

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY WEST SUBURBAN HOSPT. MED. CTR. (14-0049) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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 2	PART B 3
1	HOSPITAL		
2	SUBPROVIDER I	-1172249	1189223
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY	116908	
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	-1055341	1189223

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES				21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03	
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04	
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.							NO	21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		NO		21.07	
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.								21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES						25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES						25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES						25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO						25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO						25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO					25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO					25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:							26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.							26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:							26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO						27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO						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	100	1.0787	1.0670				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.	1	6974	16974				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	NO					28.03
28.04	RECRUITMENT	0.00	NO					28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO					28.05
28.06	TRAINING	0.00	NO					28.06
28.07	OTHER (SPECIFY)		NO					28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO						29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO						30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.							30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?							30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)							30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.							30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO						31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD: BEGINNING: ENDING:				53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1671336 PAID LOSSES: 3997601 AND/OR SELF INSURANCE: 6348599				54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
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.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2651	2833	9295	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		2651	2833	9295	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	2	3	4	5	6	7	8	9
1	TOTAL SALARIES	63731030		63731030	2096647.88	30.40		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1172705		1172705	5891.60	199.05 PER WP		4
4.01	TEACHING PHYSICIAN SALARIES	744484		744484	8387.00	88.77 PER WP		4.01
5	PHYSICIAN - PART B	1649253		1649253	13929.00	118.40 PER WP		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		2473385	2473385	104612.00	23.64 PER W/P		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	2224314	-55073	2169241	82297.59	26.36		8
8.01	EXCLUDED AREA SALARIES	3132380	55073	3187453	103413.42	30.82 PER W/P		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	962751		962751	15947.00	60.37 SHIFTSWISE		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	122125		122125	2529.00	48.29 PER HO SCHEDULE		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11399840		11399840	282788.00	40.31 PER HO CR		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	15842985		15842985			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	746995		746995			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	178916		178916			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	135203		135203			CMS 339	18.01
19	PHYSICIAN PART B	277878		277878			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	665062		665062			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	105266		105266				21
22	ADMINISTRATIVE & GENERAL	4260904	-490097	3770807	79725.60	47.30		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	248477		248477	6240.00	39.82		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2023370		2023370	83139.13	24.34		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1510391		1510391	113374.32	13.32		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1386924		1386924	91805.90	15.11		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1318834	490097	1808931	41339.73	43.76		30
31	CENTRAL SERVICES AND SUPPLY	555549		555549	29810.63	18.64		31
32	PHARMACY	1918894		1918894	50800.41	37.77		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	823874		823874	38693.56	21.29		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
1	2	3	4	5	6	7	8
1	NET SALARIES	61585770	-2473385	59112385	1975959.88	29.92	1
2	EXCLUDED AREA SALARIES	5356694		5356694	185711.01	28.84	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	56229076	-2473385	53755691	1790248.87	30.03	3
4	SUBTOTAL OTHER WAGES & REL COSTS	12484716		12484716	301264.00	41.44	4
5	SUBTOTAL WAGE-RELATED COSTS	16021901		16021901		29.81%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	84735693	-2473385	82262308	2091512.87	39.33	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	14152483		14152483	534929.28	26.46	13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		838						1
2	RUB		2800						2
3	RUA		2506						3
3.01	RUX		238						3.01
3.02	RUL		1012						3.02
4	RVC		213						4
5	RVB		293						5
6	RVA		171						6
6.01	RVX		93						6.01
6.02	RVL		161						6.02
7	RHC		86						7
8	RHB		60						8
9	RHA		57						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		41						10
11	RMB		50						11
12	RMA		43						12
12.01	RMX		37						12.01
12.02	RML		37						12.02
13	RLB		4						13
14	RLA								14
15	SE3								15
16	SE2		21						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		19						20
21	CC2		1						21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2		1						25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		8782						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.235963 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4789335	4789335	-1941599	2847736	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3903271	3903271	1381226	5284497	4
5	0500 EMPLOYEE BENEFITS	105266	17535365	17640631	26456	17667087	635430	18302517	5
6.01	0610 COMMUNICATIONS		181344	181344		181344		181344	6.01
6.02	0620 DATA PROCESSING						3072314	3072314	6.02
6.03	0630 PURCHASING		62933	62933	-10380	52553	526995	579548	6.03
6.04	0640 ADMITTING						1545358	1545358	6.04
6.05	0650 CASHIERING AND COLLECTIONS						4261408	4261408	6.05
6.06	0660 ADMINISTRATIVE AND GENERAL	4260904	53075827	57336731	-9211436	48125295	-32853347	15271948	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	2023370	5231689	7255059	-2005	7253054	-200025	7053029	8
9	0900 LAUNDRY & LINEN SERVICE		670533	670533	-123	670410		670410	9
10	1000 HOUSEKEEPING	1510391	461911	1972302	-20508	1951794		1951794	10
11	1100 DIETARY	1386924	945638	2332562	-2201	2330361	-745229	1585132	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1318834	106028	1424862	489702	1914564		1914564	14
15	1500 CENTRAL SERVICES & SUPPLY	555549	570892	1126441	-449038	677403	163375	840778	15
16	1600 PHARMACY	1918894	7020300	8939194	-6945438	1993756	-61985	1931771	16
17	1700 MEDICAL RECORDS & LIBRARY	823874	650371	1474245	-10	1474235	-1658	1472577	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	2998977	885607	3884584	-3491	3881093	-5213758	-1332665	21
22	2200 I&R SERVICES-SALARY & FRINGES A				2473385	2473385		2473385	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	3970719	948458	4919177	-2201396	2717781	-1452140	1265641	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	9876356	733049	10609405	193359	10802764		10802764	25
26	2600 INTENSIVE CARE UNIT	3363730	618693	3982423	-161464	3820959	405116	4226075	26
33	3300 NURSERY	639683	63282	702965	-559347	143618		143618	33
34	3400 SKILLED NURSING FACILITY	2224314	242958	2467272	-126985	2340287		2340287	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	4050087	7167323	11217410	-5352322	5865088	-462	5864626	37
39	3900 DELIVERY ROOM & LABOR ROOM	2592888	732721	3325609	-256133	3069476	-217874	2851602	39
40	4000 ANESTHESIOLOGY	103136	817034	920170	-121669	798501	-600000	198501	40
41	4100 RADIOLOGY-DIAGNOSTIC	3556052	2759482	6315534	-434484	5881050	-3720	5877330	41
42	4200 RADIOLOGY-THERAPEUTIC	2010	16450	18460		18460	-18460		42
44	4400 LABORATORY	3278283	4379362	7657645	-94270	7563375	-42467	7520908	44
47	4700 BLOOD STORING, PROCESSING & TRA	130761	1108589	1239350	-2691	1236659		1236659	47
49	4900 RESPIRATORY THERAPY	1161482	246360	1407842	-72199	1335643	-12756	1322887	49
50	5000 PHYSICAL THERAPY	1982094	691614	2673708	-11582	2662126		2662126	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY	234119	84303	318422	-78719	239703		239703	52
53	5300 ELECTROCARDIOLOGY	442996	444035	887031	-10875	876156	-332564	543592	53
53.01	3950 SLEEP LAB	36097	8848	44945	-3360	41585		41585	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				4528701	4528701		4528701	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4261589	4261589		4261589	55.30
56	5600 DRUGS CHARGED TO PATIENTS				6689100	6689100		6689100	56
57	5700 RENAL DIALYSIS		590982	590982	-3773	587209		587209	57
OUTPATIENT SERVICE COST CENTERS									
60.01	6001 FAMILY PRACTICE	1624143	668033	2292176	-33435	2258741	-779213	1479528	60.01
60.02	6002 CLINIC	2094468	1248640	3343108	-40590	3302518	-1294452	2008066	60.02
60.03	6003 COMMUNITY WELLNESS		708372	708372		708372		708372	60.03
60.04	6004 PROCTO/GI LAB	712601	434236	1146837	-291926	854911		854911	60.04
60.05	6005 PULMONARY/CARDIAC	422343	936094	1358437	-593802	764635		764635	60.05
60.06	6006 ITNCC								60.06
61	6100 EMERGENCY	4196282	2567267	6763549	-556836	6206713	-1554844	4651869	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
89	8900 UTILIZATION REVIEW-SNF				55073	55073	-55073		89
95	SUBTOTALS	63597627	115614623	179212250	-242517	178969733	-35390404	143579329	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	100995	79384	180379	-95	180284	-2277	178007	96
97.01	9701 CARING CENTERS	7335		7335		7335		7335	97.01
97.02	9702 RETAIL PHARMACY				242612	242612		242612	97.02
97.03	9703 POB SHELL								97.03
97.04	9704 CLOSED UNITS								97.04
97.05	9705 OFFSITE PHYSICIAN PRACTICES		38880	38880		38880		38880	97.05

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 12:57

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
98	9800 PHYSICIANS' PRIVATE OFFICES	25073		25073		25073		25073 98
101	TOTAL	63731030	115732887	179463917		179463917	-35392681	144071236 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS CHARGEABLE SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		4528701
2	A				
3	A				
4	A				
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13	A				
14	A				
15	A				
16	A				
17	A				
18	A				
19	A				
20	A				
21	A				
22	A				
23	A				
24	A				
25	A				
26	A				
27	A				
28	A				
29	A				
30	A				
31	A				
32	A				
33	A				
34	A				
35	A				
36 SUBTOTAL					4528701

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS CHARGEABLE SUPPLIES	A	EMPLOYEE BENEFITS	5		2072	1
2	A	PURCHASING	6.03		10380	2
3	A	ADMINISTRATIVE AND GENERAL	6.06		205	3
4	A	OPERATION OF PLANT	8		2005	4
5	A	LAUNDRY & LINEN SERVICE	9		123	5
6	A	HOUSEKEEPING	10		20508	6
7	A	DIETARY	11		2201	7
8	A	NURSING ADMINISTRATION	14		395	8
9	A	CENTRAL SERVICES & SUPPLY	15		449038	9
10	A	PHARMACY	16		13726	10
11	A	MEDICAL RECORDS & LIBRARY	17		10	11
12	A	NURSING SCHOOL	21		3491	12
13	A	I&R SERVICES-OTHER PRGM COSTS	23		886	13
14	A	ADULTS & PEDIATRICS	25		339947	14
15	A	INTENSIVE CARE UNIT	26		161464	15
16	A	NURSERY	33		26041	16
17	A	SKILLED NURSING FACILITY	34		71912	17
18	A	OPERATING ROOM	37		1668923	18
19	A	DELIVERY ROOM & LABOR ROOM	39		256133	19
20	A	ANESTHESIOLOGY	40		121669	20
21	A	RADIOLOGY-DIAGNOSTIC	41		314046	21
22	A	LABORATORY	44		93699	22
23	A	BLOOD STORING, PROCESSING & T	47		2691	23
24	A	RESPIRATORY THERAPY	49		72199	24
25	A	PHYSICAL THERAPY	50		11582	25
26	A	SPEECH PATHOLOGY	52		77408	26
27	A	ELECTROCARDIOLOGY	53		10875	27
28	A	SLEEP LAB	53.01		3360	28
29	A	RENAL DIALYSIS	57		3773	29
30	A	FAMILY PRACTICE	60.01		33435	30
31	A	CLINIC	60.02		40250	31
32	A	PROCTO/GI LAB	60.04		270618	32
33	A	PULMONARY/CARDIAC	60.05		161490	33
34	A	EMERGENCY	61		282051	34
35	A	GIFT, FLOWER, COFFEE SHOP & C	96		95	35
36 SUBTOTAL					4528701	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		1
			COST CENTER 2	LINE # 3	
1					
2					
3					
4	DEPR EXP FROM A&G TO DEPR CST CT	B	NEW CAP REL COSTS-BLDG & FIXT	3	4789335
5		B	NEW CAP REL COSTS-MVBLE EQUIP	4	3903271
6					
7					
8	RECLASS WORKERS COMP TO EH&W	C	EMPLOYEE BENEFITS	5	28528
9					
10	RECLASS ER TO MED ED	D	I&R SERVICES-SALARY & FRINGES	22	174631
11					
12	QUALITY NURSING MANAGEMENT	E	NURSING ADMINISTRATION	14	490097
13					
14	PHARMACY COST OF GOODS SOLD	F	DRUGS CHARGED TO PATIENTS	56	6926017
15					
16	RETAIL PHARMACY	G	RETAIL PHARMACY	97.02	242612
17		G			
18	WELL BABY NURSERY	H	ADULTS & PEDIATRICS	25	470737
19					62569
20	COOK COUNTY EMERGENCY ROOM RESIDENT	I	I&R SERVICES-SALARY & FRINGES	22	98244
21					
22	PROPERTY INSURANCE	J			
23					
24	SNF UTILIZATION REVIEW	K	UTILIZATION REVIEW-SNF	89	55073
25					
26	RECLASS TEACHING SALARIES	L			
27					
28	NURSING SCHOOL	M			
29					
30	IMPLANTIBLE DEVICES	N	IMPL. DEV. CHARGED TO PATIENT	55.30	4261589
31		N			
32		N			
33		N			
34		N			
35		N			
36	SUBTOTAL				1288782
					24742622

