

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 07/31/2010, 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 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1	HOSPITAL				1
2	SUBPROVIDER I	193077	-5001		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	50702	310		5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	243779	-4691		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 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: 07/31/2010				17
18	TYPE OF CONTROL		1	2				18
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 (EXLUDED 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)?					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.					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.					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.					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		2845	3093	10112	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		2845	3093	10112	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	SALARIES							
1	TOTAL SALARIES	68903770		68903770	2334495.97	29.52		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1265030		1265030	6771.40	186.82 PER WP		4
4.01	TEACHING PHYSICIAN SALARIES	833892		833892	9585.61	86.99 PER WP		4.01
5	PHYSICIAN - PART B	1817727		1817727	16021.52	113.46 PER WP		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)		2802934	2802934	118932.26	23.57 PER W/P		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	2411611	-59662	2351949	92475.19	25.43		8
8.01	EXCLUDED AREA SALARIES	3156697	59662	3216359	109673.77	29.33 PER W/P		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	962751		962751	15947.00	60.37 SHIFTWISE		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							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	12349827		12349827	306354.00	40.31 PER HOCHR		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	16873582		16873582			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	743364		743364			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	191367		191367			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	148873		148873			CMS 339	18.01
19	PHYSICIAN PART B	302893		302893			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	727022		727022			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	105266		105266				21
22	ADMINISTRATIVE & GENERAL	4582299	-530002	4052297	88898.02	45.58		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	269183		269183	6760.00	39.82		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2190335		2190335	92817.88	23.60		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1632276		1632276	126707.99	12.88		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1507544		1507544	102654.22	14.69		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1438741	530002	1968743	47576.73	41.38		30
31	CENTRAL SERVICES AND SUPPLY	604294		604294	33402.63	18.09		31
32	PHARMACY	2082179		2082179	56689.91	36.73		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	889478		889478	42943.29	20.71		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8
1	NET SALARIES	66521334	-2802934	63718400	2196716.58	29.01	1
2	EXCLUDED AREA SALARIES	5568308		5568308	202148.96	27.55	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	60953026	-2802934	58150092	1994567.62	29.15	3
4	SUBTOTAL OTHER WAGES & REL COSTS	13312578		13312578	322301.00	41.30	4
5	SUBTOTAL WAGE-RELATED COSTS	17064949		17064949		29.35%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	91330553	-2802934	88527619	2316868.62	38.21	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	15301595		15301595	598450.67	25.57	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		923						1
2	RUB		3008						2
3	RUA		2743						3
3.01	RUX		252						3.01
3.02	RUL		1123						3.02
4	RVC		249						4
5	RVB		307						5
6	RVA		184						6
6.01	RVX		93						6.01
6.02	RVL		161						6.02
7	RHC		91						7
8	RHB		60						8
9	RHA		63						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		23						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		9515						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	19588620	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	19588620	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.228168	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	131540017	28
29	TOTAL GROSS MEDICAID COST	30013223	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30835112	30
31	UNCOMPENSATED CARE COST	7035586	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	30013223	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				7158197	7158197	1262025	8420222	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3903271	3903271	1496328	5399599	4
5	0500 EMPLOYEE BENEFITS	105266	13804015	13909281	28708	13937989	688416	14626405	5
6.01	0610 COMMUNICATIONS		181593	181593		181593		181593	6.01
6.02	0620 DATA PROCESSING						3328340	3328340	6.02
6.03	0630 PURCHASING		73284	73284	-13273	60011	570910	630921	6.03
6.04	0640 ADMITTING						1674138	1674138	6.04
6.05	0650 CASHIERING AND COLLECTIONS						4616525	4616525	6.05
6.06	0660 ADMINISTRATIVE AND GENERAL	4582299	107187597	111769896	-11916688	99853208	-88072066	11781142	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	2190335	6069748	8260083	-2015	8258068	-229214	8028854	8
9	0900 LAUNDRY & LINEN SERVICE		730896	730896	-123	730773		730773	9
10	1000 HOUSEKEEPING	1632276	615712	2247988	-20554	2227434		2227434	10
11	1100 DIETARY	1507544	1124203	2631747	-2329	2629418	-802566	1826852	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1438741	213388	1652129	823830	2475959		2475959	14
15	1500 CENTRAL SERVICES & SUPPLY	604294	651430	1255724	-479724	776000	176990	952990	15
16	1600 PHARMACY	2082179	7717624	9799803	-7478773	2321030	-67921	2253109	16
17	1700 MEDICAL RECORDS & LIBRARY	889478	749842	1639320	-10	1639310	-3267	1636043	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL	2998977	1098850	4097827	-3491	4094336	-5213758	-1119422	21
22	2200 I&R SERVICES-SALARY & FRINGES A				2802934	2802934		2802934	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	4496721	1263568	5760289	-2511986	3248303	-882672	2365631	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	10697852	1585448	12283300	219199	12502499		12502499	25
26	2600 INTENSIVE CARE UNIT	3634411	936783	4571194	-176343	4394851	438876	4833727	26
33	3300 NURSERY	701538	121389	822927	-615580	207347		207347	33
34	3400 SKILLED NURSING FACILITY	2411611	442885	2854496	-136932	2717564		2717564	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	4374259	8157267	12531526	-5800578	6730948	-568	6730380	37
39	3900 DELIVERY ROOM & LABOR ROOM	2806768	1008870	3815638	-274981	3540657	-236088	3304569	39
40	4000 ANESTHESIOLOGY	111154	896199	1007353	-133473	873880	-650000	223880	40
41	4100 RADIOLOGY-DIAGNOSTIC	3851389	3242052	7093441	-456287	6637154	-3765	6633389	41
42	4200 RADIOLOGY-THERAPEUTIC		2010	19232		19232	-19232		42
44	4400 LABORATORY	3536625	4907246	8443871	-100066	8343805	-45489	8298316	44
47	4700 BLOOD STORING, PROCESSING & TRA	139192	1203580	1342772	-2828	1339944		1339944	47
49	4900 RESPIRATORY THERAPY	1250657	357163	1607820	-77162	1530658	-13819	1516839	49
50	5000 PHYSICAL THERAPY	2143914	887359	3031273	-14135	3017138		3017138	50
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY	253830	112942	366772	-87214	279558		279558	52
53	5300 ELECTROCARDIOLOGY	474382	514478	988860	-11601	977259	-354551	622708	53
53.01	3950 SLEEP LAB	36097	12361	48458	-3360	45098		45098	53.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				4866764	4866764		4866764	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4602273	4602273		4602273	55.30
56	5600 DRUGS CHARGED TO PATIENTS				7210665	7210665		7210665	56
57	5700 RENAL DIALYSIS		740143	740143	-4168	735975		735975	57
OUTPATIENT SERVICE COST CENTERS									
60.01	6001 FAMILY PRACTICE	1751302	798467	2549769	-23251	2526518	-765294	1761224	60.01
60.02	6002 CLINIC	2273836	1447950	3721786	-44030	3677756	-1369241	2308515	60.02
60.04	6004 PROCTO/GI LAB	771058	533733	1304791	-319642	985149		985149	60.04
60.05	6005 PULMONARY/CARDIAC	462134	1053734	1515868	-620419	895449		895449	60.05
61	6100 EMERGENCY	4533921	3055927	7589848	-597668	6992180	-1723710	5268470	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				59662	59662	-59662		89
95	SUBTOTALS	68746050	173514948	242260998	-253181	242007817	-86260335	155747482	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	109160	102371	211531	-95	211436	-2442	208994	96
97.01	9701 CARING CENTERS	7420	1222	8642		8642		8642	97.01
97.02	9702 RETAIL PHARMACY				253276	253276		253276	97.02
97.03	9703 POB SHELL								97.03
97.04	9704 CLOSED UNITS								97.04
97.05	9705 OFFSITE PHYSICIAN PRACTICES	13592	42675	56267		56267		56267	97.05
97.06	9706 ITNCC								97.06
98	9800 PHYSICIANS' PRIVATE OFFICES	27548	1877	29425		29425		29425	98

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
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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
98.01 9802 COMMUNITY WELLNESS		775332	775332		775332		775332 98.01
101 TOTAL	68903770	174438425	243342195		243342195	-86262777	157079418 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		4866764
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					4866764

