31410		146685		55570	79479	100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	86753077	9345364	2448432	5243273	86753077	20768063	3477613	4456742	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1069714								9
10 HOUSEKEEPING		1602537							10
11 DIETARY		164441	3863820						11
12 CAFETERIA			1915162	1915162					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		20622		78885	2687680				14
15 CENTRAL SERVICES & SUPPLY		122827		39443		1923169			15
16 PHARMACY		48831				28544	3253439		16
17 MEDICAL RECORDS & LIBRARY		29901		65738		1510		2387116	17
18 SOCIAL SERVICE		18028		39443		67			18
19 FRESH START									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									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1069714	820915	1881040	1323521	2652547	1208421	116053	928979	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		136811		17530	35133	119216	835	13151	37
41 RADIOLOGY-DIAGNOSTIC		34557		13148		6450	13907	41554	41
44 LABORATORY		40583		52590		80887	1395	172964	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		38198		280481		48626	181	444771	49
50 PHYSICAL THERAPY		69324				20479	63	57027	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
55 MEDICAL SUPPLIES CHARGED TO PAT						386143		185446	55
56 DRUGS CHARGED TO PATIENTS							3116206	504365	56
57 RENAL DIALYSIS		15176		4383		22826	4799	38859	57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1069714	1560214	3796202	1915162	2687680	1923169	3253439	2387116	95
NONREIMBURSABLE COST CENTERS									
100 NON-ALLOWABLE CASE MGR									100
100.01 GUEST MEALS			67618						100.01
100.02 VENDING		9747							100.02
100.05 IDLE SPACE									100.05
100.07 4410 REGIONAL OFFICE		32576							100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1069714	1602537	3863820	1915162	2687680	1923169	3253439	2387116	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	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	1340911			18
19 FRESH START				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				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	1340911	52463010		52463010
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		2464570		2464570
41 RADIOLOGY-DIAGNOSTIC		1173191		1173191
44 LABORATORY		3430889		3430889
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		7910614		7910614
50 PHYSICAL THERAPY		4156722		4156722
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
55 MEDICAL SUPPLIES CHARGED TO PAT		1488008		1488008
56 DRUGS CHARGED TO PATIENTS		9687822		9687822
57 RENAL DIALYSIS		2453566		2453566
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	1340911	85228392		85228392
NONREIMBURSABLE COST CENTERS				
100 NON-ALLOWABLE CASE MGR		157880		157880
100.01 GUEST MEALS		67618		67618
100.02 VENDING		107208		107208
100.05 IDLE SPACE		877669		877669
100.074410 REGIONAL OFFICE		314310		314310
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	1340911	86753077		86753077