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1						1
2						2
3						3
4	DEPR EXP FROM A&G TO DEPR CST CT	B	ADMINISTRATIVE AND GENERAL	6.06	8692606	9 4
5		B				9 5
6						6
7						7
8	RECLASS WORKERS COMP TO EH&W	C	ADMINISTRATIVE AND GENERAL	6.06	28528	8
9						9
10	RECLASS ER TO MED ED	D	EMERGENCY	61	174631	10
11						11
12	QUALITY NURSING MANAGEMENT	E	ADMINISTRATIVE AND GENERAL	6.06	490097	12
13						13
14	PHARMACY COST OF GOODS SOLD	F	PHARMACY	16	6926017	14
15						15
16	RETAIL PHARMACY	G	PHARMACY	16	5695	16
17		G	DRUGS CHARGED TO PATIENTS	56	236917	17
18	WELL BABY NURSERY	H	NURSERY	33	470737	62569
19						18
20	COOK COUNTY EMERGENCY ROOM RESIDE	I	EMERGENCY	61	98244	19
21						20
22	PROPERTY INSURANCE	J				9 21
23						9 22
24	SNF UTILIZATION REVIEW	K	SKILLED NURSING FACILITY	34	55073	23
25						24
26	RECLASS TEACHING SALARIES	L				25
27						26
28	NURSING SCHOOL	M				27
29						28
30	IMPLANTIBLE DEVICES	N	OPERATING ROOM	37	3683399	29
31		N	RADIOLOGY-DIAGNOSTIC	41	120438	30
32		N	LABORATORY	44	571	31
33		N	SPEECH PATHOLOGY	52	1311	32
34		N	CLINIC	60.02	340	33
35		N	PROCTO/GI LAB	60.04	21308	34
36	SUBTOTAL				1288782	24308400

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	N				1
2	N				2
3					3
4	0	I&R SERVICES-SALARY & FRINGES	22	2200510	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			3489292	24742622 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	N	PULMONARY/CARDIAC	60.05		432312	1
2	N	EMERGENCY	61		1910	2
3						3
4	O	I&R SERVICES-OTHER PRGM COSTS	23	2200510		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						36
TOTAL RECLASSIFICATIONS				3489292	24742622	

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1930352					1930352		1
2 LAND IMPROVEMENTS	2360389					2360389		2
3 BUILDINGS AND FIXTURES	131956404	19819375		19819375		151775779		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	7757330					7757330		5
6 MOVABLE EQUIPMENT	93392717	3218132		3218132		96610849		6
7 SUBTOTAL	237397192	23037507		23037507		260434699		7
8 RECONCILING ITEMS								8
9 TOTAL	237397192	23037507		23037507		260434699		9

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	A	238081	ADMINISTRATIVE AND GENERAL	6.06	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	A	-305	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6612618			12
13 SALE OF SCRAP, WASTE, ETC.					9 13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	473592			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-723584	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-28390	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-5213758	NURSING SCHOOL	21	21
22 VENDING MACHINES	B	-21577	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A	-55073	UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 MARKETING ADJUSTMENT	A	-29	EMERGENCY	61	37
37.03 MARKETING ADJUSTMENT	A	-462	OPERATING ROOM	37	37.03
37.04 MARKETING ADJUSTMENT	A	1049	RADIOLOGY-DIAGNOSTIC	41	37.04
37.05 MARKETING ADJUSTMENT	A	-2277	GIFT, FLOWER, COFFEE SHOP & CAN	96	37.05
37.08 PROPERTY TAXES	A	-240546	ADMINISTRATIVE AND GENERAL	6.06	37.08
37.09 PHYSICIAN RECRUITMENT	A	-492035	ADMINISTRATIVE AND GENERAL	6.06	37.09
37.19 RADIOLOGY MISC REVENUE	B	-4769	RADIOLOGY-DIAGNOSTIC	41	37.19
37.20 FAMILY PRACTICE INCOME	B	-50491	FAMILY PRACTICE	60.01	37.20
37.23 CLINIC MISC REVENUE	B	-91838	CLINIC	60.02	37.23
37.41 MISCEL LAB INCOME	B	-42467	LABORATORY	44	37.41
38 MEDICAL STAFF FEES COLLECTED	B	-108720	ADMINISTRATIVE AND GENERAL	6.06	38
39 BAD DEBT EXPENSE	B	-18617409	ADMINISTRATIVE AND GENERAL	6.06	39
40 MISC REVENUE	B	-400	EMPLOYEE BENEFITS	5	40
40.01 MISC REVENUE	B	-68	DIETARY	11	40.01
40.02 MISC REVENUE	B	-1658	MEDICAL RECORDS & LIBRARY	17	40.02
40.03 MISC REVENUE	B	-10456	I&R SERVICES-OTHER PRGM COSTS A	23	40.03
40.04 MISC REVENUE	B	-9746	DELIVERY ROOM & LABOR ROOM	39	40.04
40.05 MISC REVENUE	B	-1014	EMERGENCY	61	40.05
40.06 MISC REVENUE	B	-18460	RADIOLOGY-THERAPEUTIC	42	40.06
41 CPA ADJUSTMENT	B	-2838179	NEW CAP REL COSTS-BLDG & FIXT	3	9 41
42 CLOSED UNIT	A	-709376	NEW CAP REL COSTS-BLDG & FIXT	3	9 42
43 CLOSED UNIT	A	-9978	ADMINISTRATIVE AND GENERAL	6.06	43
44 CLOSED UNIT	A	-199720	OPERATION OF PLANT	8	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-35392681			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE EXPENSES	5177543	18404777	-13227234	1
2	6.05	CASHIERING AND COLLECTIONS	PATIENT ACCOUNTING	4261408		4261408	2
3	6.02	DATA PROCESSING	INFORMATION SYSTEMS	3072314		3072314	3
4	5	EMPLOYEE BENEFITS	BENEFITS	635830		635830	4
4.01	6.03	PURCHASING	PURCHASING & STORES	526995		526995	4.01
4.02	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	163375		163375	4.02
4.03	3	NEW CAP REL COSTS-BLDG & FIXT	BLDG DEPRECIATION	-131137		-131137	9 4.03
4.04	4	NEW CAP REL COSTS-MVBLE EQUIP	EQUIP DEPRECIATION	1381226		1381226	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	NET INTEREST EXPENSE	1737093		1737093	11 4.05
4.06	6.04	ADMITTING	ADMITTING	1545358		1545358	4.06
4.07	26	INTENSIVE CARE UNIT	EICU	508364		508364	4.07
5		TOTALS		18878369	18404777	473592	5

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

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	34	SKILLED NURSING FACILITY	55073		55073	177200	2080	177200	8860
2	37	OPERATING ROOM							
3	39	DELIVERY ROOM & LABOR RO	208128	208128					
4	42	RADIOLOGY-THERAPEUTIC							
5	49	RESPIRATORY THERAPY	12756	12756					
6	40	ANESTHESIOLOGY	600000	600000					
7	53	ELECTROCARDIOLOGY	332564	332564					
8	60.01	FAMILY PRACTICE	829346	650859	178487	138700	1509	100624	5031
9	60.02	CLINIC	1269405	1182214	87191	177200	784	66791	3340
10	60.06	ITNCC							
11	60.04	PROCTO/GI LAB							
12	60.05	PULMONARY/CARDIAC							
13	61	EMERGENCY	1625649	1553801	71848	177200	12700	1081942	54097
16	6.06	ADMINISTRATIVE AND GENER	827706	395506	432200	177200	8724	743218	37161
17	16	PHARMACY	33595	33595					
18	23	I&R SERVICES-OTHER PRGM	1855463	1377210	478253	177200	4857	413779	20689
19	26	INTENSIVE CARE UNIT	103248	103248					
20	41	RADIOLOGY-DIAGNOSTIC							
101		TOTAL	7752933	6449881	1303052		30654	2583554	129178

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	34 SKILLED NURSING FACILITY	AGGREGATE				177200		
2	37 OPERATING ROOM	AGGREGATE						
3	39 DELIVERY ROOM & LABOR RO	AGGREGATE						208128
4	42 RADIOLOGY-THERAPEUTIC	AGGREGATE						
5	49 RESPIRATORY THERAPY	AGGREGATE						12756
6	40 ANESTHESIOLOGY	AGGREGATE						600000
7	53 ELECTROCARDIOLOGY	AGGREGATE						332564
8	60.01 FAMILY PRACTICE	AGGREGATE				100624	77863	728722
9	60.02 CLINIC	AGGREGATE				66791	20400	1202614
10	60.06 ITNCC	AGGREGATE						
11	60.04 PROCTO/GI LAB	AGGREGATE						
12	60.05 PULMONARY/CARDIAC	AGGREGATE						
13	61 EMERGENCY	AGGREGATE						
16	6.06 ADMINISTRATIVE AND GENER	AGGREGATE				1081942		1553801
17	16 PHARMACY	AGGREGATE				743218		395506
18	23 I&R SERVICES-OTHER PRGM	AGGREGATE						33595
19	26 INTENSIVE CARE UNIT	AGGREGATE				413779	64474	1441684
20	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						103248
101	TOTAL					2583554	162737	6612618