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		13273	2
3	A	ADMINISTRATIVE AND GENERAL	6.06		205	3
4	A	OPERATION OF PLANT	8		2015	4
5	A	LAUNDRY & LINEN SERVICE	9		123	5
6	A	HOUSEKEEPING	10		20554	6
7	A	DIETARY	11		2329	7
8	A	NURSING ADMINISTRATION	14		405	8
9	A	CENTRAL SERVICES & SUPPLY	15		479724	9
10	A	PHARMACY	16		14832	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		907	13
14	A	ADULTS & PEDIATRICS	25		368678	14
15	A	INTENSIVE CARE UNIT	26		176343	15
16	A	NURSERY	33		27703	16
17	A	SKILLED NURSING FACILITY	34		77270	17
18	A	OPERATING ROOM	37		1797138	18
19	A	DELIVERY ROOM & LABOR ROOM	39		274981	19
20	A	ANESTHESIOLOGY	40		133473	20
21	A	RADIOLOGY-DIAGNOSTIC	41		331925	21
22	A	LABORATORY	44		99495	22
23	A	BLOOD STORING, PROCESSING & T	47		2828	23
24	A	RESPIRATORY THERAPY	49		77162	24
25	A	PHYSICAL THERAPY	50		14135	25
26	A	SPEECH PATHOLOGY	52		85903	26
27	A	ELECTROCARDIOLOGY	53		11601	27
28	A	SLEEP LAB	53.01		3360	28
29	A	RENAL DIALYSIS	57		4168	29
30	A	FAMILY PRACTICE	60.01		23251	30
31	A	CLINIC	60.02		43690	31
32	A	PROCTO/GI LAB	60.04		299216	32
33	A	PULMONARY/CARDIAC	60.05		170507	33
34	A	EMERGENCY	61		303902	34
35	A	GIFT, FLOWER, COFFEE SHOP & C	96		95	35
36 SUBTOTAL					4866764	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					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					6
7					7
8	RECLASS WORKERS COMP TO EH&W	C	EMPLOYEE BENEFITS	5	30780
9					9
10	RECLASS ER TO MED ED	D	I&R SERVICES-SALARY & FRINGES	22	185424
11					11
12	QUALITY NURSING MANAGEMENT	E	NURSING ADMINISTRATION	14	530002
13					13
14	PHARMACY COST OF GOODS SOLD	F	DRUGS CHARGED TO PATIENTS	56	7457907
15					15
16	RETAIL PHARMACY	G	RETAIL PHARMACY	97.02	253276
17		G			17
18	WELL BABY NURSERY	H	ADULTS & PEDIATRICS	25	518387
19					19
20	COOK COUNTY EMERGENCY ROOM RESIDENT	I	I&R SERVICES-SALARY & FRINGES	22	106431
21					21
22					22
23	SNF UTILIZATION REVIEW	J	UTILIZATION REVIEW-SNF	89	59662
24					24
25	IMPLANTIBLE DEVICES	K	IMPL. DEV. CHARGED TO PATIENT	55.30	4602273
26		K			26
27		K			27
28		K			28
29		K			29
30		K			30
31		K			31
32		K			32
33					33
34	RESIDENT SALARY RECLASS	L	I&R SERVICES-SALARY & FRINGES	22	2511079
35					35
36	SUBTOTAL				3910985
					26267329
					36

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	30780	8	
9						9	
10	RECLASS ER TO MED ED	D	EMERGENCY	61	185424	10	
11						11	
12	QUALITY NURSING MANAGEMENT	E	ADMINISTRATIVE AND GENERAL	6.06	530002	12	
13						13	
14	PHARMACY COST OF GOODS SOLD	F	PHARMACY	16	7457907	14	
15						15	
16	RETAIL PHARMACY	G	PHARMACY	16	6034	16	
17		G	DRUGS CHARGED TO PATIENTS	56	247242	17	
18	WELL BABY NURSERY	H	NURSERY	33	518387	18	
19					69490	19	
20	COOK COUNTY EMERGENCY ROOM RESIDE	I	EMERGENCY	61	106431	20	
21						21	
22						22	
23	SNF UTILIZATION REVIEW	J	SKILLED NURSING FACILITY	34	59662	23	
24						24	
25	IMPLANTIBLE DEVICES	K	OPERATING ROOM	37	4003440	25	
26		K	RADIOLOGY-DIAGNOSTIC	41	124362	26	
27		K	LABORATORY	44	571	27	
28		K	SPEECH PATHOLOGY	52	1311	28	
29		K	CLINIC	60.02	340	29	
30		K	PROCTO/GI LAB	60.04	20426	30	
31		K	PULMONARY/CARDIAC	60.05	449912	31	
32		K	EMERGENCY	61	1911	32	
33						33	
34	RESIDENT SALARY RECLASS	L	I&R SERVICES-OTHER PRGM COSTS	23	2511079	34	
35						35	
36	SUBTOTAL				3910985	26267329	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
			COST CENTER	LINE #	SALARY	OTHER	
			2	3	4	5	
1	INTEREST RECLASS	M	NEW CAP REL COSTS-BLDG & FIXT	3		2368862	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							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				3910985	28636191	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
				LINE # 7	SALARY 8	OTHER 9	
1	INTEREST RECLASS	M	ADMINISTRATIVE AND GENERAL	6.06		2368862	11 1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							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				3910985	28636191	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	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					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	-6399899			12
13 SALE OF SCRAP, WASTE, ETC.					9 13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	727186			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-779299	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	-31526	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	-23199	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	-59662	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	-568	OPERATING ROOM	37	37.03
37.04 MARKETING ADJUSTMENT	A	1049	RADIOLOGY-DIAGNOSTIC	41	37.04
37.05 MARKETING ADJUSTMENT	A	-2442	GIFT, FLOWER, COFFEE SHOP & CAN	96	37.05
37.08 PROPERTY TAXES	A	-260592	ADMINISTRATIVE AND GENERAL	6.06	37.08
37.09 PHYSICIAN RECRUITMENT	A	-513141	ADMINISTRATIVE AND GENERAL	6.06	37.09
37.19 RADIOLOGY MISC REVENUE	B	-4814	RADIOLOGY-DIAGNOSTIC	41	37.19
37.20 FAMILY PRACTICE INCOME	B	-51698	FAMILY PRACTICE	60.01	37.20
37.23 CLINIC MISC REVENUE	B	-99060	CLINIC	60.02	37.23
37.41 MISCEL LAB INCOME	B	-45489	LABORATORY	44	37.41
38 MEDICAL STAFF FEES COLLECTED	B	-126495	ADMINISTRATIVE AND GENERAL	6.06	38
39 BAD DEBT EXPENSE	B	-20408284	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	-3267	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	-10616	DELIVERY ROOM & LABOR ROOM	39	40.04
40.05 MISC REVENUE	B	-1014	EMERGENCY	61	40.05
40.06 MISC REVENUE	B	-19232	RADIOLOGY-THERAPEUTIC	42	40.06
41					41
42 CLOSED UNIT	A	-477761	NEW CAP REL COSTS-BLDG & FIXT	3	9 42
43 CLOSED UNIT	A	-10763	ADMINISTRATIVE AND GENERAL	6.06	43
44 CLOSED UNIT	A	-228909	OPERATION OF PLANT	8	44
45 LOSS ON SALE OF FACILITY	A	-52208266	ADMINISTRATIVE AND GENERAL	6.06	45
46					46
47					47
48					48
49					49
50 TOTAL		-86262777			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	5609005	19724380	-14115375	1
2	6.05	CASHIERING AND COLLECTIONS	PATIENT ACCOUNTING	4616525		4616525	2
3	6.02	DATA PROCESSING	INFORMATION SYSTEMS	3328340		3328340	3
4	5	EMPLOYEE BENEFITS	BENEFITS	688816		688816	4
4.01	6.03	PURCHASING	PURCHASING & STORES	570910		570910	4.01
4.02	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	176990		176990	4.02
4.03	3	NEW CAP REL COSTS-BLDG & FIXT	BLDG DEPRECIATION	-142065		-142065	9 4.03
4.04	4	NEW CAP REL COSTS-MVBLE EQUIP	EQUIP DEPRECIATION	1496328		1496328	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	NET INTEREST EXPENSE	1881851		1881851	11 4.05
4.06	6.04	ADMITTING	ADMITTING	1674138		1674138	4.06
4.07	26	INTENSIVE CARE UNIT	EICU	550728		550728	4.07
5		TOTALS		20451566	19724380	727186	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	59662		59662	177200	2080	177200	8860
2	37	OPERATING ROOM							
3	39	DELIVERY ROOM & LABOR RO	225472	225472					
4	42	RADIOLOGY-THERAPEUTIC							
5	49	RESPIRATORY THERAPY	13819	13819					
6	40	ANESTHESIOLOGY	650000	650000					
7	53	ELECTROCARDIOLOGY	354551	354551					
8	60.01	FAMILY PRACTICE	892082	713596	178486	138700	8776	585207	29260
9	60.02	CLINIC	1357372	1270181	87191	177200	7135	607847	30392
11	60.04	PROCTO/GI LAB							
12	60.05	PULMONARY/CARDIAC							
13	61	EMERGENCY	1794515	1722667	71848	177200	2598	221330	11067
16	6.06	ADMINISTRATIVE AND GENER	874836	429051	445686	177200	9308	792970	39649
17	16	PHARMACY	36395	36395					
18	23	I&R SERVICES-OTHER PRGM	2036150	872216	1163934	177200	14336	1221317	61066
19	26	INTENSIVE CARE UNIT	111852	111852					
20	41	RADIOLOGY-DIAGNOSTIC							
101		TOTAL	8406706	6399800	2006807		44233	3605871	180294