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAINT-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	ENANCE & REPAIRS 7	OF PLANT 8
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		236850	65678	302528	302528			5
6	531865	1147107	318091	1997063	26609	2023672		6
7		357067	99014	456081		81747	537828	7
8		1252704	347373	1600077	2994	90316	95046	1788433 8
9		145762	40420	186182		21060	11059	41042 9
10		117809	32668	150477		34368	8938	33171 10
11		571789	158556	730345		70935	43383	160999 11
12								12
13								13
14		71705	19884	91589	15258	58829	5440	20190 14
15		427091	118432	545523	2910	29423	32405	120256 15
16		169795	47084	216879		69900	12883	47809 16
17		103972	28831	132803	9579	50915	7889	29275 17
18		62686	17383	80069	6935	28411	4756	17650 18
19								19
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		2854461	791537	3645998	183756	886592	216575	803732 25
ANCILLARY SERVICE COST CENTERS								
37		475716	131915	607631	3547	37016	36094	133948 37
41		120161	33321	153482	2527	21633	9117	33834 41
44		141113	39130	180243	4966	68503	10707	39733 44
46.30								46.30
49		132822	36831	169653	41742	163135	10078	37399 49
50		241051	66843	307894		87502	18289	67873 50
51								51
52								52
55						21542		55
56						142620		56
57		52770	14633	67403	709	54173	4004	14859 57
OUTPATIENT SERVICE COST CENTERS								
61								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
95	531865	8682431	2407624	11621920	301532	2018620	526663	1601770 95
NONREIMBURSABLE COST CENTERS								
100					996	3711		100
100.01								100.01
100.02		33892	9398	43290		1341	2571	9543 100.02
100.05		515770		515770				145226 100.05
100.07		113271	31410	144681			8594	31894 100.07
101								101
102								102
103	531865	9345364	2448432	12325661	302528	2023672	537828	1788433 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	259343								9
10 HOUSEKEEPING		226954							10
11 DIETARY		23288	1028950						11
12 CAFETERIA			510015	510015					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2920		21007	215233				14
15 CENTRAL SERVICES & SUPPLY		17395		10504		758416			15
16 PHARMACY		6916				11257	365644		16
17 MEDICAL RECORDS & LIBRARY		4235		17506		595		252797	17
18 SOCIAL SERVICE		2553		10504		26			18
19 FRESH START									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									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	259343	116261	500928	352460	212419	476549	13043	98392	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		19375		4668	2814	47014	94	1393	37
41 RADIOLOGY-DIAGNOSTIC		4894		3501		2544	1563	4400	41
44 LABORATORY		5747		14005		31898	157	18315	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		5410		74693		19176	20	47098	49
50 PHYSICAL THERAPY		9818				8076	7	6039	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
55 MEDICAL SUPPLIES CHARGED TO PAT						152279		19637	55
56 DRUGS CHARGED TO PATIENTS							350221	53408	56
57 RENAL DIALYSIS		2149		1167		9002	539	4115	57
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	259343	220961	1010943	510015	215233	758416	365644	252797	95
NONREIMBURSABLE COST CENTERS									
100 NON-ALLOWABLE CASE MGR									100
100.01 GUEST MEALS			18007						100.01
100.02 VENDING		1380							100.02
100.05 IDLE SPACE									100.05
100.074410 REGIONAL OFFICE		4613							100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	259343	226954	1028950	510015	215233	758416	365644	252797	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	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	150904			18
19 FRESH START				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				23
24 PARAMED ED PRGM-(SPECIFY)				24
25 INPATIENT ROUTINE SERV COST CENTERS				25
ADULTS & PEDIATRICS	150904	7916952		7916952
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		893594		893594
41 RADIOLOGY-DIAGNOSTIC		237495		237495
44 LABORATORY		374274		374274
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		568404		568404
50 PHYSICAL THERAPY		505498		505498
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
55 MEDICAL SUPPLIES CHARGED TO PAT		193458		193458
56 DRUGS CHARGED TO PATIENTS		546249		546249
57 RENAL DIALYSIS		158120		158120
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	150904	11394044		11394044
NONREIMBURSABLE COST CENTERS				
100 NON-ALLOWABLE CASE MGR		4707		4707
100.01 GUEST MEALS		18007		18007
100.02 VENDING		58125		58125
100.05 IDLE SPACE		660996		660996
100.07 4410 REGIONAL OFFICE		189782		189782
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	150904	12325661		12325661