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PROCESSING			
	ALLOCATION	FIXTURES	EQUIPMENT		6.01	6.02	6.03	6.04	
	0	3	4	5					
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	2847736	2847736							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5284497		5284497						4
5 EMPLOYEE BENEFITS	18302517		7402	18309919					5
6.01 COMMUNICATIONS	181344	8556	1603		191503				6.01
6.02 DATA PROCESSING	3072314	27794	1044749		4992	4149849			6.02
6.03 PURCHASING	579548	51887	164314		2723		798472		6.03
6.04 ADMITTING	1545358	17839	7667		4538	414985		1990387	6.04
6.05 CASHIERING AND COLLECTIONS	4261408	17279	2933		7261	1244957			6.05
6.06 ADMINISTRATIVE AND GENERAL	15271948	119951	84191	1226182	41748	995964	10429		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	7053029	735937	262449	582275	6353		1410		8
9 LAUNDRY & LINEN SERVICE	670410	9530			227				9
10 HOUSEKEEPING	1951794	21098	21566	434653	908		9343		10
11 DIETARY	1585132	95421	97768	399122	1815		27718		11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1914564	8242	106996	379527	2269		2180		14
15 CENTRAL SERVICES & SUPPLY	840778	34541	107127	159873	908				15
16 PHARMACY	1931771	20655	4430	552210	2269				16
17 MEDICAL RECORDS & LIBRARY	1472577	4043	14274	237090	4765	290489	719		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	-1332665	90426	141452	863031	10210		4230		21
22 I&R SERVICES-SALARY & FRINGES A	2473385								22
23 I&R SERVICES-OTHER PRGM COSTS A	1265641	36994	5744	1142674	4765		3219		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10802764	360227	182098	2842157	14295	464783	20101	1225252	25
26 INTENSIVE CARE UNIT	4226075	88175	323812	967998	4084	70547	8692	224816	26
33 NURSERY	143618	4580	31885	184085	1588	70547	1448		33
34 SKILLED NURSING FACILITY	2340287	90606	30988	640102	3403	182593	4164	540319	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5864626	159430	365463	1165514	11345		100125		37
39 DELIVERY ROOM & LABOR ROOM	2851602	98517	128203	746168	3177		13323		39
40 ANESTHESIOLOGY	198501	3981	292388	29680	908		7270		40
41 RADIOLOGY-DIAGNOSTIC	5877330	114945	315987	1023343	8395	207492	41953		41
42 RADIOLOGY-THERAPEUTIC		16114		578	1588				42
44 LABORATORY	7520908	82257	156912	943408	12706		44134		44
47 BLOOD STORING, PROCESSING & TRA	1236659	3791	10235	37630	681		38248		47
49 RESPIRATORY THERAPY	1322887	19547	211206	334245	1361		5143		49
50 PHYSICAL THERAPY	2662126	25398	35185	570397	2269		1579		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	239703	8376	8874	67374	908		2774		52
53 ELECTROCARDIOLOGY	543592	15806	99242	127483	2269		1008		53
53.01 SLEEP LAB	41585	7273	31639	10388			133		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	4528701						1983		55
55.30 IMPL. DEV. CHARGED TO PATIENT	4261589						148325		55.30
56 DRUGS CHARGED TO PATIENTS	6689100					207492	241124		56
57 RENAL DIALYSIS	587209	2996			454		187		57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	1479528	18152	24541	467388	3177		7329		60.01
60.02 CLINIC	2008066	35017	66735	602736	4084		6016		60.02
60.03 COMMUNITY WELLNESS	708372						4		60.03
60.04 PROCTO/GI LAB	854911	109256	174523	205069	2950		12387		60.04
60.05 PULMONARY/CARDIAC	764635	17167	425947	121540	2723		11069		60.05
60.06 ITNCC									60.06
61 EMERGENCY	4651869	63898	237328	1207585	5219		20496		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	143579329	2645702	5227856	18271505	183335	4149849	798263	1990387	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	178007	12335	7053	29064			209		96
97.01 CARING CENTERS	7335			2135					97.01
97.02 RETAIL PHARMACY	242612								97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES	38880		49588		2269				97.05
98 PHYSICIANS' PRIVATE OFFICES	25073	189699		7215	5899				98

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING
	FOR COST	BLDGS &	MOVABLE	BENEFITS		PROCESSING		
	ALLOCATION	FIXTURES	EQUIPMENT					
	0	3	4	5	6.01	6.02	6.03	6.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	144071236	2847736	5284497	18309919	191503	4149849	798472	1990387 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	ADMIN & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINE SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS	5533838								6.05
6.06 ADMINISTRATIVE AND GENERAL		17750413	17750413						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		8641453	1212145	9853598					8
9 LAUNDRY & LINEN SERVICE		680167	95408	50256	825831				9
10 HOUSEKEEPING		2439362	342172	111259		2892793			10
11 DIETARY		2206976	309575	503206		150192	3169949		11
12 CAFETERIA							1925864	1925864	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2413778	338583	43464		12973		46651	14
15 CENTRAL SERVICES & SUPPLY		1143227	160362	182155	671	54368		19651	15
16 PHARMACY		2511335	352267	108927		32511		67877	16
17 MEDICAL RECORDS & LIBRARY		2023957	283902	21319		6363		29143	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL		-223316		476868		142331		106083	21
22 I&R SERVICES-SALARY & FRINGES A		2473385	346944						22
23 I&R SERVICES-OTHER PRGM COSTS A		2459037	344932	195088		58228		140456	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	690235	16601912	2328708	1899677	368833	566996	808974	349364	25
26 INTENSIVE CARE UNIT	142401	6056600	849565	464998	78880	138788	105830	118985	26
33 NURSERY	58661	496412	69632	24153		7209		22628	33
34 SKILLED NURSING FACILITY	82764	3915226	549193	477813	95042	142613	329281	78681	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	867005	8533508	1197004	840764	88435	250943		143264	37
39 DELIVERY ROOM & LABOR ROOM	21467	3862457	541791	519535	3991	155065		91718	39
40 ANESTHESIOLOGY	87888	620616	87054	20994		6266		3648	40
41 RADIOLOGY-DIAGNOSTIC	700897	8290342	1162895	606169	45457	180923		125788	41
42 RADIOLOGY-THERAPEUTIC	210	18490	2594	84980		25364		71	42
44 LABORATORY	760412	9520737	1335483	433787		129472		115963	44
47 BLOOD STORING, PROCESSING & TRA	68874	1396118	195835	19990		5966		4625	47
49 RESPIRATORY THERAPY	145543	2039932	286143	103080	1400	30766		41085	49
50 PHYSICAL THERAPY	136845	3433799	481662	133936	4265	39976		70113	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	12221	340230	47724	44173		13184		8281	52
53 ELECTROCARDIOLOGY	114059	903459	126729	83356	661	24879		15670	53
53.01 SLEEP LAB	2189	93207	13074	38356		11448		1277	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	105972	4636656	650388						55
55.30 IMPL. DEV. CHARGED TO PATIENT		4409914	618583						55.30
56 DRUGS CHARGED TO PATIENTS	630354	7768070	1089635						56
57 RENAL DIALYSIS	30180	621026	87112	15797	1387	4715			57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	43462	2043577	286655	95728		28572		57451	60.01
60.02 CLINIC	70174	2792828	391753	184665	3600	55117		74088	60.02
60.03 COMMUNITY WELLNESS		708376	99365						60.03
60.04 PROCTO/GI LAB	103011	1462107	205091	576169	13376	171969		25207	60.04
60.05 PULMONARY/CARDIAC	112062	1455143	204114	90531	1522	27021		14940	60.05
60.06 ITNCC									60.06
61 EMERGENCY	546467	6732862	944425	336967	118311	100574		148435	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	5533353	143273378	17638497	8788160	825831	2574792	3169949	1921143	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	485	227153	31863	65049		19415		3572	96
97.01 CARING CENTERS		9470	1328					262	97.01
97.02 RETAIL PHARMACY		242612	34031						97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES		90737	12728						97.05
98 PHYSICIANS' PRIVATE OFFICES		227886	31966	1000389		298586		887	98

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COST CENTER DESCRIPTION		CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINE SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
		6.05	5A	6.06	8	9	10	11	12
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	5533838	144071236	17750413	9853598	825831	2892793	3169949	1925864 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING &A SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING AND COLLECTIONS									6.05
6.06 ADMINISTRATIVE AND GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2855449								14
15 CENTRAL SERVICES & SUPPLY		1560434							15
16 PHARMACY			3072917						16
17 MEDICAL RECORDS & LIBRARY				2364684					17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	31683		133		533782				21
22 I&R SERVICES-SALARY & FRINGES A						2820329			22
23 I&R SERVICES-OTHER PRGM COSTS A	8214		1876				3207831		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1039323		22835	775616	189703	860629	978876	26791446	25
26 INTENSIVE CARE UNIT	344446		9535	115870	41039	283151	322054	8929741	26
33 NURSERY	55986		1685	115870	30337			823912	33
34 SKILLED NURSING FACILITY	290879		2036	293221	80806			6254791	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	326480	1560434	34482	80399	89851	126673	144077	13416314	37
39 DELIVERY ROOM & LABOR ROOM	199508		14761			100593	114414	5603833	39
40 ANESTHESIOLOGY	63		32571			7451	8475	787138	40
41 RADIOLOGY-DIAGNOSTIC	14520		76173			44708	50851	10597826	41
42 RADIOLOGY-THERAPEUTIC					4382			135881	42
44 LABORATORY	3466		2655			40982	46613	11629158	44
47 BLOOD STORING, PROCESSING & TRA			6045					1628579	47
49 RESPIRATORY THERAPY	1636		1161					2505203	49
50 PHYSICAL THERAPY			20					4163771	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	75							453667	52
53 ELECTROCARDIOLOGY			171					1154925	53
53.01 SLEEP LAB								157362	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT								5287044	55
55.30 IMPL. DEV. CHARGED TO PATIENT								5028497	55.30
56 DRUGS CHARGED TO PATIENTS			2723856					11581561	56
57 RENAL DIALYSIS			511					730548	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	62674		61363			275699	313579	3225298	60.01
60.02 CLINIC	67139		11877			637089	724622	4942778	60.02
60.03 COMMUNITY WELLNESS								807741	60.03
60.04 PROCTO/GI LAB	62685		9725	156069	27431	18628	21188	2749645	60.04
60.05 PULMONARY/CARDIAC	18485		1740		29188	126673	144077	2113434	60.05
60.06 ITNCC					41045			41045	60.06
61 EMERGENCY	326586		57505	827639		298053	339005	10230362	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	2853848	1560434	3072716	2364684	533782	2820329	3207831	141771500	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1601		201					348854	96
97.01 CARING CENTERS								11060	97.01
97.02 RETAIL PHARMACY								276643	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES								103465	97.05
98 PHYSICIANS' PRIVATE OFFICES								1559714	98