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
 02/24/2011 09:17

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						225472
4	42 RADIOLOGY-THERAPEUTIC	AGGREGATE						
5	49 RESPIRATORY THERAPY	AGGREGATE						13819
6	40 ANESTHESIOLOGY	AGGREGATE						650000
7	53 ELECTROCARDIOLOGY	AGGREGATE						354551
8	60.01 FAMILY PRACTICE	AGGREGATE				585207		713596
9	60.02 CLINIC	AGGREGATE				607847		1270181
11	60.04 PROCTO/GI LAB	AGGREGATE						
12	60.05 PULMONARY/CARDIAC	AGGREGATE						
13	61 EMERGENCY	AGGREGATE				221330		1722667
16	6.06 ADMINISTRATIVE AND GENER	AGGREGATE				792970		429150
17	16 PHARMACY	AGGREGATE						36395
18	23 I&R SERVICES-OTHER PRGM	AGGREGATE				1221317		872216
19	26 INTENSIVE CARE UNIT	AGGREGATE						111852
20	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						
101	TOTAL					3605871		6399899

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	8420222	8420222							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5399599		5399599						4
5 EMPLOYEE BENEFITS	14626405		7563	14633968					5
6.01 COMMUNICATIONS	181593	25297	1638		208528				6.01
6.02 DATA PROCESSING	3328340	82182	1067504		5436	4483462			6.02
6.03 PURCHASING	630921	153421	167893		2965		955200		6.03
6.04 ADMITTING	1674138	52746	7834		4941	448346		2188005	6.04
6.05 CASHIERING AND COLLECTIONS	4616525	51091	2996		7906	1345039			6.05
6.06 ADMINISTRATIVE AND GENERAL	11781142	354672	86025	974692	45463	1076031	12588		6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	8028854	2176025	268165	465902	6918		1685		8
9 LAUNDRY & LINEN SERVICE	730773	28178			247				9
10 HOUSEKEEPING	2227434	62382	22036	347198	988		11144		10
11 DIETARY	1826852	282141	99897	320667	1977		32876		11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2475959	24370	109326	306032	2471		2552		14
15 CENTRAL SERVICES & SUPPLY	952990	102132	109460	128538	988		2834		15
16 PHARMACY	2253109	61074	4527	442896	2471		286975		16
17 MEDICAL RECORDS & LIBRARY	1636043	11953	14585	189199	5188	313842	904		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	-1119422	267374	144533	637906	11118		4673		21
22 I&R SERVICES-SALARY & FRINGES A	2802934								22
23 I&R SERVICES-OTHER PRGM COSTS A	2365631	109383	5870	956489	5188		3651		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	12502499	1065125	186064	2275494	15565	502148	24049	1348713	25
26 INTENSIVE CARE UNIT	4833727	260718	330865	773068	4447	76219	10390	246832	26
33 NURSERY	207347	13543	32580	149223	1729	76219	1720		33
34 SKILLED NURSING FACILITY	2717564	267904	31663	512969	3706	197272	4968	592460	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6730380	471406	373423	930440	12354		121890		37
39 DELIVERY ROOM & LABOR ROOM	3304569	291297	130995	597022	3459		15761		39
40 ANESTHESIOLOGY	223880	11771	298757	23643	988		8808		40
41 RADIOLOGY-DIAGNOSTIC	6633389	339871	322870	819221	9142	224173	49282		41
42 RADIOLOGY-THERAPEUTIC		47647		428	1729				42
44 LABORATORY	8298316	243219	160329	752268	13836		52064		44
47 BLOOD STORING, PROCESSING & TRA	1339944	11208	10458	29607	741		45477		47
49 RESPIRATORY THERAPY	1516839	57796	215806	266025	1482		6093		49
50 PHYSICAL THERAPY	3017138	75096	35952	456028	2471		1955		50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	279558	24767	9067	53992	988		3403		52
53 ELECTROCARDIOLOGY	622708	46737	101404	100905	2471		1395		53
53.01 SLEEP LAB	45098	21506	32328	7678			146		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	4866764								55
55.30 IMPL. DEV. CHARGED TO PATIENT	4602273						176985		55.30
56 DRUGS CHARGED TO PATIENTS	7210665					224173			56
57 RENAL DIALYSIS	735975	8857			494		226		57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	1761224	53673	25076	372516	3459		8885		60.01
60.02 CLINIC	2308515	103539	68188	483663	4447		7417		60.02
60.04 PROCTO/GI LAB	985149	323050	178324	164010	3212		15020		60.04
60.05 PULMONARY/CARDIAC	895449	50760	435225	98300	2965		14711		60.05
61 EMERGENCY	5268470	188933	242498	964401	5683		24385		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	155747482	7822844	5341724	14600420	199633	4483462	954912	2188005	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	208994	36472	7207	23219			277		96
97.01 CARING CENTERS	8642			1578					97.01
97.02 RETAIL PHARMACY	253276								97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES	56267		50668	2891	2471		7		97.05
97.06 ITNCC									97.06
98 PHYSICIANS' PRIVATE OFFICES	29425	560906		5860	6424				98
98.01 COMMUNITY WELLNESS	775332						4		98.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUNICAT	DATA PROCESSING	PURCHASING	ADMITTING
		0	3	4	5	6.01	6.02	6.03	6.04
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	157079418	8420222	5399599	14633968	208528	4483462	955200	2188005 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	ADMIN	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	ACCOUNTS		&	OF PLANT	& LINE	KEEPING			
	RECEIVABLE		GENERAL		SERVICE				
	6.05	5A	6.06	8	9	10	11	12	
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	6023557								6.05
6.06		14330613	14330613						6.06
7									7
8		10947549	1098619	12046168					8
9		759198	76188	61438	896824				9
10		2671182	268061	136016		3075259			10
11		2564410	257346	615177		159665	3596598		11
12							2185071	2185071	12
13									13
14		2920710	293102	53136		13791		51058	14
15		1296942	130152	222687	729	57797		21445	15
16		3051052	306182	133164		34562		73892	16
17		2171714	217938	26063		6764		31566	17
18									18
20									20
21		-53818		582978		151308		106428	21
22		2802934	281283						22
23		3446212	345838	238498		61901		159580	23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	411185	18330842	1839498	2322383	400540	602762	917855	379631	25
26	160217	6696483	672012	568467	85661	147542	120073	128978	26
33	65888	548249	55018	29528		7664		24896	33
34	93124	4421630	443724	584133	103212	151608	373599	85583	34
ANCILLARY SERVICE COST CENTERS									
37	952309	9592202	962606	1027846	96037	266771		155234	37
39	295161	4638264	465464	635139	4334	164846		99607	39
40	99525	667372	66973	25665		6661		3945	40
41	787997	9185945	921837	741050	49364	192335		136678	41
42	223	50027	5020	103889		26964		71	42
44	847532	10367564	1040416	530312		137639		125508	44
47	76843	1514278	151962	24438		6343		4940	47
49	161621	2225662	223352	126017	1521	32707		44383	49
50	154519	3743159	375637	163739	4631	42497		76083	50
51									51
52	13681	385456	38682	54002		14016		9008	52
53	118132	993752	99726	101904	718	26449		16835	53
53.01	2273	109029	10941	46891		12170		1281	53.01
55	120411	4987175	500478					21445	55
55.30	34689	4813947	483094						55.30
56	716654	8151492	818027					73892	56
57	33697	779249	78200	19312	1507	5012			57
OUTPATIENT SERVICE COST CENTERS									
60.01		2224833	223269	117029		30374		62150	60.01
60.02	25488	3001257	301185	225755	3910	58593		80694	60.02
60.04	115481	1784246	179054	704375	14525	182816		27363	60.04
60.05	125459	1622869	162860	110676	1653	28725		16400	60.05
61	611448	7305818	733161	411947	128482	106918		160900	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95	6023557	155049498	14126905	10743654	896824	2737200	3596598	2179474	95
NONREIMBURSABLE COST CENTERS									
96		276169	27714	79523		20640		3874	96
97.01		10220	1026					263	97.01
97.02		253276	25417						97.02
97.03									97.03
97.04									97.04
97.05		112304	11270					482	97.05
97.06									97.06
98		602615	60474	1222991		317419		978	98
98.01		775336	77807						98.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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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	6023557	157079418	14330613	12046168	896824	3075259	3596598	2185071 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 & SCHOOL 21	I&R SALARY & 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	3331797								14
15 CENTRAL SERVICES & SUPPLY		1729752							15
16 PHARMACY			3598852						16
17 MEDICAL RECORDS & LIBRARY				2454045					17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	41830		143		828869				21
22 I&R SERVICES-SALARY & FRINGES A						3084217			22
23 I&R SERVICES-OTHER PRGM COSTS A	8906		2026				4262961		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1209380		27121	804927	294577	941155	1300851	29371522	25
26 INTENSIVE CARE UNIT	396501		10936	120248	63726	309644	427986	9748257	26
33 NURSERY	66291		1928	120248	47108			900930	33
34 SKILLED NURSING FACILITY	340046		2465	304302	125477			6935779	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	379944	1729752	40399	83438	139522	138525	191467	14803743	37
39 DELIVERY ROOM & LABOR ROOM	230502		17228			110005	152047	6517436	39
40 ANESTHESIOLOGY	636		38396			8149	11263	829060	40
41 RADIOLOGY-DIAGNOSTIC	16864		88941			48891	67577	11449482	41
42 RADIOLOGY-THERAPEUTIC					6805			192776	42
44 LABORATORY	4395		3099			44817	61945	12315695	44
47 BLOOD STORING, PROCESSING & TRA			6560					1708521	47
49 RESPIRATORY THERAPY	1902		1254					2656798	49
50 PHYSICAL THERAPY			21					4405767	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	78							501242	52
53 ELECTROCARDIOLOGY	131		185					1239700	53
53.01 SLEEP LAB								180312	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			21386					5530484	55
55.30 IMPL. DEV. CHARGED TO PATIENT								5297041	55.30
56 DRUGS CHARGED TO PATIENTS			3167749					12211160	56
57 RENAL DIALYSIS			592					883872	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	72351		73372			301495	416723	3521596	60.01
60.02 CLINIC	88186		13743			696699	962967	5432989	60.02
60.04 PROCTO/GI LAB	72712		11315	161967	42596	20371	28157	3229497	60.04
60.05 PULMONARY/CARDIAC	21608		1959		45323	138525	191467	2342065	60.05
61 EMERGENCY	379296		67817	858915		325941	450511	10929706	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	3331559	1729752	3598635	2454045	765134	3084217	4262961	153135430	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	238		217					408375	96
97.01 CARING CENTERS								11509	97.01
97.02 RETAIL PHARMACY								278693	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES								124056	97.05
97.06 ITNCC					63735			63735	97.06
98 PHYSICIANS' PRIVATE OFFICES								2204477	98
98.01 COMMUNITY WELLNESS								853143	98.01