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAINT- ENANCE & REPAIRS	OPERATION OF PLANT	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	SQUARE FEET	
	3	4	5	6A	6	7	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	166824							3
4 NEW CAP REL COSTS-MVBLE EQUIP		157617						4
5 EMPLOYEE BENEFITS	4228	4228	28540909					5
6 ADMINISTRATIVE & GENERAL	20477	20477	2510324	-20768063	65322559			6
7 MAINTENANCE & REPAIRS	6374	6374			2638691	126538		7
8 OPERATION OF PLANT	22362	22362	282458		2915307	22362	113383	8
9 LAUNDRY & LINEN SERVICE	2602	2602			679798	2602	2602	9
10 HOUSEKEEPING	2103	2103			1109374	2103	2103	10
11 DIETARY	10207	10207			2289693	10207	10207	11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1280	1280	1439431		1898948	1280	1280	14
15 CENTRAL SERVICES & SUPPLY	7624	7624	274551		949742	7624	7624	15
16 PHARMACY	3031	3031			2256283	3031	3031	16
17 MEDICAL RECORDS & LIBRARY	1856	1856	903676		1643489	1856	1856	17
18 SOCIAL SERVICE	1119	1119	654276		917071	1119	1119	18
19 FRESH START								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
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	50955	50955	17335928		28618826	50955	50955	25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8492	8492	334655		1194839	8492	8492	37
41 RADIOLOGY-DIAGNOSTIC	2145	2145	238398		698300	2145	2145	41
44 LABORATORY	2519	2519	468472		2211214	2519	2519	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	2371	2371	3937897		5265828	2371	2371	49
50 PHYSICAL THERAPY	4303	4303			2824452	4303	4303	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO P					695347			55
56 DRUGS CHARGED TO PATIENTS					4603618			56
57 RENAL DIALYSIS	942	942	66842		1748655	942	942	57
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								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
95 SUBTOTALS	154990	154990	28446908	-20768063	65159475	123911	101549	95
NONREIMBURSABLE COST CENTERS								
100 NON-ALLOWABLE CASE MGR			94001		119794			100
100.01 GUEST MEALS								100.01
100.02 VENDING	605	605			43290	605	605	100.02
100.05 IDLE SPACE	9207				-515770		9207	100.05
100.07 4410 REGIONAL OFFICE	2022	2022			-146685	2022	2022	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	9345364	2448432	5243273		20768063	3477613	4456742	103
104 UNIT COST MULT-WS B PT I		15.534060				27.482756		104
104 UNIT COST MULT-WS B PT I	56.019302		.183711		.317931		39.306968	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			302528		2023672	537828	1788433	107
108 UNIT COST MULT-WS B PT III						4.250328		108
108 UNIT COST MULT-WS B PT III			.010600		.030980		15.773379	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	NURSING ADMINISTRATION NSG ADM FTE'S	CENTRAL SERVICES & SUPPLY REQN'S	PHARMACY SUPPLY REQN'S	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS									6
7 OPERATION OF PLANT									7
8 LAUNDRY & LINEN SERVICE	73301								8
9 HOUSEKEEPING		99471							9
10 DIETARY		10207	209254						10
11 CAFETERIA			103720	437					11
12 MAINTENANCE OF PERSONNEL									12
13 NURSING ADMINISTRATION		1280			18	306			13
14 CENTRAL SERVICES & SUPPLY		7624			9		3937705		14
15 PHARMACY		3031					58445	4802915	15
16 MEDICAL RECORDS & LIBRARY		1856			15		3091	324079521	16
17 SOCIAL SERVICE		1119			9		137		17
18 FRESH START									18
19 NONPHYSICIAN ANESTHETISTS									19
20 NURSING SCHOOL									20
21 I&R SERVICES-SALARY & FRINGES									21
22 I&R SERVICES-OTHER PRGM COSTS									22
23 PARAMED ED PRGM-(SPECIFY)									23
24 INPATIENT ROUTINE SERV COST CENTERS									24
25 ADULTS & PEDIATRICS	73301	50955	101872	302	302	2474253	171325	126124353	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		8492			4	4	244096	1233	1785358
41 RADIOLOGY-DIAGNOSTIC		2145			3		13206	20530	5641316
44 LABORATORY		2519			12		165617	2060	23481388
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		2371			64		99562	267	60381567
50 PHYSICAL THERAPY		4303					41930	93	7741965
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
55 MEDICAL SUPPLIES CHARGED TO P							790631		25175999