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COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	2855449	1560434	3072917	2364684	533782	2820329	3207831	144071236 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
6.03				6.03
6.04				6.04
6.05				6.05
6.06				6.06
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	-1839505	24951941	25
26	INTENSIVE CARE UNIT	-605205	8324536	26
33	NURSERY		823912	33
34	SKILLED NURSING FACILITY		6254791	34
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	-270750	13145564	37
39	DELIVERY ROOM & LABOR ROOM	-215007	5388826	39
40	ANESTHESIOLOGY	-15926	771212	40
41	RADIOLOGY-DIAGNOSTIC	-95559	10502267	41
42	RADIOLOGY-THERAPEUTIC		135881	42
44	LABORATORY	-87595	11541563	44
47	BLOOD STORING, PROCESSING & TRA		1628579	47
49	RESPIRATORY THERAPY		2505203	49
50	PHYSICAL THERAPY		4163771	50
51	OCCUPATIONAL THERAPY			51
52	SPEECH PATHOLOGY		453667	52
53	ELECTROCARDIOLOGY		1154925	53
53.01	SLEEP LAB		157362	53.01
55	MEDICAL SUPPLIES CHARGED TO PAT		5287044	55
55.30	IMPL. DEV. CHARGED TO PATIENT		5028497	55.30
56	DRUGS CHARGED TO PATIENTS		11581561	56
57	RENAL DIALYSIS		730548	57
OUTPATIENT SERVICE COST CENTERS				
60.01	FAMILY PRACTICE	-589278	2636020	60.01
60.02	CLINIC	-1361711	3581067	60.02
60.03	COMMUNITY WELLNESS		807741	60.03
60.04	PROCTO/GI LAB	-39816	2709829	60.04
60.05	PULMONARY/CARDIAC	-270750	1842684	60.05
60.06	ITNCC		41045	60.06
61	EMERGENCY	-637058	9593304	61
62	OBSERVATION BEDS (NON-DISTINCT			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
71	HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS				
95	SUBTOTALS	-6028160	135743340	95
NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN		348854	96
97.01	CARING CENTERS		11060	97.01
97.02	RETAIL PHARMACY		276643	97.02
97.03	POB SHELL			97.03
97.04	CLOSED UNITS			97.04
97.05	OFFSITE PHYSICIAN PRACTICES		103465	97.05
98	PHYSICIANS' PRIVATE OFFICES		1559714	98

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PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-6028160	138043076	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	DATA	PURCHASING
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS		PROCESSING	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		6.01	6.02	6.03
	0	3	4	4A	5			
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01			7402	7402	7402			
6.02		8556	1603	10159		10159		6.01
6.03		27794	1044749	1072543		265	1072808	6.02
6.04		51887	164314	216201		144		6.03
6.05		17839	7667	25506		241	107281	6.04
6.06		17279	2933	20212		385	321842	6.05
7		119951	84191	204142	494	2217	257474	2826 6.06
8								7
9		735937	262449	998386	235	337		382 8
10		9530		9530		12		9
11		21098	21566	42664	175	48		2531 10
12		95421	97768	193189	161	96		7510 11
13								12
14								13
15		8242	106996	115238	153	120		591 14
16		34541	107127	141668	64	48		15
17		20655	4430	25085	223	120		16
18		4043	14274	18317	96	253	75097	195 17
19								18
20								20
21		90426	141452	231878	348	542		1146 21
22								22
23		36994	5744	42738	461	253		872 23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25								
26		360227	182098	542325	1166	758	120154	5446 25
27		88175	323812	411987	390	217	18238	2355 26
28		4580	31885	36465	74	84	18238	392 33
29		90606	30988	121594	258	181	47204	1128 34
ANCILLARY SERVICE COST CENTERS								
30								
31		159430	365463	524893	470	602		27128 37
32		98517	128203	226720	301	169		3610 39
33		3981	292388	296369	12	48		1970 40
34		114945	315987	430932	413	445	53640	11367 41
35		16114		16114		84		42
36		82257	156912	239169	380	674		11957 44
37		3791	10235	14026	15	36		10363 47
38		19547	211206	230753	135	72		1393 49
39		25398	35185	60583	230	120		428 50
40								51
41		8376	8874	17250	27	48		751 52
42		15806	99242	115048	51	120		273 53
43		7273	31639	38912	4			36 53.01
44								537 55
45								40187 55.30
46							53640	65338 56
47		2996		2996		24		51 57
OUTPATIENT SERVICE COST CENTERS								
48								
49		18152	24541	42693	188	169		1986 60.01
50		35017	66735	101752	243	217		1630 60.02
51								1 60.03
52		109256	174523	283779	83	156		3356 60.04
53		17167	425947	443114	49	144		2999 60.05
54								60.06
55		63898	237328	301226	487	277		5553 61
56								62
57								63.50
58								63.60
OTHER REIMBURSABLE COST CENTERS								
59								
60								71
61								
62		2645702	5227856	7873558	7386	9726	1072808	216288 95
NONREIMBURSABLE COST CENTERS								
63								
64		12335	7053	19388	12			57 96
65					1			97.01
66								97.02
67								97.03
68								97.04
69			49588	49588		120		97.05
70		189699		189699	3	313		98

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	DATA	PURCHASING
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	6.01	PROCESSING 6.02	6.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		2847736	5284497	8132233	7402	10159	1072808	216345 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	ACCOUNTS RECEIVABLE 6.05	& GENERAL 6.06	OF PLANT 8	& LINE SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	133028								6.04
6.05 CASHIERING AND COLLECTIONS		342439							6.05
6.06 ADMINISTRATIVE AND GENERAL			467153						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			31904	1031244					8
9 LAUNDRY & LINEN SERVICE			2511	5260	17313				9
10 HOUSEKEEPING			9006	11644		66068			10
11 DIETARY			8148	52664		3430	265198		11
12 CAFETERIA							161117	161117	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			8912	4549		296		3902	14
15 CENTRAL SERVICES & SUPPLY			4221	19064	14	1242		1644	15
16 PHARMACY			9272	11400		743		5678	16
17 MEDICAL RECORDS & LIBRARY			7472	2231		145		2438	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL				49907		3251		8874	21
22 I&R SERVICES-SALARY & FRINGES A			9132						22
23 I&R SERVICES-OTHER PRGM COSTS A			9079	20417		1330		11749	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	81890	42746	61246	198813	7734	12949	67679	29240	25
26 INTENSIVE CARE UNIT	15026	8819	22361	48665	1654	3170	8854	9953	26
33 NURSERY		3633	1833	2528		165		1893	33
34 SKILLED NURSING FACILITY	36112	5126	14455	50006	1992	3257	27548	6582	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		53424	31506	87991	1854	5731		11984	37
39 DELIVERY ROOM & LABOR ROOM		1329	14260	54373	84	3542		7672	39
40 ANESTHESIOLOGY		5443	2291	2197		143		305	40
41 RADIOLOGY-DIAGNOSTIC		43406	30608	63440	953	4132		10522	41
42 RADIOLOGY-THERAPEUTIC		13	68	8894		579		6	42
44 LABORATORY		47092	35151	45399		2957		9700	44
47 BLOOD STORING, PROCESSING & TRA		4265	5154	2092		136		387	47
49 RESPIRATORY THERAPY		9013	7531	10788	29	703		3437	49
50 PHYSICAL THERAPY		8475	12678	14017	89	913		5865	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY		757	1256	4623		301		693	52
53 ELECTROCARDIOLOGY		7064	3336	8724	14	568		1311	53
53.01 SLEEP LAB		136	344	4014		261		107	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		6563	17119						55
55.30 IMPL. DEV. CHARGED TO PATIENT			16281						55.30
56 DRUGS CHARGED TO PATIENTS		39037	28680						56
57 RENAL DIALYSIS		1869	2293	1653	29	108			57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE		2692	7545	10019		653		4806	60.01
60.02 CLINIC		4346	10311	19326	75	1259		6198	60.02
60.03 COMMUNITY WELLNESS			2615						60.03
60.04 PROCTO/GI LAB		6379	5398	60300	280	3928		2109	60.04
60.05 PULMONARY/CARDIAC		6940	5372	9475	32	617		1250	60.05
60.06 ITNCC									60.06
61 EMERGENCY		33842	24858	35266	2480	2297		12417	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	133028	342409	464207	919739	17313	58806	265198	160722	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		30	839	6808		443		299	96
97.01 CARING CENTERS			35					22	97.01
97.02 RETAIL PHARMACY			896						97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES			335						97.05
98 PHYSICIANS' PRIVATE OFFICES			841	104697		6819		74	98

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WORKSHEET B
 PART III

COST CENTER DESCRIPTION		ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINE SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
		6.04	6.05	6.06	8	9	10	11	12
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	133028	342439	467153	1031244	17313	66068	265198	161117 103

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 PART III

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	I&R SALARY &AM FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25
101	CROSS FOOT ADJUSTMENTS					85062	9132	87316	181510 101
102	NEGATIVE COST CENTER					212370			212370 102
103	TOTAL	133761	167965	52521	106244	297432	9132	87316	8132233 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING AND COLLECTIONS			6.05
6.06 ADMINISTRATIVE AND GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	1256069		25
26 INTENSIVE CARE UNIT	573193		26
33 NURSERY	73163		33
34 SKILLED NURSING FACILITY	342278		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	933043		37
39 DELIVERY ROOM & LABOR ROOM	321658		39
40 ANESTHESIOLOGY	309338		40
41 RADIOLOGY-DIAGNOSTIC	651840		41
42 RADIOLOGY-THERAPEUTIC	25758		42
44 LABORATORY	392686		44
47 BLOOD STORING, PROCESSING & TRA	36577		47
49 RESPIRATORY THERAPY	263951		49
50 PHYSICAL THERAPY	103398		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	25710		52
53 ELECTROCARDIOLOGY	136512		53
53.01 SLEEP LAB	43814		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	24219		55
55.30 IMPL. DEV. CHARGED TO PATIENT	56468		55.30
56 DRUGS CHARGED TO PATIENTS	233251		56
57 RENAL DIALYSIS	9032		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	74736		60.01
60.02 CLINIC	148705		60.02
60.03 COMMUNITY WELLNESS	2616		60.03
60.04 PROCTO/GI LAB	375882		60.04
60.05 PULMONARY/CARDIAC	470888		60.05
60.06 ITNCC			60.06
61 EMERGENCY	472171		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	7356956		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	27954		96
97.01 CARING CENTERS	58		97.01
97.02 RETAIL PHARMACY	896		97.02
97.03 POB SHELL			97.03
97.04 CLOSED UNITS			97.04
97.05 OFFSITE PHYSICIAN PRACTICES	50043		97.05
98 PHYSICIANS' PRIVATE OFFICES	302446		98

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WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL
	26	27
101 CROSS FOOT ADJUSTMENTS		181510
102 NEGATIVE COST CENTER		212370
103 TOTAL		8132233