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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	3331797	1729752	3598852	2454045	828869	3084217	4262961	157079418 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				25
26				26
33				33
34				34
ANCILLARY SERVICE COST CENTERS				
37				37
39				39
40				40
41				41
42				42
44				44
47				47
49				49
50				50
51				51
52				52
53				53
53.01				53.01
55				55
55.30				55.30
56				56
57				57
OUTPATIENT SERVICE COST CENTERS				
60.01				60.01
60.02				60.02
60.04				60.04
60.05				60.05
61				61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
71				71
SPECIAL PURPOSE COST CENTERS				
95				95
SUBTOTALS				
95				95
NONREIMBURSABLE COST CENTERS				
96				96
97.01				97.01
97.02				97.02
97.03				97.03
97.04				97.04
97.05				97.05
97.06				97.06
98				98
98.01				98.01

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WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL
	26	27
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL	-7347178	149732240

101
102
103

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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		8420222	5399599	13819821	7563	26935	1150388	321697 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									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04	176257								6.04
6.05		400225							6.05
6.06			727405						6.06
7									7
8			55767	2501659					8
9			3867	12759	44836				9
10			13607	28247		130333			10
11			13063	127755		6767	541116		11
12							328749	328749	12
13									13
14			14878	11035		584		7681	14
15			6607	46246	36	2450		3226	15
16			15542	27655		1465		11117	16
17			11063	5412		287		4749	17
18									18
20									20
21				121069		6413		16012	21
22			14278						22
23			17555	49529		2623		24008	23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	108647	27300	93344	482295	20025	25547	138093	57128	25
26	19884	10637	34112	118055	4283	6253	18065	19404	26
33		4375	2793	6132		325		3746	33
34	47726	6183	22524	121308	5160	6425	56209	12876	34
ANCILLARY SERVICE COST CENTERS									
37		63526	48863	213456	4801	11306		23354	37
39		19597	23627	131901	217	6986		14985	39
40		6608	3400	5330		282		593	40
41		52318	46793	153896	2468	8151		20563	41
42		15	255	21575		1143		11	42
44		56271	52812	110131		5833		18882	44
47		5102	7714	5075		269		743	47
49		10731	11338	26170	76	1386		6677	49
50		10259	19068	34004	232	1801		11446	50
51									51
52		908	1964	11215		594		1355	52
53		7843	5062	21163	36	1121		2533	53
53.01		151	555	9738		516		193	53.01
55		7995	25405					3226	55
55.30		2303	24522						55.30
56		47581	41524					11117	56
57		2237	3969	4011	75	212			57
OUTPATIENT SERVICE COST CENTERS									
60.01			11333	24304		1287		9350	60.01
60.02		1692	15288	46883	195	2483		12140	60.02
60.04		7667	9089	146279	726	7748		4117	60.04
60.05		8330	8267	22984	83	1217		2467	60.05
61		40596	37216	85550	6423	4531		24207	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
95	176257	400225	717064	2231162	44836	116005	541116	327906	95
NONREIMBURSABLE COST CENTERS									
96			1407	16515		875		583	96
97.01			52					40	97.01
97.02			1290						97.02
97.03									97.03
97.04									97.04
97.05			572					73	97.05
97.06									97.06
98			3070	253982		13453		147	98
98.01			3950						98.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

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	176257	400225	727405	2501659	44836	130333	541116	328749 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 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 & 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	169211								14
15 CENTRAL SERVICES & SUPPLY		271305							15
16 PHARMACY			218587						16
17 MEDICAL RECORDS & LIBRARY				129648					17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL	2124		9		238615				21
22 I&R SERVICES-SALARY & FRINGES A						14278			22
23 I&R SERVICES-OTHER PRGM COSTS A	452		123				211938		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	61422		1647	42525				2449286	25
26 INTENSIVE CARE UNIT	20137		664	6353				873460	26
33 NURSERY	3367		117	6353				93767	33
34 SKILLED NURSING FACILITY	17270		150	16076				664508	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	19296	271305	2454	4408				1550725	37
39 DELIVERY ROOM & LABOR ROOM	11706		1046					638421	39
40 ANESTHESIOLOGY	32		2332					332211	40
41 RADIOLOGY-DIAGNOSTIC	856		5402					1028909	41
42 RADIOLOGY-THERAPEUTIC								70869	42
44 LABORATORY	223		188					667598	44
47 BLOOD STORING, PROCESSING & TRA			398					56393	47
49 RESPIRATORY THERAPY	97		76					332534	49
50 PHYSICAL THERAPY			1					189072	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	4							51176	52
53 ELECTROCARDIOLOGY	7		11					186758	53
53.01 SLEEP LAB								65040	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT			1299					37925	55
55.30 IMPL. DEV. CHARGED TO PATIENT								86429	55.30
56 DRUGS CHARGED TO PATIENTS			192405					350146	56
57 RENAL DIALYSIS			36					19537	57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE	3674		4456					136785	60.01
60.02 CLINIC	4479		835					259044	60.02
60.04 PROCTO/GI LAB	3693		687	8557				695495	60.04
60.05 PULMONARY/CARDIAC	1097		119					535937	60.05
61 EMERGENCY	19263		4119	45376				708157	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	169199	271305	218574	129648				12080182	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	12		13					63189	96
97.01 CARING CENTERS								93	97.01
97.02 RETAIL PHARMACY								1290	97.02
97.03 POB SHELL									97.03
97.04 CLOSED UNITS									97.04
97.05 OFFSITE PHYSICIAN PRACTICES								51635	97.05
97.06 ITNCC									97.06
98 PHYSICIANS' PRIVATE OFFICES								832391	98
98.01 COMMUNITY WELLNESS								3951	98.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
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
101 CROSS FOOT ADJUSTMENTS					238615	14278	211938	464831 101
102 NEGATIVE COST CENTER					322259			322259 102
103 TOTAL	169211	271305	218587	129648	560874	14278	211938	13819821 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	2449286		25
26 INTENSIVE CARE UNIT	873460		26
33 NURSERY	93767		33
34 SKILLED NURSING FACILITY	664508		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1550725		37
39 DELIVERY ROOM & LABOR ROOM	638421		39
40 ANESTHESIOLOGY	332211		40
41 RADIOLOGY-DIAGNOSTIC	1028909		41
42 RADIOLOGY-THERAPEUTIC	70869		42
44 LABORATORY	667598		44
47 BLOOD STORING, PROCESSING & TRA	56393		47
49 RESPIRATORY THERAPY	332534		49
50 PHYSICAL THERAPY	189072		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	51176		52
53 ELECTROCARDIOLOGY	186758		53
53.01 SLEEP LAB	65040		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	37925		55
55.30 IMPL. DEV. CHARGED TO PATIENT	86429		55.30
56 DRUGS CHARGED TO PATIENTS	350146		56
57 RENAL DIALYSIS	19537		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	136785		60.01
60.02 CLINIC	259044		60.02
60.04 PROCTO/GI LAB	695495		60.04
60.05 PULMONARY/CARDIAC	535937		60.05
61 EMERGENCY	708157		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	12080182		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	63189		96
97.01 CARING CENTERS	93		97.01
97.02 RETAIL PHARMACY	1290		97.02
97.03 POB SHELL			97.03
97.04 CLOSED UNITS			97.04
97.05 OFFSITE PHYSICIAN PRACTICES	51635		97.05
97.06 ITNCC			97.06
98 PHYSICIANS' PRIVATE OFFICES	832391		98
98.01 COMMUNITY WELLNESS	3951		98.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
101 CROSS FOOT ADJUSTMENTS		464831	101
102 NEGATIVE COST CENTER		322259	102
103 TOTAL		13819821	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	PURCHASE STATS	PATIENT DAYS
	3	4	5	6.01	6.02	6.03	6.04
98 PHYSICIANS' PRIVATE OFFICES	33880		27548	26			98
98.01 COMMUNITY WELLNESS						108	98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	8420222	5399599	14633968	208528	4483462	955200	2188005 103
104 UNIT COST MULT-WS B PT I		2.680153		247.071090		.038456	104
104 UNIT COST MULT-WS B PT I	16.555654		.212708		4483.462000		44.764618 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			7563	26935	1150388	321697	176257 107
108 UNIT COST MULT-WS B PT III				31.913507		.012951	108
108 UNIT COST MULT-WS B PT III			.000110		1150.388000		3.606060 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	ADMIN & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINE SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA GROSS SALARIES	
	6.05	6A.06	6.06	8	9	10	11	12	
98 PHYSICIANS' PRIVATE OFFICES			602615	33880		33880		27548	98
98.01 COMMUNITY WELLNESS			775336						98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	6023557		14330613	12046168	896824	3075259	3596598	2185071	103
104 UNIT COST MULT-WS B PT I	.009775		.100353		.680472		6.597434		104
104 UNIT COST MULT-WS B PT I				36.097714		9.368934		.035488	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	400225		727405	2501659	44836	130333	541116	328749	107
108 UNIT COST MULT-WS B PT III	.000649		.005094		.034020		.992598		108
108 UNIT COST MULT-WS B PT III				7.496506		.397066		.005339	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	NURSING	I&R	I&R	
	ADMINIS- TRATION DIRECT NRSNG HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	&A SCHOOL ASSIGNED TIME	SALARY FRINGES ASSIGNED TIME	&AM PROGRAM COSTS ASSIGNED TIME	
	14	15	16	17	21	22	23	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 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	812604							14
15 CENTRAL SERVICES & SUPPLY		100						15
16 PHARMACY			8472869					16
17 MEDICAL RECORDS & LIBRARY				1000				17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL	10202		337		91476			21
22 I&R SERVICES-SALARY & FRINGES						757		22
23 I&R SERVICES-OTHER PRGM COSTS	2172		4769				757	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	294960		63852	328	32510	231	231	25
26 INTENSIVE CARE UNIT	96704		25748	49	7033	76	76	26
33 NURSERY	16168		4540	49	5199			33
34 SKILLED NURSING FACILITY	82935		5804	124	13848			34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	92666	100	95112	34	15398	34	34	37
39 DELIVERY ROOM & LABOR ROOM	56218		40560			27	27	39
40 ANESTHESIOLOGY	155		90397			2	2	40
41 RADIOLOGY-DIAGNOSTIC	4113		209397			12	12	41
42 RADIOLOGY-THERAPEUTIC					751			42
44 LABORATORY	1072		7296			11	11	44
47 BLOOD STORING, PROCESSING & T			15445					47
49 RESPIRATORY THERAPY	464		2953					49
50 PHYSICAL THERAPY			50					50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY	19							52
53 ELECTROCARDIOLOGY	32		436					53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO P			50349					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			7457907					56
57 RENAL DIALYSIS			1393					57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE	17646		172741			74	74	60.01
60.02 CLINIC	21508		32356			171	171	60.02
60.04 PROCTO/GI LAB	17734		26640	66	4701	5	5	60.04
60.05 PULMONARY/CARDIAC	5270		4613		5002	34	34	60.05
61 EMERGENCY	92508		159664	350		80	80	61
62 OBSERVATION BEDS (NON-DISTINC								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	812546	100	8472359	1000	84442	757	757	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	58		510					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
97.06 ITNCC					7034			97.06