56 DRUGS CHARGED TO PATIENTS								4600322	68472071
57 RENAL DIALYSIS		942			1		46737	7085	5275504
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY									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
95 SUBTOTALS	73301	96844	205592	437	306	3937705	4802915	324079521	95
NONREIMBURSABLE COST CENTERS									
100 NON-ALLOWABLE CASE MGR									100
100.01 GUEST MEALS			3662						100.01
100.02 VENDING		605							100.02
100.05 IDLE SPACE									100.05
100.07 4410 REGIONAL OFFICE		2022							100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1069714	1602537	3863820	1915162	2687680	1923169	3253439	2387116	103
104 UNIT COST MULT-WS B PT I	14.593443		18.464737		8783.267974		.677388		104
104 UNIT COST MULT-WS B PT I		16.110595		4382.521739		.488398		.007366	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	259343	226954	1028950	510015	215233	758416	365644	252797	107
108 UNIT COST MULT-WS B PT III	3.538055		4.917230		703.375817		.076130		108
108 UNIT COST MULT-WS B PT III		2.281610		1167.082380		.192604		.000780	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PATIENT DAYS	
		18	
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	73301	18
19	FRESH START		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	73301	25
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
41	RADIOLOGY-DIAGNOSTIC		41
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
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
57	RENAL DIALYSIS		57
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY		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
95	SUBTOTALS	73301	95
NONREIMBURSABLE COST CENTERS			
100	NON-ALLOWABLE CASE MGR		100
100.01	GUEST MEALS		100.01
100.02	VENDING		100.02
100.05	IDLE SPACE		100.05
100.07	4410 REGIONAL OFFICE		100.07
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I	1340911	103
104	UNIT COST MULT-WS B PT I	18.293216	104
104	UNIT COST MULT-WS B PT I		104
105	COST TO BE ALLOC PER B PT II		105
106	UNIT COST MULT-WS B PT II		106
106	UNIT COST MULT-WS B PT II		106
107	COST TO BE ALLOC PER B PT III	150904	107
108	UNIT COST MULT-WS B PT III	2.058690	108
108	UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	52463010		52463010	46119	52509129	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2464570		2464570		2464570	37
41 RADIOLOGY-DIAGNOSTIC	1173191		1173191		1173191	41
44 LABORATORY	3430889		3430889	12290	3443179	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	7910614		7910614		7910614	49
50 PHYSICAL THERAPY	4156722		4156722		4156722	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO	1488008		1488008		1488008	55
56 DRUGS CHARGED TO PATIENTS	9687822		9687822		9687822	56
57 RENAL DIALYSIS	2453566		2453566		2453566	57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	85228392		85228392	58409	85286801	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	85228392		85228392	58409	85286801	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			
25 INPATIENT ROUTINE SERV COST CENTERS						25
ADULTS & PEDIATRICS	126124353		126124353			
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1785358		1785358	1.380435	1.380435	1.380435 37
41 RADIOLOGY-DIAGNOSTIC	4672254	969062	5641316	.207964	.207964	.207964 41
44 LABORATORY	18848543	4632845	23481388	.146111	.146111	.146634 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	59476877	904690	60381567	.131010	.131010	.131010 49
50 PHYSICAL THERAPY	6809725	932240	7741965	.536908	.536908	.536908 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO	25160476	15523	25175999	.059104	.059104	.059104 55
56 DRUGS CHARGED TO PATIENTS	68472071		68472071	.141486	.141486	.141486 56
57 RENAL DIALYSIS	3726264	1549240	5275504	.465087	.465087	.465087 57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	315075921	9003600	324079521			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	315075921	9003600	324079521			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				7916952		7916952
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				7916952		7916952