101
102
103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	DATA	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	# OF PHONE	STAFF TIME	STATS	PATIENT DAYS	
	3	4	5	6.01	6.02	6.03	6.04	
97.05 OFFSITE PHYICIAN PRACTICES		18905		10				97.05
98 PHYSICIANS' PRIVATE OFFICES	33880		25073	26				98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2847736	5284497	18309919	191503	4149849	798472	1990387	103
104 UNIT COST MULT-WS B PT I		2.623020		226.899289		.034805		104
104 UNIT COST MULT-WS B PT I	5.599155		.287775		4149.849000		44.237704	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			7402	10159	1072808	216345	133028	107
108 UNIT COST MULT-WS B PT III				12.036730		.009430		108
108 UNIT COST MULT-WS B PT III			.000116		1072.808000		2.956638	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION 6A.06	ADMIN & GENERAL ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINE SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA GROSS SALARIES 12	
97.05 OFFSITE PHICIAN PRACTICES			90737						97.05
98 PHYSICIANS' PRIVATE OFFICES			227886	33880		33880		25073	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	5533838		17750413	9853598	825831	2892793	3169949	1925864	103
104 UNIT COST MULT-WS B PT I	.009414		.140271		.626606		5.814809		104
104 UNIT COST MULT-WS B PT I				29.527428		8.813042		.035373	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	342439		467153	1031244	17313	66068	265198	161117	107
108 UNIT COST MULT-WS B PT III	.000583		.003692		.013136		.486467		108
108 UNIT COST MULT-WS B PT III				3.090240		.201280		.002959	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	NURSING &A SCHOOL ASSIGNED TIME	I&R SALARY &AM FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
	14	15	16	17	21	22	23	
97.05 OFFSITE PHYICIAN PRACTICES								97.05
98 PHYSICIANS' PRIVATE OFFICES								98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2855449	1560434	3072917	2364684	533782	2820329	3207831	103
104 UNIT COST MULT-WS B PT I	3.933824		.393279		5.835214		4237.557464	104
104 UNIT COST MULT-WS B PT I		15604.340000		2364.684000		3725.665786		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	133761	167965	52521	106244	85062	9132	87316	107
108 UNIT COST MULT-WS B PT III	.184277		.006722		.929883		115.344782	108
108 UNIT COST MULT-WS B PT III		1679.650000		106.244000		12.063408		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	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	24951941		24951941		24951941	25
26 INTENSIVE CARE UNIT	8324536		8324536		8324536	26
33 NURSERY	823912		823912		823912	33
34 SKILLED NURSING FACILITY	6254791		6254791		6254791	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	13145564		13145564		13145564	37
39 DELIVERY ROOM & LABOR ROOM	5388826		5388826		5388826	39
40 ANESTHESIOLOGY	771212		771212		771212	40
41 RADIOLOGY-DIAGNOSTIC	10502267		10502267		10502267	41
42 RADIOLOGY-THERAPEUTIC	135881		135881		135881	42
44 LABORATORY	11541563		11541563		11541563	44
47 BLOOD STORING, PROCESSING &	1628579		1628579		1628579	47
49 RESPIRATORY THERAPY	2505203		2505203		2505203	49
50 PHYSICAL THERAPY	4163771		4163771		4163771	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	453667		453667		453667	52
53 ELECTROCARDIOLOGY	1154925		1154925		1154925	53
53.01 SLEEP LAB	157362		157362		157362	53.01
55 MEDICAL SUPPLIES CHARGED TO	5287044		5287044		5287044	55
55.30 IMPL. DEV. CHARGED TO PATIE	5028497		5028497		5028497	55.30
56 DRUGS CHARGED TO PATIENTS	11581561		11581561		11581561	56
57 RENAL DIALYSIS	730548		730548		730548	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	2636020		2636020	77863	2713883	60.01
60.02 CLINIC	3581067		3581067	20400	3601467	60.02
60.03 COMMUNITY WELLNESS	807741		807741		807741	60.03
60.04 PROCTO/GI LAB	2709829		2709829		2709829	60.04
60.05 PULMONARY/CARDIAC	1842684		1842684		1842684	60.05
60.06 ITNCC	41045		41045		41045	60.06
61 EMERGENCY	9593304		9593304		9593304	61
62 OBSERVATION BEDS (NON-DISTI	12606		12606		12606	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	135755946		135755946	98263	135854209	101
102 LESS OBSERVATION BEDS	12606		12606		12606	102
103 TOTAL	135743340		135743340	98263	135841603	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	43100062		43100062			25
26 INTENSIVE CARE UNIT	14862287		14862287			26
33 NURSERY	6230900		6230900			33
34 SKILLED NURSING FACILITY	8791624		8791624			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	46380479	39249651	85630130	.153516	.153516	.153516 37
39 DELIVERY ROOM & LABOR ROOM	23213756	4574830	27788586	.193922	.193922	.193922 39
40 ANESTHESIOLOGY	6138641	3197289	9335930	.082607	.082607	.082607 40
41 RADIOLOGY-DIAGNOSTIC	20340901	54096734	74437635	.141088	.141088	.141088 41
42 RADIOLOGY-THERAPEUTIC	22784		22784	5.963878	5.963878	5.963878 42
44 LABORATORY	37682229	42241073	79923302	.144408	.144408	.144408 44
47 BLOOD STORING, PROCESSING &	5943622	1371025	7314647	.222646	.222646	.222646 47
49 RESPIRATORY THERAPY	12360255	3084596	15444851	.162203	.162203	.162203 49
50 PHYSICAL THERAPY	9186229	5347165	14533394	.286497	.286497	.286497 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	805432	492714	1298146	.349473	.349473	.349473 52
53 ELECTROCARDIOLOGY	5675722	5408012	11083734	.104200	.104200	.104200 53
53.01 SLEEP LAB		232536	232536	.676721	.676721	.676721 53.01
55 MEDICAL SUPPLIES CHARGED TO	9649661	1606907	11256568	.469685	.469685	.469685 55
55.30 IMPL. DEV. CHARGED TO PATIE	4577959	1915167	6493126	.774434	.774434	.774434 55.30
56 DRUGS CHARGED TO PATIENTS	38291649	28666724	66958373	.172967	.172967	.172967 56
57 RENAL DIALYSIS	2931702	274206	3205908	.227876	.227876	.227876 57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE						60.01
60.02 CLINIC	10933	2371601	2382534	1.503050	1.503050	1.511612 60.02
60.03 COMMUNITY WELLNESS						60.03
60.04 PROCTO/GI LAB	2161802	8780566	10942368	.247646	.247646	.247646 60.04
60.05 PULMONARY/CARDIAC	6451360	5452357	11903717	.154799	.154799	.154799 60.05
60.06 ITNCC						60.06
61 EMERGENCY	14299449	42824343	57123792	.167939	.167939	.167939 61
62 OBSERVATION BEDS (NON-DISTI	13772	4962561	4976333	.002533	.002533	.002533 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	319123210	256150057	575273267			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	319123210	256150057	575273267			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				1256069		1256069	25
26 INTENSIVE CARE UNIT				573193		573193	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				73163		73163	33
101 TOTAL				1902425		1902425	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	27711	10321			45.33	467851	25
26 INTENSIVE CARE UNIT	5082	1962			112.79	221294	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	4759				15.37		33
101 TOTAL	37552	12283				689145	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		933043	85630130	15701793			.010896	171087 37
39 DELIVERY ROOM & LABOR ROOM		321658	27788586	8628			.011575	100 39
40 ANESTHESIOLOGY		309338	9335930	1180396			.033134	39111 40
41 RADIOLOGY-DIAGNOSTIC		651840	74437635	8905454			.008757	77985 41
42 RADIOLOGY-THERAPEUTIC		25758	22784	2335			1.130530	2640 42
44 LABORATORY		392686	79923302	14561565			.004913	71541 44
47 BLOOD STORING, PROCESSING & T		36577	7314647	2028618			.005001	10145 47
49 RESPIRATORY THERAPY		263951	15444851	5838240			.017090	99776 49
50 PHYSICAL THERAPY		103398	14533394	1078016			.007115	7670 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		25710	1298146	157078			.019805	3111 52
53 ELECTROCARDIOLOGY		136512	11083734	2778020			.012316	34214 53
53.01 SLEEP LAB		43814	232536				.188418	53.01
55 MEDICAL SUPPLIES CHARGED TO P		24219	11256568	3315894			.002152	7136 55
55.30 IMPL. DEV. CHARGED TO PATIENT		56468	6493126	841920			.008697	7322 55.30
56 DRUGS CHARGED TO PATIENTS		233251	66958373	12429046			.003484	43303 56
57 RENAL DIALYSIS		9032	3205908	1757017			.002817	4950 57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		74736						60.01
60.02 CLINIC		148705	2382534	6437			.062415	402 60.02
60.03 COMMUNITY WELLNESS		2616						60.03
60.04 PROCTO/GI LAB		375882	10942368	1001041			.034351	34387 60.04
60.05 PULMONARY/CARDIAC		470888	11903717	2456235			.039558	97164 60.05
60.06 ITNCC								60.06
61 EMERGENCY		472171	57123792	5475530			.008266	45261 61
62 OBSERVATION BEDS (NON-DISTINC		635	4976333	13772			.000128	2 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5112888	502288394	79537035				757307 101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 12:57

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS		189703			189703	25
26 INTENSIVE CARE UNIT		41039			41039	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		30337			30337	33
34 SKILLED NURSING FACILITY		80806			80806	34
35 NURSING FACILITY						35
101 TOTAL		341885			341885	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 12:57