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	NURSING	I&R	I&R	
	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SCHOOL ASSIGNED TIME	SALARY &AM FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	14	15	16	17	21	22	23	
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 COMMUNITY WELLNESS								98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3331797	1729752	3598852	2454045	828869	3084217	4262961	103
104 UNIT COST MULT-WS B PT I	4.100148		.424750		9.061054		5631.388375	104
104 UNIT COST MULT-WS B PT I		17297.520000		2454.045000		4074.262880		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	169211	271305	218587	129648	238615	14278	211938	107
108 UNIT COST MULT-WS B PT III	.208233		.025798		2.608498		279.970938	108
108 UNIT COST MULT-WS B PT III		2713.050000		129.648000		18.861295		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	27129516		27129516		27129516	25
26 INTENSIVE CARE UNIT	9010627		9010627		9010627	26
33 NURSERY	900930		900930		900930	33
34 SKILLED NURSING FACILITY	6935779		6935779		6935779	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	14473751		14473751		14473751	37
39 DELIVERY ROOM & LABOR ROOM	6255384		6255384		6255384	39
40 ANESTHESIOLOGY	809648		809648		809648	40
41 RADIOLOGY-DIAGNOSTIC	11333014		11333014		11333014	41
42 RADIOLOGY-THERAPEUTIC	192776		192776		192776	42
44 LABORATORY	12208933		12208933		12208933	44
47 BLOOD STORING, PROCESSING &	1708521		1708521		1708521	47
49 RESPIRATORY THERAPY	2656798		2656798		2656798	49
50 PHYSICAL THERAPY	4405767		4405767		4405767	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	501242		501242		501242	52
53 ELECTROCARDIOLOGY	1239700		1239700		1239700	53
53.01 SLEEP LAB	180312		180312		180312	53.01
55 MEDICAL SUPPLIES CHARGED TO	5530484		5530484		5530484	55
55.30 IMPL. DEV. CHARGED TO PATIE	5297041		5297041		5297041	55.30
56 DRUGS CHARGED TO PATIENTS	12211160		12211160		12211160	56
57 RENAL DIALYSIS	883872		883872		883872	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	2803378		2803378		2803378	60.01
60.02 CLINIC	3773323		3773323		3773323	60.02
60.04 PROCTO/GI LAB	3180969		3180969		3180969	60.04
60.05 PULMONARY/CARDIAC	2012073		2012073		2012073	60.05
61 EMERGENCY	10153254		10153254		10153254	61
62 OBSERVATION BEDS (NON-DISTI	2733615		2733615		2733615	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	148521867		148521867		148521867	101
102 LESS OBSERVATION BEDS	2733615		2733615		2733615	102
103 TOTAL	145788252		145788252		145788252	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	47060737		47060737			25
26 INTENSIVE CARE UNIT	15937891		15937891			26
33 NURSERY	6764837		6764837			33
34 SKILLED NURSING FACILITY	8727963		8727963			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	48046629	41639852	89686481	.161382	.161382	.161382 37
39 DELIVERY ROOM & LABOR ROOM	25723317	5018713	30742030	.203480	.203480	.203480 39
40 ANESTHESIOLOGY	6716319	3520373	10236692	.079093	.079093	.079093 40
41 RADIOLOGY-DIAGNOSTIC	23010518	58058011	81068529	.139795	.139795	.139795 41
42 RADIOLOGY-THERAPEUTIC	11310		11310	17.044739	17.044739	17.044739 42
44 LABORATORY	41193978	45848846	87042824	.140264	.140264	.140264 44
47 BLOOD STORING, PROCESSING &	6387027	1461275	7848302	.217693	.217693	.217693 47
49 RESPIRATORY THERAPY	13128567	3258412	16386979	.162129	.162129	.162129 49
50 PHYSICAL THERAPY	9347552	5850963	15198515	.289881	.289881	.289881 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	814147	529341	1343488	.373090	.373090	.373090 52
53 ELECTROCARDIOLOGY	6356427	6978578	13335005	.092966	.092966	.092966 53
53.01 SLEEP LAB		221049	221049	.815711	.815711	.815711 53.01
55 MEDICAL SUPPLIES CHARGED TO	10462312	1745336	12207648	.453034	.453034	.453034 55
55.30 IMPL. DEV. CHARGED TO PATIE	7676880	3765026	11441906	.462951	.462951	.462951 55.30
56 DRUGS CHARGED TO PATIENTS	41009122	31664111	72673233	.168028	.168028	.168028 56
57 RENAL DIALYSIS	3151671	292902	3444573	.256598	.256598	.256598 57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	484024	4549587	5033611	.556932	.556932	.556932 60.01
60.02 CLINIC	1740006	6369144	8109150	.465317	.465317	.465317 60.02
60.04 PROCTO/GI LAB	2356212	9550006	11906218	.267169	.267169	.267169 60.04
60.05 PULMONARY/CARDIAC	7097726	5865305	12963031	.155216	.155216	.155216 60.05
61 EMERGENCY	16835765	47146980	63982745	.158687	.158687	.158687 61
62 OBSERVATION BEDS (NON-DISTI	17188	5558142	5575330	.490306	.490306	.490306 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	350058125	288891952	638950077			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	350058125	288891952	638950077			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				2449286		2449286	25
26 INTENSIVE CARE UNIT				873460		873460	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				93767		93767	33
101 TOTAL				3416513		3416513	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	33505	11116			73.10	812580	25
26 INTENSIVE CARE UNIT	5514	2100			158.41	332661	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	5154				18.19		33
101 TOTAL	44173	13216				1145241	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		1550725	89686481	18420429			.017291	318508 37
39 DELIVERY ROOM & LABOR ROOM		638421	30742030	390228			.020767	8104 39
40 ANESTHESIOLOGY		332211	10236692	1392984			.032453	45207 40
41 RADIOLOGY-DIAGNOSTIC		1028909	81068529	10444664			.012692	132564 41
42 RADIOLOGY-THERAPEUTIC		70869	11310				6.266048	42
44 LABORATORY		667598	87042824	15563323			.007670	119371 44
47 BLOOD STORING, PROCESSING & T		56393	7848302	2068372			.007185	14861 47
49 RESPIRATORY THERAPY		332534	16386979	6346663			.020293	128793 49
50 PHYSICAL THERAPY		189072	15198515	1091149			.012440	13574 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		51176	1343488	167562			.038092	6383 52
53 ELECTROCARDIOLOGY		186758	13335005	2788682			.014005	39055 53
53.01 SLEEP LAB		65040	221049				.294233	53.01
55 MEDICAL SUPPLIES CHARGED TO P		37925	12207648	3918493			.003107	12175 55
55.30 IMPL. DEV. CHARGED TO PATIENT		86429	11441906	867431			.007554	6553 55.30
56 DRUGS CHARGED TO PATIENTS		350146	72673233	12400558			.004818	59746 56
57 RENAL DIALYSIS		19537	3444573	1758245			.005672	9973 57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		136785	5033611				.027174	60.01
60.02 CLINIC		259044	8109150	6437			.031945	206 60.02
60.04 PROCTO/GI LAB		695495	11906218	1127167			.058414	65842 60.04
60.05 PULMONARY/CARDIAC		535937	12963031	2860811			.041343	118275 60.05
61 EMERGENCY		708157	63982745	5549026			.011068	61417 61
62 OBSERVATION BEDS (NON-DISTINC		246793	5575330	14803			.044265	655 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8245954	560458649	87177027				1161262 101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
 02/24/2011 09:17