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	73301	18307			108.01	1977339
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	73301	18307				1977339

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-2008) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		893594	1785358	539719			.500513	270136	37
41 RADIOLOGY-DIAGNOSTIC		237495	5641316	1219367			.042099	51334	41
44 LABORATORY		374274	23481388	5728003			.015939	91299	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		568404	60381567	12334274			.009414	116115	49
50 PHYSICAL THERAPY		505498	7741965	2099327			.065293	137071	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
55 MEDICAL SUPPLIES CHARGED TO P		193458	25175999	5862222			.007684	45045	55
56 DRUGS CHARGED TO PATIENTS		546249	68472071	15983439			.007978	127516	56
57 RENAL DIALYSIS		158120	5275504	1139437			.029972	34151	57
OUTPATIENT SERVICE COST CENTERS									
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		3477092	197955168	44905788				872667	101

PROVIDER NO. 14-2008 KINDRED HOSPITAL - NORTHLAKE
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					73301		18307	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					73301		18307	101

PROVIDER NO. 14-2008 KINDRED HOSPITAL - NORTHLAKE
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
 01/29/2010 15:02

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2008) [] 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
41 RADIOLOGY-DIAGNOSTIC							41
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
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
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 [XX] HOSPITAL (14-2008) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1785358			539719		37
41 RADIOLOGY-DIAGNOSTIC		5641316			1219367		41
44 LABORATORY		23481388			5728003		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		60381567			12334274		49
50 PHYSICAL THERAPY		7741965			2099327		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P		25175999			5862222		55
56 DRUGS CHARGED TO PATIENTS		68472071			15983439		56
57 RENAL DIALYSIS		5275504			1139437		57
OUTPATIENT SERVICE COST CENTERS							
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		197955168			44905788		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2008) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
41 RADIOLOGY-DIAGNOSTIC						41
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
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
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 (14-2008) [] 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
37 ANCILLARY SERVICE COST CENTERS						
OPERATING ROOM	1.380435	1.380435	1.380435			37
41 RADIOLOGY-DIAGNOSTIC	.207964	.207964	.207964			41
44 LABORATORY	.146111	.146111	.146111			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.131010	.131010	.131010			49
50 PHYSICAL THERAPY	.536908	.536908	.536908			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
55 MEDICAL SUPPLIES CHARGED TO PAT	.059104	.059104	.059104			55
56 DRUGS CHARGED TO PATIENTS	.141486	.141486	.141486			56
57 RENAL DIALYSIS	.465087	.465087	.465087			57
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						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 PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.141486	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	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 (14-2008) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
OPERATING ROOM								37
41 RADIOLOGY-DIAGNOSTIC			930672					41
44 LABORATORY			75410					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY			776559					49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO PA			15520					55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			1549240					57
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								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			3347401					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			3347401					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-2008) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
41 RADIOLOGY-DIAGNOSTIC			193546				41
44 LABORATORY			11018				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY			101737				49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO PAT			917				55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS			720531				57
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							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			1027749				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			1027749				104

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				7916952		7916952
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				7916952		7916952

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	73301	51301			108.01	5541021
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	73301	51301				5541021

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-2008) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		893594	1785358	1134576			.500513	567870 37
41 RADIOLOGY-DIAGNOSTIC		237495	5641316	2938778			.042099	123720 41
44 LABORATORY		374274	23481388	12585012			.015939	200593 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		568404	60381567	44463362			.009414	418578 49
50 PHYSICAL THERAPY		505498	7741965	4259136			.065293	278092 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
55 MEDICAL SUPPLIES CHARGED TO P		193458	25175999	17815723			.007684	136896 55
56 DRUGS CHARGED TO PATIENTS		546249	68472071	48886438			.007978	390016 56
57 RENAL DIALYSIS		158120	5275504	2218969			.029972	66507 57
OUTPATIENT SERVICE COST CENTERS								
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		3477092	197955168	134301994				2182272 101

PROVIDER NO. 14-2008 KINDRED HOSPITAL - NORTHLAKE
 PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
 01/29/2010 15:02