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	27711	6.85	10321	70699	25
26 INTENSIVE CARE UNIT	5082	8.08	1962	15853	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	4759	6.37			33
34 SKILLED NURSING FACILITY	12214	6.62	8782	58137	34
35 NURSING FACILITY					35
101 TOTAL	49766		21065	144689	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER		ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS			
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			89851					89851 37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			4382					4382 42
44 LABORATORY								44
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC								60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB			27431					27431 60.04
60.05 PULMONARY/CARDIAC			29188					29188 60.05
60.06 ITNCC			41045					41045 60.06
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC			96					96 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL			191993					191993 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM		
	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	89851	85630130	.001049	.001049	15701793	16471	7790866	37
39 DELIVERY ROOM & LABOR ROOM		27788586			8628		315	39
40 ANESTHESIOLOGY		9335930			1180396		551095	40
41 RADIOLOGY-DIAGNOSTIC		74437635			8905454		10977127	41
42 RADIOLOGY-THERAPEUTIC	4382	22784	.192328	.192328	2335	449		42
44 LABORATORY		79923302			14561565		9857815	44
47 BLOOD STORING, PROCESSING & T		7314647			2028618		271793	47
49 RESPIRATORY THERAPY		15444851			5838240		459806	49
50 PHYSICAL THERAPY		14533394			1078016		1035305	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1298146			157078		72452	52
53 ELECTROCARDIOLOGY		11083734			2778020		1178976	53
53.01 SLEEP LAB		232536					25946	53.01
55 MEDICAL SUPPLIES CHARGED TO P		11256568			3315894		363156	55
55.30 IMPL. DEV. CHARGED TO PATIENT		6493126			841920			55.30
56 DRUGS CHARGED TO PATIENTS		66958373			12429046		9260914	56
57 RENAL DIALYSIS		3205908			1757017		50890	57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC		2382534			6437		760181	60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB	27431	10942368	.002507	.002507	1001041	2510	1572422	60.04
60.05 PULMONARY/CARDIAC	29188	11903717	.002452	.002452	2456235	6023	1961583	60.05
60.06 ITNCC	41045							60.06
61 EMERGENCY		57123792			5475530		3689397	61
62 OBSERVATION BEDS (NON-DISTINC	96	4976333	.000019	.000019	13772		1246995	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	191993	502288394			79537035	25453	51127034	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			8173		37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB			3942		60.04
60.05 PULMONARY/CARDIAC			4810		60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC			24		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			16949		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.153516	.153516	.153516			37
39 DELIVERY ROOM & LABOR ROOM	.193922	.193922	.193922			39
40 ANESTHESIOLOGY	.082607	.082607	.082607			40
41 RADIOLOGY-DIAGNOSTIC	.141088	.141088	.141088			41
42 RADIOLOGY-THERAPEUTIC	5.963878	5.963878	5.963878			42
44 LABORATORY	.144408	.144408	.144408			44
47 BLOOD STORING, PROCESSING & TRA	.222646	.222646	.222646			47
49 RESPIRATORY THERAPY	.162203	.162203	.162203			49
50 PHYSICAL THERAPY	.286497	.286497	.286497			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.349473	.349473	.349473			52
53 ELECTROCARDIOLOGY	.104200	.104200	.104200			53
53.01 SLEEP LAB	.676721	.676721	.676721			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.469685	.469685	.469685			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.774434	.774434	.774434			55.30
56 DRUGS CHARGED TO PATIENTS	.172967	.172967	.172967			56
57 RENAL DIALYSIS	.227876	.227876	.227876			57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE						60.01
60.02 CLINIC	1.503050	1.503050	1.503050			60.02
60.03 COMMUNITY WELLNESS						60.03
60.04 PROCTO/GI LAB	.247646	.247646	.247646			60.04
60.05 PULMONARY/CARDIAC	.154799	.154799	.154799			60.05
60.06 ITNCC						60.06
61 EMERGENCY	.167939	.167939	.167939			61
62 OBSERVATION BEDS (NON-DISTINCT	.002533	.002533	.002533			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.172967	1
2 PROGRAM VACCINE CHARGES	131547	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	22753	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		7790866	14848					37
39 DELIVERY ROOM & LABOR ROOM		315						39
40 ANESTHESIOLOGY		551095						40
41 RADIOLOGY-DIAGNOSTIC		10977127						41
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY		9857815	24					44
47 BLOOD STORING, PROCESSING & TR		271793						47
49 RESPIRATORY THERAPY		459806						49
50 PHYSICAL THERAPY		1035305						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		72452						52
53 ELECTROCARDIOLOGY		1178976						53
53.01 SLEEP LAB		25946						53.01
55 MEDICAL SUPPLIES CHARGED TO PA		363156	17659					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		9260914	297					56
57 RENAL DIALYSIS		50890						57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC		760181	210					60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB		1572422						60.04
60.05 PULMONARY/CARDIAC		1961583						60.05
60.06 ITNCC								60.06
61 EMERGENCY		3689397						61
62 OBSERVATION BEDS (NON-DISTINCT		1246995						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		51127034	33038					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		51127034	33038					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 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		1196023	2279				37
39 DELIVERY ROOM & LABOR ROOM		61					39
40 ANESTHESIOLOGY		45524					40
41 RADIOLOGY-DIAGNOSTIC		1548741					41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY		1423547	3				44
47 BLOOD STORING, PROCESSING & TRA		60514					47
49 RESPIRATORY THERAPY		74582					49
50 PHYSICAL THERAPY		296612					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		25320					52
53 ELECTROCARDIOLOGY		122849					53
53.01 SLEEP LAB		17558					53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		170569	8294				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		1601833	51				56
57 RENAL DIALYSIS		11597					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC		1142590	316				60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB		389404					60.04
60.05 PULMONARY/CARDIAC		303651					60.05
60.06 ITNCC							60.06
61 EMERGENCY		619594					61
62 OBSERVATION BEDS (NON-DISTINCT)		3159					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		9053728	10943				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9053728	10943				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			89851				89851	37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			4382				4382	42
44 LABORATORY								44
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC								60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB			27431				27431	60.04
60.05 PULMONARY/CARDIAC			29188				29188	60.05
60.06 ITNCC			41045				41045	60.06
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL			191897				191897	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	89851	85630130	.001049	.001049	201945	212	37
39 DELIVERY ROOM & LABOR ROOM		27788586					39
40 ANESTHESIOLOGY		9335930			465		40
41 RADIOLOGY-DIAGNOSTIC		74437635			203570		41
42 RADIOLOGY-THERAPEUTIC	4382	22784	.192328	.192328	3269	629	42
44 LABORATORY		79923302			1524316		44
47 BLOOD STORING, PROCESSING & T		7314647			12104		47
49 RESPIRATORY THERAPY		15444851			207381		49
50 PHYSICAL THERAPY		14533394			4994523		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1298146			432532		52
53 ELECTROCARDIOLOGY		11083734			47848		53
53.01 SLEEP LAB		232536					53.01
55 MEDICAL SUPPLIES CHARGED TO P		11256568			780895		55
55.30 IMPL. DEV. CHARGED TO PATIENT		6493126					55.30
56 DRUGS CHARGED TO PATIENTS		66958373			2617833		56
57 RENAL DIALYSIS		3205908					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC		2382534					60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB	27431	10942368	.002507	.002507			60.04
60.05 PULMONARY/CARDIAC	29188	11903717	.002452	.002452	60617	149	60.05
60.06 ITNCC	41045						60.06
61 EMERGENCY		57123792					61
62 OBSERVATION BEDS (NON-DISTINC		4976333					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	191897	502288394			11087298	990	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF 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				1256069		1256069	25
26 INTENSIVE CARE UNIT				573193		573193	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				73163		73163	33
101 TOTAL				1902425		1902425	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	27711	7438			45.33	337165	25
26 INTENSIVE CARE UNIT	5082	895			112.79	100947	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	4759	2636			15.37	40515	33
101 TOTAL	37552	10969				478627	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		933043	85630130				.010896	37
39 DELIVERY ROOM & LABOR ROOM		321658	27788586				.011575	39
40 ANESTHESIOLOGY		309338	9335930				.033134	40
41 RADIOLOGY-DIAGNOSTIC		651840	74437635				.008757	41
42 RADIOLOGY-THERAPEUTIC		25758	22784				1.130530	42
44 LABORATORY		392686	79923302				.004913	44
47 BLOOD STORING, PROCESSING & T		36577	7314647				.005001	47
49 RESPIRATORY THERAPY		263951	15444851				.017090	49
50 PHYSICAL THERAPY		103398	14533394				.007115	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		25710	1298146				.019805	52
53 ELECTROCARDIOLOGY		136512	11083734				.012316	53
53.01 SLEEP LAB		43814	232536				.188418	53.01
55 MEDICAL SUPPLIES CHARGED TO P		24219	11256568				.002152	55
55.30 IMPL. DEV. CHARGED TO PATIENT		56468	6493126				.008697	55.30
56 DRUGS CHARGED TO PATIENTS		233251	66958373				.003484	56
57 RENAL DIALYSIS		9032	3205908				.002817	57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		74736						60.01
60.02 CLINIC		148705	2382534				.062415	60.02
60.03 COMMUNITY WELLNESS		2616						60.03
60.04 PROCTO/GI LAB		375882	10942368				.034351	60.04
60.05 PULMONARY/CARDIAC		470888	11903717				.039558	60.05
60.06 ITNCC								60.06
61 EMERGENCY		472171	57123792				.008266	61
62 OBSERVATION BEDS (NON-DISTINC		635	4976333				.000128	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5112888	502288394					101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 12:57

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		189703				189703	25
26 INTENSIVE CARE UNIT		41039				41039	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		30337				30337	33
34 SKILLED NURSING FACILITY		80806				80806	34
35 NURSING FACILITY							35
101 TOTAL		341885				341885	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 12:57

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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	27711	6.85	7438	50950	25
26 INTENSIVE CARE UNIT	5082	8.08	895	7232	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	4759	6.37	2636	16791	33
34 SKILLED NURSING FACILITY	12214	6.62			34
35 NURSING FACILITY					35
101 TOTAL	49766		10969	74973	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			89851				89851	37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			4382				4382	42
44 LABORATORY								44
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC								60.02
60.03 COMMUNITY WELLNESS								60.03
60.04 PROCTO/GI LAB			27431				27431	60.04
60.05 PULMONARY/CARDIAC			29188				29188	60.05
60.06 ITNCC			41045				41045	60.06
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL			191897				191897	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	89851	85630130	.001049	.001049			37
39 DELIVERY ROOM & LABOR ROOM		27788586					39
40 ANESTHESIOLOGY		9335930					40
41 RADIOLOGY-DIAGNOSTIC		74437635					41
42 RADIOLOGY-THERAPEUTIC	4382	22784	.192328	.192328			42
44 LABORATORY		79923302					44
47 BLOOD STORING, PROCESSING & T		7314647					47
49 RESPIRATORY THERAPY		15444851					49
50 PHYSICAL THERAPY		14533394					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1298146					52
53 ELECTROCARDIOLOGY		11083734					53
53.01 SLEEP LAB		232536					53.01
55 MEDICAL SUPPLIES CHARGED TO P		11256568					55
55.30 IMPL. DEV. CHARGED TO PATIENT		6493126					55.30
56 DRUGS CHARGED TO PATIENTS		66958373					56
57 RENAL DIALYSIS		3205908					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC		2382534					60.02
60.03 COMMUNITY WELLNESS							60.03
60.04 PROCTO/GI LAB	27431	10942368	.002507	.002507			60.04
60.05 PULMONARY/CARDIAC	29188	11903717	.002452	.002452			60.05
60.06 ITNCC	41045						60.06
61 EMERGENCY		57123792					61
62 OBSERVATION BEDS (NON-DISTINC		4976333					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	191897	502288394					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5743)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27711					12214	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27711					12214	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27711					12214	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)	10321					8782	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5743)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24951941					6254791	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	24951941					6254791	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	64159369					8791624	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	64159369					8791624	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.388906					.711449	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2315.30					719.80	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	24951941					6254791	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	900.43						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9293338						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9293338						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							
44	INTENSIVE CARE UNIT	8324536	5082	1638.04	1962	3213834		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	14251781						48
49	TOTAL PROGRAM INPATIENT COSTS	26758953						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	775697						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	782760						51
52	TOTAL PROGRAM EXCLUDABLE COST	1558457						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	25200496						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5743) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	6254791	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	512.10	67
68 PROGRAM ROUTINE SERVICE COST	4497262	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4497262	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	342278	71
72 PER DIEM CAPITAL RELATED COSTS	28.02	72
73 PROGRAM CAPITAL RELATED COSTS	246072	73
74 INPATIENT ROUTINE SERVICE COST	4251190	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4251190	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4497262	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2751730	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	55073	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	7304065	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	14	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	900.43	84
85 OBSERVATION BED COST	12606	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		24951941		12606		86
87 NEW CAPITAL-RELATED COST	1256069	24951941	.050340	12606	635	87
88 NON PHYSICIAN ANESTHETIST		24951941		12606		88
89 NURSING SCHOOL	189703	24951941	.007603	12606	96	89
89.01 ALLIED HEALTH		24951941		12606		89.01
89.02 ALL OTHER		24951941		12606		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27711						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27711						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27711						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)	7438						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	4759						15
16 TITLE V OR XIX NURSERY DAYS	2636						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24951941						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	24951941						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	64159369						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	64159369						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.388906						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2315.30						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	24951941						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	900.43					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6697398					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6697398					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)	823912	4759	173.13	2636	456371	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	8324536	5082	1638.04	895	1466046	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	8619815					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	553600					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	553600					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0049)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