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS		294577				294577	25
26 INTENSIVE CARE UNIT		63726				63726	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		47108				47108	33
34 SKILLED NURSING FACILITY		125477				125477	34
35 NURSING FACILITY							35
101 TOTAL		530888				530888	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
 02/24/2011 09:17

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	PER	INPATIENT	INPATIENT	
		PATIENT		DIEM	PROGRAM	
		DAYS	6	DAYS	PASS THRU	
		5		7	COSTS	8
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	33505	8.79	11116	97710	25
26	INTENSIVE CARE UNIT	5514	11.56	2100	24276	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	5154	9.14			33
34	SKILLED NURSING FACILITY	13235	9.48	9515	90202	34
35	NURSING FACILITY					35
101	TOTAL	57408		22731	212188	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	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			139522				139522	37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			6805				6805	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
60.04 PROCTO/GI LAB			42596				42596	60.04
60.05 PULMONARY/CARDIAC			45323				45323	60.05
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC			29682				29682	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL			263928				263928	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	PROGRAM	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	139522	89686481	.001556	.001556	18420429	28662	11102083	37
39 DELIVERY ROOM & LABOR ROOM		30742030			390228		383	39
40 ANESTHESIOLOGY		10236692			1392984		732620	40
41 RADIOLOGY-DIAGNOSTIC		81068529			10444664		14694249	41
42 RADIOLOGY-THERAPEUTIC	6805	11310	.601680	.601680				42
44 LABORATORY		87042824			15563323		1050533	44
47 BLOOD STORING, PROCESSING & T		7848302			2068372		350448	47
49 RESPIRATORY THERAPY		16386979			6346663		702502	49
50 PHYSICAL THERAPY		15198515			1091149		435	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1343488			167562		74970	52
53 ELECTROCARDIOLOGY		13335005			2788682		1598584	53
53.01 SLEEP LAB		221049						53.01
55 MEDICAL SUPPLIES CHARGED TO P		12207648			3918493		858553	55
55.30 IMPL. DEV. CHARGED TO PATIENT		11441906			867431			55.30
56 DRUGS CHARGED TO PATIENTS		72673233			12400558		12171774	56
57 RENAL DIALYSIS		3444573			1758245		67820	57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE		5033611						60.01
60.02 CLINIC		8109150			6437		1029472	60.02
60.04 PROCTO/GI LAB	42596	11906218	.003578	.003578	1127167	4033	2128416	60.04
60.05 PULMONARY/CARDIAC	45323	12963031	.003496	.003496	2860811	10001	2918985	60.05
61 EMERGENCY		63982745			5549026		5196053	61
62 OBSERVATION BEDS (NON-DISTINC	29682	5575330	.005324	.005324	14803	79	2201933	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	263928	560458649			87177027	42775	56879813	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	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			17275		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
60.04 PROCTO/GI LAB			7615		60.04
60.05 PULMONARY/CARDIAC			10205		60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC			11723		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			46818		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	.161382	.161382	.161382			37
39 DELIVERY ROOM & LABOR ROOM	.203480	.203480	.203480			39
40 ANESTHESIOLOGY	.079093	.079093	.079093			40
41 RADIOLOGY-DIAGNOSTIC	.139795	.139795	.139795			41
42 RADIOLOGY-THERAPEUTIC	17.044739	17.044739	17.044739			42
44 LABORATORY	.140264	.140264	.140264			44
47 BLOOD STORING, PROCESSING & TRA	.217693	.217693	.217693			47
49 RESPIRATORY THERAPY	.162129	.162129	.162129			49
50 PHYSICAL THERAPY	.289881	.289881	.289881			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.373090	.373090	.373090			52
53 ELECTROCARDIOLOGY	.092966	.092966	.092966			53
53.01 SLEEP LAB	.815711	.815711	.815711			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.453034	.453034	.453034			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.462951	.462951	.462951			55.30
56 DRUGS CHARGED TO PATIENTS	.168028	.168028	.168028			56
57 RENAL DIALYSIS	.256598	.256598	.256598			57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	.556932	.556932	.556932			60.01
60.02 CLINIC	.465317	.465317	.465317			60.02
60.04 PROCTO/GI LAB	.267169	.267169	.267169			60.04
60.05 PULMONARY/CARDIAC	.155216	.155216	.155216			60.05
61 EMERGENCY	.158687	.158687	.158687			61
62 OBSERVATION BEDS (NON-DISTINCT	.490306	.490306	.490306			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	1	.168028	1
2 PROGRAM VACCINE CHARGES	2	143131	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	24050	3
3.01 PROGRAM COSTS	3.01		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	OUTPATIENT OTHER 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		11102083	18801					37
39 DELIVERY ROOM & LABOR ROOM		383						39
40 ANESTHESIOLOGY		732620						40
41 RADIOLOGY-DIAGNOSTIC		14694249						41
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY		1050533	24					44
47 BLOOD STORING, PROCESSING & TR		350448						47
49 RESPIRATORY THERAPY		702502						49
50 PHYSICAL THERAPY		435						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		74970						52
53 ELECTROCARDIOLOGY		1598584						53
53.01 SLEEP LAB								53.01
55 MEDICAL SUPPLIES CHARGED TO PA		858553	17565					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		12171774	297					56
57 RENAL DIALYSIS		67820						57
OUTPATIENT SERVICE COST CENTERS								
60.01 FAMILY PRACTICE								60.01
60.02 CLINIC		1029472	210					60.02
60.04 PROCTO/GI LAB		2128416						60.04
60.05 PULMONARY/CARDIAC		2918985						60.05
61 EMERGENCY		5196053						61
62 OBSERVATION BEDS (NON-DISTINCT		2201933						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		56879813	36897					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		56879813	36897					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		1791676	3034				37
39 DELIVERY ROOM & LABOR ROOM		78					39
40 ANESTHESIOLOGY		57945					40
41 RADIOLOGY-DIAGNOSTIC		2054183					41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY		147352	3				44
47 BLOOD STORING, PROCESSING & TRA		76290					47
49 RESPIRATORY THERAPY		113896					49
50 PHYSICAL THERAPY		126					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		27971					52
53 ELECTROCARDIOLOGY		148614					53
53.01 SLEEP LAB							53.01
55 MEDICAL SUPPLIES CHARGED TO PAT		388954	7958				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		2045199	50				56
57 RENAL DIALYSIS		17402					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE							60.01
60.02 CLINIC		479031	98				60.02
60.04 PROCTO/GI LAB		568647					60.04
60.05 PULMONARY/CARDIAC		453073					60.05
61 EMERGENCY		824546					61
62 OBSERVATION BEDS (NON-DISTINCT		1079621					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		10274604	11143				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10274604	11143				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			139522				139522	37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			6805				6805	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
60.04 PROCTO/GI LAB			42596				42596	60.04
60.05 PULMONARY/CARDIAC			45323				45323	60.05
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			234246				234246	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 [] ICF/MR
 [] SUB III