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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
		COST	COST	AMOUNT		PATIENT	DIEM	DAYS	PASS THRU
		1	2	3	4	DAYS	6	7	COSTS
						5			8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					73301		51301	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					73301		51301	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-2008)	[]	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
41 RADIOLOGY-DIAGNOSTIC							41
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
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
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 [XX] HOSPITAL (14-2008) [] 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		1785358			1134576		37
41 RADIOLOGY-DIAGNOSTIC		5641316			2938778		41
44 LABORATORY		23481388			12585012		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		60381567			44463362		49
50 PHYSICAL THERAPY		7741965			4259136		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
55 MEDICAL SUPPLIES CHARGED TO P		25175999			17815723		55
56 DRUGS CHARGED TO PATIENTS		68472071			48886438		56
57 RENAL DIALYSIS		5275504			2218969		57
OUTPATIENT SERVICE COST CENTERS							
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		197955168			134301994		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-2008)	[]	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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
41 RADIOLOGY-DIAGNOSTIC					41
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
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-2008)	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)	73301						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	73301						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73301						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)	18307						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) (14-2008)	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	52509129						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	52509129						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	126124353						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	126124353						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.416328						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1720.64						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	52509129						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) (14-2008)	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	716.35					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13114219					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13114219					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						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-2008)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7719460					48
49 TOTAL PROGRAM INPATIENT COSTS	20833679					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1977339					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	872667					51
52 TOTAL PROGRAM EXCLUDABLE COST	2850006					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	17983673					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) (14-2008)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

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 (PPS) (14-2008)	SUB I	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	716.35	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5
86 OLD CAPITAL-RELATED COST		52509129			86
87 NEW CAPITAL-RELATED COST	7916952	52509129	.150773		87
88 NON PHYSICIAN ANESTHETIST		52509129			88
89 MEDICAL EDUCATION		52509129			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) (14-2008)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	73301						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	73301						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73301						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)	51301						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) (14-2008)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	52463010						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	52463010						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	126124353						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	126124353						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.415963						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1720.64						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	52463010						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) (14-2008)	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	715.72					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36717152					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36717152					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-2008)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	21129827					48
49 TOTAL PROGRAM INPATIENT COSTS	57846979					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	5541021					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2182272					51
52 TOTAL PROGRAM EXCLUDABLE COST	7723293					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) (14-2008)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES	1	1	1	1	54
55	TARGET AMOUNT PER DISCHARGE	2091				55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	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. 14-2008 KINDRED HOSPITAL - NORTHLAKE
PERIOD FROM 09/01/2008 TO 08/31/2009

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

VERSION: 2009.08
01/29/2010 15:02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-2008)	SUB I	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	716.35	84
85 OBSERVATION BED COST		85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-2008)	<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		31013676		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1.380435	539719	745047	37
41 RADIOLOGY-DIAGNOSTIC	.207964	1219367	253584	41
44 LABORATORY	.146634	5728003	839920	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.131010	12334274	1615913	49
50 PHYSICAL THERAPY	.536908	2099327	1127145	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
55 MEDICAL SUPPLIES CHARGED TO PAT	.059104	5862222	346481	55
56 DRUGS CHARGED TO PATIENTS	.141486	15983439	2261433	56
57 RENAL DIALYSIS	.465087	1139437	529937	57
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)				62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		44905788	7719460	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		44905788		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-2008) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES 1	PROGRAM CHARGES 2	PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		88565902		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1.380435	1134576	1566208	37
41 RADIOLOGY-DIAGNOSTIC	.207964	2938778	611160	41
44 LABORATORY	.146111	12585012	1838809	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.131010	44463362	5825145	49
50 PHYSICAL THERAPY	.536908	4259136	2286764	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
55 MEDICAL SUPPLIES CHARGED TO PAT	.059104	17815723	1052980	55
56 DRUGS CHARGED TO PATIENTS	.141486	48886438	6916747	56
57 RENAL DIALYSIS	.465087	2218969	1032014	57
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)				62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		134301994	21129827	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		134301994		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-2008) 1	HOSPITAL (14-2008) 1.01	HOSPITAL (14-2008) 1.02	
1 MEDICAL AND OTHER SERVICES	1027749			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	1027749			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	3347401			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	3347401			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	3347401			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	2319652			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1027749			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-2008) 1	HOSPITAL (14-2008) 1.01	HOSPITAL (14-2008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	662362		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	365387		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	365387		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	365387		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	365387		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	365387		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8087		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	357300		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 (14-2008)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20704546		8087	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	12/22/2008	527000		3.01
	TO .02	06/08/2009	394600		3.02
	PROVIDER .03	08/24/2009	1745400	NONE	3.03
	TO .04	09/14/2009	70200		3.04
	PROVIDER .05	12/02/2009	440300		3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52		NONE	NONE	3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99		3177500		3.99
4 TOTAL INTERIM PAYMENTS			23882046	8087	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 (14-2008)	SUB I	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4	25348163					4
5						5
6	25348163					6
7	133888					7
8	25214275					8
9	2801530					9
10	22412745					10
11	1967846					11
11.01	1377492					11.01
11.02	1865431					11.02
12	23790237					12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-2008)	SUB I	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	23790237					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	23882046					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	-91809					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