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

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 12:57

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	14	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	900.43	84
85 OBSERVATION BED COST	12606	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		17807698		25
26 INTENSIVE CARE UNIT		6561782		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.153516	15701793	2410476	37
39 DELIVERY ROOM & LABOR ROOM	.193922	8628	1673	39
40 ANESTHESIOLOGY	.082607	1180396	97509	40
41 RADIOLOGY-DIAGNOSTIC	.141088	8905454	1256453	41
42 RADIOLOGY-THERAPEUTIC	5.963878	2335	13926	42
44 LABORATORY	.144408	14561565	2102806	44
47 BLOOD STORING, PROCESSING & TRA	.222646	2028618	451664	47
49 RESPIRATORY THERAPY	.162203	5838240	946980	49
50 PHYSICAL THERAPY	.286497	1078016	308848	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.349473	157078	54895	52
53 ELECTROCARDIOLOGY	.104200	2778020	289470	53
53.01 SLEEP LAB	.676721			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.469685	3315894	1557426	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.774434	841920	652011	55.30
56 DRUGS CHARGED TO PATIENTS	.172967	12429046	2149815	56
57 RENAL DIALYSIS	.227876	1757017	400382	57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE				60.01
60.02 CLINIC	1.511612	6437	9730	60.02
60.03 COMMUNITY WELLNESS				60.03
60.04 PROCTO/GI LAB	.247646	1001041	247904	60.04
60.05 PULMONARY/CARDIAC	.154799	2456235	380223	60.05
60.06 ITNCC				60.06
61 EMERGENCY	.167939	5475530	919555	61
62 OBSERVATION BEDS (NON-DISTINCT	.002533	13772	35	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		79537035	14251781	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		79537035		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.153516	201945	31002	37
39 DELIVERY ROOM & LABOR ROOM	.193922			39
40 ANESTHESIOLOGY	.082607	465	38	40
41 RADIOLOGY-DIAGNOSTIC	.141088	203570	28721	41
42 RADIOLOGY-THERAPEUTIC	5.963878	3269	19496	42
44 LABORATORY	.144408	1524316	220123	44
47 BLOOD STORING, PROCESSING & TRA	.222646	12104	2695	47
49 RESPIRATORY THERAPY	.162203	207381	33638	49
50 PHYSICAL THERAPY	.286497	4994523	1430916	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.349473	432532	151158	52
53 ELECTROCARDIOLOGY	.104200	47848	4986	53
53.01 SLEEP LAB	.676721			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.469685	780895	366775	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.774434			55.30
56 DRUGS CHARGED TO PATIENTS	.172967	2617833	452799	56
57 RENAL DIALYSIS	.227876			57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE				60.01
60.02 CLINIC	1.503050			60.02
60.03 COMMUNITY WELLNESS				60.03
60.04 PROCTO/GI LAB	.247646			60.04
60.05 PULMONARY/CARDIAC	.154799	60617	9383	60.05
60.06 ITNCC				60.06
61 EMERGENCY	.167939			61
62 OBSERVATION BEDS (NON-DISTINCT	.002533			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		11087298	2751730	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11087298		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.153516		37
39 DELIVERY ROOM & LABOR ROOM	.193922		39
40 ANESTHESIOLOGY	.082607		40
41 RADIOLOGY-DIAGNOSTIC	.141088		41
42 RADIOLOGY-THERAPEUTIC	5.963878		42
44 LABORATORY	.144408		44
47 BLOOD STORING, PROCESSING & TRA	.222646		47
49 RESPIRATORY THERAPY	.162203		49
50 PHYSICAL THERAPY	.286497		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.349473		52
53 ELECTROCARDIOLOGY	.104200		53
53.01 SLEEP LAB	.676721		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.469685		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.774434		55.30
56 DRUGS CHARGED TO PATIENTS	.172967		56
57 RENAL DIALYSIS	.227876		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE			60.01
60.02 CLINIC	1.503050		60.02
60.03 COMMUNITY WELLNESS			60.03
60.04 PROCTO/GI LAB	.247646		60.04
60.05 PULMONARY/CARDIAC	.154799		60.05
60.06 ITNCC			60.06
61 EMERGENCY	.167939		61
62 OBSERVATION BEDS (NON-DISTINCT	.002533		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	4914527					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5631183					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11830358					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1276854					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1057204					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2068059					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	489147					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	181.00					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	58.78					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	58.78			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	46.93					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	46.93					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	46.02					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	52.83					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	48.59				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.268453				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.291063				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.268453				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	845012				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	912844				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	1896884				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	3654740 0	3654740			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0942				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3697				4.01
4.02	SUM OF 4 AND 4.01	0.4639				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2750				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6153419				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	32673374				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	32673374				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2369909				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2066413				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	41435				11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	86552				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	25453				15
16	TOTAL	37263136				16
17	PRIMARY PAYER PAYMENTS	3809				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37259327				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1893668				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	94145				20
21	REIMBURSABLE BAD DEBTS	904070				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	632849				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	845629				21.02
22	SUBTOTAL	35904363				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0049)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	35904363				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	37076612				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-1172249				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	765476				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02	
1 MEDICAL AND OTHER SERVICES	33696			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9036779			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	10080606			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.878			1.03
1.04 LINE 1.01 TIMES LINE 1.03	7934292			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	16949			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	33696			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	164585			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	164585			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	164585			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	130889			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	33696			17
17.01 TOTAL PPS PAYMENTS	10097555			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6625		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2289707		18.01
19 SUBTOTAL	7834919		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	600863		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8435782		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	8435782		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	814842		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	570389		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	770020		27.02
28 SUBTOTAL	9006171		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	9006171		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7816948		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1189223		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5743)	SNF (14-5743)	SNF (14-5743)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5743) 1	SNF (14-5743) 1.01	SNF (14-5743) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		37206599		7814226	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 TO .02 PROVIDER .03 PROVIDER .04 TO .05 02/05/2010 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE 129987	02/05/2010	2722	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-129987		2722	3.99
4 TOTAL INTERIM PAYMENTS		37076612		7816948	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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	-1172249		1189223	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		35904363		9006171	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5743)
 (PPS)
 2

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	4030082
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	58137
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	990
30	SUBTOTAL	4089209
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	4089209
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5743) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	4089209	35
36	COINSURANCE		36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	3868	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	2708	38.03
39	UTILIZATION REVIEW	55073	39
40	SUBTOTAL	4146990	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	PPS PAYMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	4146990	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4146990	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	4030082	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	116908	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	
				SUB IV	
				NF I (PPS)	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	8619815			
3	MEDICAL AND OTHER SERVICES				1
4	INTERNS AND RESIDENTS				2
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				3
6	COST OF TEACHING PHYSICIANS				4
7	SUBTOTAL	8619815			5
8	INPATIENT PRIMARY PAYER PAYMENTS				6
9	OUTPATIENT PRIMARY PAYER PAYMENTS				7
10	SUBTOTAL	8619815			8
11	COMPUTATION OF LESSER OF COST OR CHARGES				9
12	ROUTINE SERVICE CHARGES				10
13	ANCILLARY SERVICE CHARGES				11
14	INTERNS AND RESIDENTS SERVICE CHARGES				12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
16	TEACHING PHYSICIANS				14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
18	TOTAL REASONABLE CHARGES				16
19	CUSTOMARY CHARGES				17
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				18
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				19
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				20
23	ACCORDANCE WITH 42 CFR 413.13(E)				21
24	RATIO OF LINE 17 TO LINE 18				22
25	TOTAL CUSTOMARY CHARGES				23
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				24
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	8619815			25
28	COST OF COVERED SERVICES	8619815			26
29	PROSPECTIVE PAYMENT AMOUNT				27
30	OTHER THAN OUTLIER PAYMENTS				28
31	OUTLIER PAYMENTS				29
32	PROGRAM CAPITAL PAYMENTS				30
33	CAPITAL EXCEPTION PAYMENTS				31
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				32
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				33
36	SUBTOTAL	8619815			
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)				
38	LESSER OF LINES 30 OR 31	8619815			
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	8619815					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	PPS PAYMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	58.80 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	58.80 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	46.93 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	46.93 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	45.50 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	0.72 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	46.22 3.09
3.10	SEE INSTRUCTIONS	46.22 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	0.72 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	1.23 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	9.88 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.94 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.94 3.16
3.17	SEE INSTRUCTIONS	121556.90 3.17
3.18	SEE INSTRUCTIONS	478934 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		44.79	3.19
3.20	SEE INSTRUCTIONS		42.95	3.20
3.21	SEE INSTRUCTIONS		44.41	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		44.41	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		128307.10	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		5698118	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		6177052	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		12283	4
5	TOTAL INPATIENT DAYS		32779	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.374722	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 2314677	0	2314677	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2179	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		32779	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		352599	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		3205908	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	31256215	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	3809	15
16	TOTAL PART A REASONABLE COST	31252406	16
PART B REASONABLE COST			
17	REASONABLE COST	9087424	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	9087424	19
20	TOTAL REASONABLE COST	40339830	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.774728	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.225272	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	2667276	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2066413	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	600863	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		8333	4
5	TOTAL INPATIENT DAYS		32779	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.254218	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		32779	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

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	2036359			1
2 TEMPORARY INVESTMENTS	2902565			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	12806380			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	1376977			7
8 PREPAID EXPENSES	439912			8
9 OTHER CURRENT ASSETS	730830			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	20293023			11
FIXED ASSETS				
12 LAND	1930352			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2360389			13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	149944621			14
14.01 ACCUMULATED DEPRECIATION	-2260016			14.01
15 LEASEHOLD IMPROVEMENTS	1831158			15
15.01 ACCUMULATED AMORTIZATION	-226213			15.01
16 FIXED EQUIPMENT	7757330			16
16.01 ACCUMULATED DEPRECIATION	-78544290			16.01
17 AUTOMOBILES AND TRUCKS	228393			17
17.01 ACCUMULATED DEPRECIATION	-5917026			17.01
18 MAJOR MOVABLE EQUIPMENT	83252083			18
18.01 ACCUMULATED DEPRECIATION	-98778481			18.01
19 MINOR EQUIPMENT DEPRECIABLE	13130374			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	74708674			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS	117603603			24
25 OTHER ASSETS	794339			25
26 TOTAL OTHER ASSETS	118397942			26
27 TOTAL ASSETS	213399639			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3105663			28
29 SALARIES, WAGES & FEES PAYABLE	7422248			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	6552376			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	240212778			34
35 OTHER CURRENT LIABILITIES				35
36 TOTAL CURRENT LIABILITIES	257293065			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	44841610			41
42 TOTAL LONG TERM LIABILITIES	44841610			42
43 TOTAL LIABILITIES	302134675			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-88735036			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	-88735036			51
52 TOTAL LIABILITIES AND FUND BALANCES	213399639			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	-84350778			1
2 NET INCOME (LOSS)	-5254842			2
3 TOTAL	-89605620			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN INTEREST IN NET ASSETS	870584			5
6 CHANGE IN ACCTG				6
7 CONTRIBUTIONS				7
8 INVESTMENT INCOME				8
9				9
10 TOTAL ADDITIONS	870584			10
11 SUBTOTAL	-88735036			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET REALIZED LOSS ON INVESTMENTS				13
14 TRANSFER TO AFFILIATES				14
15 NET ASSETS RELEASED FROM RESTRICTIO				15
16 TRANS TO AFFILIATES				16
17 MIN PENSION LIABILITY				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-88735036			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	70404041		70404041	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	8791624		8791624	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	79195665		79195665	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	14862287		14862287	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	14862287		14862287	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	94057952		94057952	18
18.50 ANCILLARY SERVICES	202141715	187309996	389451711	18.50
18.60 OUTPATIENT SERVICES	22923544	68840061	91763605	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
24.02 HOSPICE/CARING CENTER				24.02
25 PRO FEES	2963498	9408840	12372338	25
CONTRACT REVENUE		900332	900332	
TOTAL PATIENT REVENUES	322086709	266459229	588545938	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		179463917	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 DEPRECIATION ADJUSTMENT	-2838176		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-2838176		39
40 TOTAL OPERATING EXPENSES		176625741	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	588545938	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	426235634	2
3	NET PATIENT REVENUES	162310304	3
4	LESS - TOTAL OPERATING EXPENSES	176625741	4
5	NET INCOME FROM SERVICE TO PATIENTS	-14315437	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	73978	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		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	305	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	5265976	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1013998	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ALL OTHER MISCELLANEOUS INCOME	2861256	24
24.05	ASSETS RELEASED FROM RESTRICTIONS	83163	24.05
25	TOTAL OTHER INCOME	9298676	25
26	TOTAL	-5016761	26
27			27
27.01	NON OPERATING EXPENSES	238081	27.01
27.04	CONTRIBUTIONS		27.04
28			28
29			29
30	TOTAL OTHER EXPENSES	238081	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-5254842	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0049)	HOSPITAL (14-0049)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	1841711				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	42907				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	89.81				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01	48.59	0.00			4.01
					NO. OF INTERNS & RESIDENTS
4.02	16.50				4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	303882				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0942				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.3697				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.4639				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0985				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	181409				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	2369909				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING AND COLLECTIONS					6.05
6.06 ADMINISTRATIVE AND GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 SLEEP LAB					53.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 FAMILY PRACTICE					60.01
60.02 CLINIC					60.02
60.03 COMMUNITY WELLNESS					60.03
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
60.06 ITNCC					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97.01 CARING CENTERS					97.01
97.02 RETAIL PHARMACY					97.02
97.03 POB SHELL					97.03
97.04 CLOSED UNITS					97.04
97.05 OFFSITE PHYICIAN PRACTICES					97.05
98 PHYSICIANS' PRIVATE OFFICES					98