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	139522	89686481	.001556	.001556	249418	388	37
39 DELIVERY ROOM & LABOR ROOM		30742030					39
40 ANESTHESIOLOGY		10236692			510		40
41 RADIOLOGY-DIAGNOSTIC		81068529			242424		41
42 RADIOLOGY-THERAPEUTIC	6805	11310	.601680	.601680	3269	1967	42
44 LABORATORY		87042824			1636393		44
47 BLOOD STORING, PROCESSING & T		7848302			14384		47
49 RESPIRATORY THERAPY		16386979			213545		49
50 PHYSICAL THERAPY		15198515			5016251		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1343488			483974		52
53 ELECTROCARDIOLOGY		13335005			47066		53
53.01 SLEEP LAB		221049					53.01
55 MEDICAL SUPPLIES CHARGED TO P		12207648			918027		55
55.30 IMPL. DEV. CHARGED TO PATIENT		11441906					55.30
56 DRUGS CHARGED TO PATIENTS		72673233			2646321		56
57 RENAL DIALYSIS		3444573					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		5033611					60.01
60.02 CLINIC		8109150					60.02
60.04 PROCTO/GI LAB	42596	11906218	.003578	.003578			60.04
60.05 PULMONARY/CARDIAC	45323	12963031	.003496	.003496	67703	237	60.05
61 EMERGENCY		63982745					61
62 OBSERVATION BEDS (NON-DISTINC		5575330					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	234246	560458649			11539285	2592	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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
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
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [XX] SNF (14-5743)
 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	PROGRAM CHARGES				PROGRAM COSTS			
		OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
		1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
39 DELIVERY ROOM & LABOR RO									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
42 RADIOLOGY-THERAPEUTIC									42
44 LABORATORY									44
47 BLOOD STORING, PROCESSIN									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									55
55.30 IMPL. DEV. CHARGED TO PA									55.30
56 DRUGS CHARGED TO PATIENT									56
57 RENAL DIALYSIS									57
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE									60.01
60.02 CLINIC									60.02
60.04 PROCTO/GI LAB									60.04
60.05 PULMONARY/CARDIAC									60.05
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DI									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND									65.01
65.02 AMBULANCE SERVICES (3RD									65.02
65.03 AMBULANCE SERVICES (4TH									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	.168028	1
2 PROGRAM VACCINE CHARGES	1844	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	310	3
3.01 PROGRAM COSTS		3.01

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				2449286		2449286
26 INTENSIVE CARE UNIT				873460		873460
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				93767		93767
101 TOTAL				3416513		3416513

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	33505	8105			73.10	592476
26 INTENSIVE CARE UNIT	5514	975			158.41	154450
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	5154	2872			18.19	52242
101 TOTAL	44173	11952				799168

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		1550725	89686481				.017291	37	
39 DELIVERY ROOM & LABOR ROOM		638421	30742030				.020767	39	
40 ANESTHESIOLOGY		332211	10236692				.032453	40	
41 RADIOLOGY-DIAGNOSTIC		1028909	81068529				.012692	41	
42 RADIOLOGY-THERAPEUTIC		70869	11310				6.266048	42	
44 LABORATORY		667598	87042824				.007670	44	
47 BLOOD STORING, PROCESSING & T		56393	7848302				.007185	47	
49 RESPIRATORY THERAPY		332534	16386979				.020293	49	
50 PHYSICAL THERAPY		189072	15198515				.012440	50	
51 OCCUPATIONAL THERAPY								51	
52 SPEECH PATHOLOGY		51176	1343488				.038092	52	
53 ELECTROCARDIOLOGY		186758	13335005				.014005	53	
53.01 SLEEP LAB		65040	221049				.294233	53.01	
55 MEDICAL SUPPLIES CHARGED TO P		37925	12207648				.003107	55	
55.30 IMPL. DEV. CHARGED TO PATIENT		86429	11441906				.007554	55.30	
56 DRUGS CHARGED TO PATIENTS		350146	72673233				.004818	56	
57 RENAL DIALYSIS		19537	3444573				.005672	57	
OUTPATIENT SERVICE COST CENTERS									
60.01 FAMILY PRACTICE		136785	5033611				.027174	60.01	
60.02 CLINIC		259044	8109150				.031945	60.02	
60.04 PROCTO/GI LAB		695495	11906218				.058414	60.04	
60.05 PULMONARY/CARDIAC		535937	12963031				.041343	60.05	
61 EMERGENCY		708157	63982745				.011068	61	
62 OBSERVATION BEDS (NON-DISTINC		246793	5575330				.044265	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		8245954	560458649					101	

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
 PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
 02/24/2011 09:17

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		294577				294577	25
26 INTENSIVE CARE UNIT		63726				63726	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		47108				47108	33
34 SKILLED NURSING FACILITY		125477				125477	34
35 NURSING FACILITY							35
101 TOTAL		530888				530888	101

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
02/24/2011 09:17

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	33505	8.79	8105	71243	25
26 INTENSIVE CARE UNIT	5514	11.56	975	11271	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	5154	9.14	2872	26250	33
34 SKILLED NURSING FACILITY	13235	9.48			34
35 NURSING FACILITY					35
101 TOTAL	57408		11952	108764	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			139522				139522	37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
42 RADIOLOGY-THERAPEUTIC			6805				6805	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
60.04 PROCTO/GI LAB			42596				42596	60.04
60.05 PULMONARY/CARDIAC			45323				45323	60.05
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			234246				234246	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	
	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	139522	89686481	.001556	.001556			37
39 DELIVERY ROOM & LABOR ROOM		30742030					39
40 ANESTHESIOLOGY		10236692					40
41 RADIOLOGY-DIAGNOSTIC		81068529					41
42 RADIOLOGY-THERAPEUTIC	6805	11310	.601680	.601680			42
44 LABORATORY		87042824					44
47 BLOOD STORING, PROCESSING & T		7848302					47
49 RESPIRATORY THERAPY		16386979					49
50 PHYSICAL THERAPY		15198515					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1343488					52
53 ELECTROCARDIOLOGY		13335005					53
53.01 SLEEP LAB		221049					53.01
55 MEDICAL SUPPLIES CHARGED TO P		12207648					55
55.30 IMPL. DEV. CHARGED TO PATIENT		11441906					55.30
56 DRUGS CHARGED TO PATIENTS		72673233					56
57 RENAL DIALYSIS		3444573					57
OUTPATIENT SERVICE COST CENTERS							
60.01 FAMILY PRACTICE		5033611					60.01
60.02 CLINIC		8109150					60.02
60.04 PROCTO/GI LAB	42596	11906218	.003578	.003578			60.04
60.05 PULMONARY/CARDIAC	45323	12963031	.003496	.003496			60.05
61 EMERGENCY		63982745					61
62 OBSERVATION BEDS (NON-DISTINC		5575330					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	234246	560458649					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
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
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)	33505					13235	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33505					13235	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33505					13235	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)	11116					9515	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	27129516					6935779	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	27129516					6935779	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	69763465					8727963	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	69763465					8727963	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.388879					.794662	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2082.18					659.46	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	27129516					6935779	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	809.72						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9000848						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9000848						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	9010627	5514	1634.14	2100	3431694		43
45	CORONARY CARE UNIT							44
46	BURN INTENSIVE CARE UNIT							45
47	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0049)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	15270302						48
49	TOTAL PROGRAM INPATIENT COSTS	27702844						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1267227						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1204037						51
52	TOTAL PROGRAM EXCLUDABLE COST	2471264						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	25231580						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	6935779	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	524.05	67
68 PROGRAM ROUTINE SERVICE COST	4986336	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4986336	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	664508	71
72 PER DIEM CAPITAL RELATED COSTS	50.21	72
73 PROGRAM CAPITAL RELATED COSTS	477748	73
74 INPATIENT ROUTINE SERVICE COST	4508588	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	4508588	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4986336	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2907301	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	59662	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	7953299	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	3376	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	809.72	84
85 OBSERVATION BED COST	2733615	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		27129516		2733615		86
87 NEW CAPITAL-RELATED COST	2449286	27129516	.090281	2733615	246793	87
88 NON PHYSICIAN ANESTHETIST		27129516		2733615		88
89 NURSING SCHOOL	294577	27129516	.010858	2733615	29682	89
89.01 ALLIED HEALTH		27129516		2733615		89.01
89.02 ALL OTHER		27129516		2733615		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)	33505						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33505						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33505						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)	8105						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	5154						15
16 TITLE V OR XIX NURSERY DAYS	2872						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	27129516						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	27129516						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	69763465						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	69763465						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.388879						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2082.18						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	27129516						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	809.72					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6562781					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6562781					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)	900930	5154	174.80	2872	502026	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	9010627	5514	1634.14	975	1593287	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	8658094					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	907932					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	907932					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						
54	PROGRAM DISCHARGES	1	1	1	1	54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

PROVIDER NO. 14-0049 WEST SUBURBAN HOSPT. MED. CTR.
PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
02/24/2011 09:17