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-2008) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	57846979					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	57846979					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	57846979					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES	88565902					10
11	ANCILLARY SERVICE CHARGES	134301994					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	222867896					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	222867896					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	165020917					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	57846979					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	57846979					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	57846979					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 (14-2008) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL	57846979				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	57846979				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	57846979				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	57846979				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS	44549256				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM	13297723				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	-5341				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	14237925				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1610934				6
7 INVENTORY	598733				7
8 PREPAID EXPENSES					8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	13220383				11
FIXED ASSETS					
12 LAND	675156				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS					13
13.01 ACCUMULATED DEPRECIATION					13.01
14 BUILDINGS	31090				14
14.01 ACCUMULATED DEPRECIATION					14.01
15 LEASEHOLD IMPROVEMENTS	23854625				15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT					16
16.01 ACCUMULATED DEPRECIATION					16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	10821903				18
18.01 ACCUMULATED DEPRECIATION	-29224430				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	6158344				21
OTHER ASSETS					
22 INVESTMENTS					22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	8750				25
26 TOTAL OTHER ASSETS	8750				26
27 TOTAL ASSETS	19387477				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	1819833				28
29 SALARIES, WAGES & FEES PAYABLE	2983931				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)	2143499				31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES					35
36 TOTAL CURRENT LIABILITIES	6947263				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	-66636731				41
42 TOTAL LONG TERM LIABILITIES	-66636731				42
43 TOTAL LIABILITIES	-59689468				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	79076945				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	79076945				51
52 TOTAL LIABILITIES AND FUND BALANCES	19387477				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	75917148			1
2 NET INCOME (LOSS)	3159797			2
3 TOTAL	79076945			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	79076945			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 INTERCOMPANY TRANSFER				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	79076945			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	126124353		126124353	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	126124353		126124353	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	126124353		126124353	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	188951568		188951568	18
19 ANCILLARY SERVICES				19
18.50 OUTPATIENT SERVICES		9003600	9003600	18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 TOTAL PATIENT REVENUES	315075921	9003600	324079521	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		90385557	26
27 ADD (SPECIFY)			27
28 ROUNDING	1		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		90385558	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	324079521	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	230743741	2
3	NET PATIENT REVENUES	93335780	3
4	LESS - TOTAL OPERATING EXPENSES	90385558	4
5	NET INCOME FROM SERVICE TO PATIENTS	2950222	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	43050	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	214	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	21621	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS INCOME	144690	24
25	TOTAL OTHER INCOME	209575	25
26	TOTAL	3159797	26
27	LOSS ON DISPOSAL OF ASSETS		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	3159797	31