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 12:57

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	37.25		26.84				64.09 25
26 INTENSIVE CARE UNIT	38.61		17.61				56.22 26
33 NURSERY			55.39				55.39 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.34	9.10					27.44 37
39 DELIVERY ROOM & LABOR ROOM	0.03						0.03 39
40 ANESTHESIOLOGY	12.64	5.90					18.54 40
41 RADIOLOGY-DIAGNOSTIC	11.96	14.75					26.71 41
42 RADIOLOGY-THERAPEUTIC	10.25						10.25 42
44 LABORATORY	18.22	12.33					30.55 44
47 BLOOD STORING, PROCESSING & TRA	27.73	3.72					31.45 47
49 RESPIRATORY THERAPY	37.80	2.98					40.78 49
50 PHYSICAL THERAPY	7.42	7.12					14.54 50
52 SPEECH PATHOLOGY	12.10	5.58					17.68 52
53 ELECTROCARDIOLOGY	25.06	10.64					35.70 53
53.01 SLEEP LAB		11.16					11.16 53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	29.46	3.23					32.69 55
55.30 IMPL. DEV. CHARGED TO PATIENT	12.97						12.97 55.30
56 DRUGS CHARGED TO PATIENTS	18.56	13.83					32.39 56
57 RENAL DIALYSIS	54.81	1.59					56.40 57
60.02 CLINIC	0.27	31.91					32.18 60.02
60.04 PROCTO/GI LAB	9.15	14.37					23.52 60.04
60.05 PULMONARY/CARDIAC	20.63	16.48					37.11 60.05
61 EMERGENCY	9.59	6.46					16.05 61
62 OBSERVATION BEDS (NON-DISTINCT	0.28	25.06					25.34 62
101 TOTAL CHARGES	13.83	8.89					22.72 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	71.90						71.90	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.24						0.24	37
41 RADIOLOGY-DIAGNOSTIC	0.27						0.27	41
42 RADIOLOGY-THERAPEUTIC	14.35						14.35	42
44 LABORATORY	1.91						1.91	44
47 BLOOD STORING, PROCESSING & TRA	0.17						0.17	47
49 RESPIRATORY THERAPY	1.34						1.34	49
50 PHYSICAL THERAPY	34.37						34.37	50
52 SPEECH PATHOLOGY	33.32						33.32	52
53 ELECTROCARDIOLOGY	0.43						0.43	53
55 MEDICAL SUPPLIES CHARGED TO PAT	6.94						6.94	55
56 DRUGS CHARGED TO PATIENTS	3.91						3.91	56
60.05 PULMONARY/CARDIAC	0.51						0.51	60.05
101 TOTAL CHARGES	1.93						1.93	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2847736	1.98	-2847736	-4.00		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5284497	3.67	-5284497	-7.42		4
5	EMPLOYEE BENEFITS	18302517	12.70	-18302517	-25.72		5
6.01	COMMUNICATIONS	181344	.13	-181344	-.25		6.01
6.02	DATA PROCESSING	3072314	2.13	-3072314	-4.32		6.02
6.03	PURCHASING	579548	.40	-579548	-.81		6.03
6.04	ADMITTING	1545358	1.07	-1545358	-2.17		6.04
6.05	CASHIERING AND COLLECTIONS	4261408	2.96	-4261408	-5.99		6.05
6.06	ADMINISTRATIVE AND GENERAL	15271948	10.60	-15271948	-21.46		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	7053029	4.90	-7053029	-9.91		8
9	LAUNDRY & LINEN SERVICE	670410	.47	-670410	-.94		9
10	HOUSEKEEPING	1951794	1.35	-1951794	-2.74		10
11	DIETARY	1585132	1.10	-1585132	-2.23		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1914564	1.33	-1914564	-2.69		14
15	CENTRAL SERVICES & SUPPLY	840778	.58	-840778	-1.18		15
16	PHARMACY	1931771	1.34	-1931771	-2.71		16
17	MEDICAL RECORDS & LIBRARY	1472577	1.02	-1472577	-2.07		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL	-1332665	-.93	1332665	1.87		21
22	I&R SERVICES-SALARY & FRINGES A	2473385	1.72	-2473385	-3.48		22
23	I&R SERVICES-OTHER PRGM COSTS A	1265641	.88	-1265641	-1.78		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10802764	7.50	15988682	22.46	26791446	18.60
26	INTENSIVE CARE UNIT	4226075	2.93	4703666	6.61	8929741	6.20
33	NURSERY	143618	.10	680294	.96	823912	.57
34	SKILLED NURSING FACILITY	2340287	1.62	3914504	5.50	6254791	4.34
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	5864626	4.07	7551688	10.61	13416314	9.31
39	DELIVERY ROOM & LABOR ROOM	2851602	1.98	2752231	3.87	5603833	3.89
40	ANESTHESIOLOGY	198501	.14	588637	.83	787138	.55
41	RADIOLOGY-DIAGNOSTIC	5877330	4.08	4720496	6.63	10597826	7.36
42	RADIOLOGY-THERAPEUTIC			135881	.19	135881	.09
44	LABORATORY	7520908	5.22	4108250	5.77	11629158	8.07
47	BLOOD STORING, PROCESSING & TRA	1236659	.86	391920	.55	1628579	1.13
49	RESPIRATORY THERAPY	1322887	.92	1182316	1.66	2505203	1.74
50	PHYSICAL THERAPY	2662126	1.85	1501645	2.11	4163771	2.89
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY	239703	.17	213964	.30	453667	.31
53	ELECTROCARDIOLOGY	543592	.38	611333	.86	1154925	.80

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 SLEEP LAB	41585	.03	115777	.16	157362	.11	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	4528701	3.14	758343	1.07	5287044	3.67	55
55.30 IMPL. DEV. CHARGED TO PATIENT	4261589	2.96	766908	1.08	5028497	3.49	55.30
56 DRUGS CHARGED TO PATIENTS	6689100	4.64	4892461	6.87	11581561	8.04	56
57 RENAL DIALYSIS	587209	.41	143339	.20	730548	.51	57
60.01 FAMILY PRACTICE	1479528	1.03	1745770	2.45	3225298	2.24	60.01
60.02 CLINIC	2008066	1.39	2934712	4.12	4942778	3.43	60.02
60.03 COMMUNITY WELLNESS	708372	.49	99369	.14	807741	.56	60.03
60.04 PROCTO/GI LAB	854911	.59	1894734	2.66	2749645	1.91	60.04
60.05 PULMONARY/CARDIAC	764635	.53	1348799	1.90	2113434	1.47	60.05
60.06 ITNCC			41045	.06	41045	.03	60.06
61 EMERGENCY	4651869	3.23	5578493	7.84	10230362	7.10	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	178007	.12	170847	.24	348854	.24	96
97.01 CARING CENTERS	7335	.01	3725	.01	11060	.01	97.01
97.02 RETAIL PHARMACY	242612	.17	34031	.05	276643	.19	97.02
97.03 POB SHELL							97.03
97.04 CLOSED UNITS							97.04
97.05 OFFSITE PHYSICIAN PRACTICES	38880	.03	64585	.09	103465	.07	97.05
98 PHYSICIANS' PRIVATE OFFICES	25073	.02	1534641	2.16	1559714	1.08	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	144071236	100.00	0	.00	144071236	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	933043	85630130	.010896	15701793	171087	37
39 DELIVERY ROOM & LABOR ROOM	321658	27788586	.011575	8628	100	39
40 ANESTHESIOLOGY	309338	9335930	.033134	1180396	39111	40
41 RADIOLOGY-DIAGNOSTIC	651840	74437635	.008757	8905454	77985	41
42 RADIOLOGY-THERAPEUTIC	25758	22784	1.130530	2335	2640	42
44 LABORATORY	392686	79923302	.004913	14561565	71541	44
47 BLOOD STORING, PROCESSING & TRA	36577	7314647	.005001	2028618	10145	47
49 RESPIRATORY THERAPY	263951	15444851	.017090	5838240	99776	49
50 PHYSICAL THERAPY	103398	14533394	.007115	1078016	7670	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	25710	1298146	.019805	157078	3111	52
53 ELECTROCARDIOLOGY	136512	11083734	.012316	2778020	34214	53
53.01 SLEEP LAB	43814	232536	.188418			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	24219	11256568	.002152	3315894	7136	55
55.30 IMPL. DEV. CHARGED TO PATIENT	56468	6493126	.008697	841920	7322	55.30
56 DRUGS CHARGED TO PATIENTS	233251	66958373	.003484	12429046	43303	56
57 RENAL DIALYSIS	9032	3205908	.002817	1757017	4950	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	74736					60.01
60.02 CLINIC	148705	2382534	.062415	6437	402	60.02
60.03 COMMUNITY WELLNESS	2616					60.03
60.04 PROCTO/GI LAB	375882	10942368	.034351	1001041	34387	60.04
60.05 PULMONARY/CARDIAC	470888	11903717	.039558	2456235	97164	60.05
60.06 ITNCC						60.06
61 EMERGENCY	472171	57123792	.008266	5475530	45261	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	635	4976333	.000128	13772	2	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	5112888	502288394		79537035	757307	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1256069		1256069	27711	45.33	10321	467851 25
26	INTENSIVE CARE UNIT	573193		573193	5082	112.79	1962	221294 26
101	TOTAL	1829262		1829262			12283	689145 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							689145	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							757307	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1446452	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2651	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							12283	
PER DISCHARGE CAPITAL COSTS							545.63	
PER DIEM CAPITAL COSTS							117.76	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	25200496
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	103906515
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.243

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1446452
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.014

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	8703242
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	49968387
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.174