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 07/31/2010

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

VERSION: 2010.09
02/24/2011 09:17

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	3376	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	809.72	84
85 OBSERVATION BED COST	2733615	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		19298640		25
26 INTENSIVE CARE UNIT		6288840		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.161382	18420429	2972726	37
39 DELIVERY ROOM & LABOR ROOM	.203480	390228	79404	39
40 ANESTHESIOLOGY	.079093	1392984	110175	40
41 RADIOLOGY-DIAGNOSTIC	.139795	10444664	1460112	41
42 RADIOLOGY-THERAPEUTIC	17.044739			42
44 LABORATORY	.140264	15563323	2182974	44
47 BLOOD STORING, PROCESSING & TRA	.217693	2068372	450270	47
49 RESPIRATORY THERAPY	.162129	6346663	1028978	49
50 PHYSICAL THERAPY	.289881	1091149	316303	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.373090	167562	62516	52
53 ELECTROCARDIOLOGY	.092966	2788682	259253	53
53.01 SLEEP LAB	.815711			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.453034	3918493	1775211	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.462951	867431	401578	55.30
56 DRUGS CHARGED TO PATIENTS	.168028	12400558	2083641	56
57 RENAL DIALYSIS	.256598	1758245	451162	57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE	.556932			60.01
60.02 CLINIC	.465317	6437	2995	60.02
60.04 PROCTO/GI LAB	.267169	1127167	301144	60.04
60.05 PULMONARY/CARDIAC	.155216	2860811	444044	60.05
61 EMERGENCY	.158687	5549026	880558	61
62 OBSERVATION BEDS (NON-DISTINCT	.490306	14803	7258	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		87177027	15270302	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		87177027		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	.161382	249418	40252	37
39 DELIVERY ROOM & LABOR ROOM	.203480			39
40 ANESTHESIOLOGY	.079093	510	40	40
41 RADIOLOGY-DIAGNOSTIC	.139795	242424	33890	41
42 RADIOLOGY-THERAPEUTIC	17.044739	3269	55719	42
44 LABORATORY	.140264	1636393	229527	44
47 BLOOD STORING, PROCESSING & TRA	.217693	14384	3131	47
49 RESPIRATORY THERAPY	.162129	213545	34622	49
50 PHYSICAL THERAPY	.289881	5016251	1454116	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.373090	483974	180566	52
53 ELECTROCARDIOLOGY	.092966	47066	4376	53
53.01 SLEEP LAB	.815711			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.453034	918027	415897	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.462951			55.30
56 DRUGS CHARGED TO PATIENTS	.168028	2646321	444656	56
57 RENAL DIALYSIS	.256598			57
OUTPATIENT SERVICE COST CENTERS				
60.01 FAMILY PRACTICE	.556932			60.01
60.02 CLINIC	.465317			60.02
60.04 PROCTO/GI LAB	.267169			60.04
60.05 PULMONARY/CARDIAC	.155216	67703	10509	60.05
61 EMERGENCY	.158687			61
62 OBSERVATION BEDS (NON-DISTINCT	.490306			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		11539285	2907301	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11539285		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	.161382		37
39 DELIVERY ROOM & LABOR ROOM	.203480		39
40 ANESTHESIOLOGY	.079093		40
41 RADIOLOGY-DIAGNOSTIC	.139795		41
42 RADIOLOGY-THERAPEUTIC	17.044739		42
44 LABORATORY	.140264		44
47 BLOOD STORING, PROCESSING & TRA	.217693		47
49 RESPIRATORY THERAPY	.162129		49
50 PHYSICAL THERAPY	.289881		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.373090		52
53 ELECTROCARDIOLOGY	.092966		53
53.01 SLEEP LAB	.815711		53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.453034		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.462951		55.30
56 DRUGS CHARGED TO PATIENTS	.168028		56
57 RENAL DIALYSIS	.256598		57
OUTPATIENT SERVICE COST CENTERS			
60.01 FAMILY PRACTICE	.556932		60.01
60.02 CLINIC	.465317		60.02
60.04 PROCTO/GI LAB	.267169		60.04
60.05 PULMONARY/CARDIAC	.155216		60.05
61 EMERGENCY	.158687		61
62 OBSERVATION BEDS (NON-DISTINCT	.490306		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	4922158				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5571944				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	13533280				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	1079343				1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2413076				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	502391				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	140.53				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	45.52				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	45.52				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	48.12			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	0.342418				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	0.291063				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	912234				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	978790				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]	2346634				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	4237658 0	4237658			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	0.3745				4.01
4.02	SUM OF 4 AND 4.01	0.4687				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2787				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6696431				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	35463862				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	35463862				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2541462				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2159793				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	121986				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	42775				15
16	TOTAL	40371313				16
17	PRIMARY PAYER PAYMENTS	3809				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	40367504				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2021524				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	101020				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	38877809				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						23
24						24
25						25
26	38877809					26
27						27
28	38684732					28
28.01						28.01
29	193077					29
30	712143					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0049) 1	HOSPITAL (14-0049) 1.01	HOSPITAL (14-0049) 1.02	
1 MEDICAL AND OTHER SERVICES	35193			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10227786			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11017751			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.878			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8979996			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	46818			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	35193			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	180028			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	180028			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	180028			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	144835			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	35193			17
17.01 TOTAL PPS PAYMENTS	11064569			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	7504		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2516672		18.01
19 SUBTOTAL	8575586		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	681273		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9256859		23
24 PRIMARY PAYER PAYMENTS	10		24
25 SUBTOTAL	9256849		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	9827238		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	9827238		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9832239		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-5001		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) 1	SNF (14-5743) 1.01	SNF (14-5743) 1.02	
1 MEDICAL AND OTHER SERVICES	310			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	310			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1844			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	1844			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	1844			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1534			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	310			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 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	310		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	310		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	310		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	310		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	310		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	310		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		39986968		8640294	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 PROGRAM .05 02/05/2010 .50 02/11/2010 .51 TO .52 PROGRAM .53 PROGRAM .54	NONE 129987 1172249	02/05/2010 02/11/2010	2722 1189223	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-1302236		1191945	3.99
4 TOTAL INTERIM PAYMENTS		38684732		9832239	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 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 .01 PROVIDER TO .02 PROGRAM	193077		-5001	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		38877809		9827238	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5743)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4366804		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.	.01 02/11/2010	104461		3.01
PROGRAM	.02			3.02
TO	.03		NONE	3.03
PROVIDER	.04			3.04
	.05			3.05
PROVIDER	.51			3.50
TO	.52	NONE	NONE	3.51
PROGRAM	.53			3.52
	.54			3.53
				3.54
SUBTOTAL	.99	104461		3.99
4 TOTAL INTERIM PAYMENTS		4471265		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	50702	310	6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		4521967	310	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	4712419
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	90202
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	2592
30	SUBTOTAL	4805213
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	4805213
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	4805213 35
36	COINSURANCE	345616 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	59662 39
40	SUBTOTAL	4521967 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	4521967 52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)	53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4521967 55
56	SEQUESTRATION ADJUSTMENT	56
57	INTERIM PAYMENTS	4471265 57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)	57.01
58	BALANCE DUE PROVIDER/PROGRAM	50702 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			NF I (PPS)	
		HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	8658094					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	8658094					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	8658094					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	8658094					22
23	COST OF COVERED SERVICES	8658094					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	8658094					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	8658094					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0049) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	8658094					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	49.31 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	49.31 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	47.87 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	48.59 3.09
3.10	SEE INSTRUCTIONS	48.59 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)	1.33 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	10.72 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	4.26 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	4.26 3.16
3.17	SEE INSTRUCTIONS	121556.90 3.17
3.18	SEE INSTRUCTIONS	517832 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		48.59	3.19
3.20	SEE INSTRUCTIONS		46.60	3.20
3.21	SEE INSTRUCTIONS		47.69	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		47.69	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		6118966	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		6636798	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		13216	4
5	TOTAL INPATIENT DAYS		35643	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.370788	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2460845	2460845	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2378	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		35643	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		380221	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		3444573	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.
PERIOD FROM 07/01/2009 TO 07/31/2010

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

VERSION: 2010.09
02/24/2011 09:17

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	32689180	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	3809	15
16	TOTAL PART A REASONABLE COST	32685371	16
PART B REASONABLE COST			
17	REASONABLE COST	10310107	17
18	PRIMARY PAYER PAYMENTS	10	18
19	TOTAL PART B REASONABLE COST	10310097	19
20	TOTAL REASONABLE COST	42995468	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.760205	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.239795	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	2841066	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2159793	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	681273	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		9080	4
5	TOTAL INPATIENT DAYS		35643	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.254748	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		35643	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	385311			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	15823775			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	1366357			7
8 PREPAID EXPENSES	329096			8
9 OTHER CURRENT ASSETS	1151914			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	19056453			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	149945821			14
14.01 ACCUMULATED DEPRECIATION	-101038497			14.01
15 LEASEHOLD IMPROVEMENTS	1831158			15
15.01 ACCUMULATED AMORTIZATION	-226213			15.01
16 FIXED EQUIPMENT	7757330			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS	228392			17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	83252083			18
18.01 ACCUMULATED DEPRECIATION	-78544290			18.01
19 MINOR EQUIPMENT DEPRECIABLE	13111214			19
19.01 ACCUMULATED DEPRECIATION	-5917026			19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	74690713			21
OTHER ASSETS				
22 INVESTMENTS	2902566			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	516455			25
26 TOTAL OTHER ASSETS	3419021			26
27 TOTAL ASSETS	97166187			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3746830			28
29 SALARIES, WAGES & FEES PAYABLE	-30821			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	8885041			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	7046011			34
35 OTHER CURRENT LIABILITIES	52208266			35
36 TOTAL CURRENT LIABILITIES	71855327			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	43782884			41
42 TOTAL LONG TERM LIABILITIES	43782884			42
43 TOTAL LIABILITIES	115638211			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-18472024			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	-18472024			51
52 TOTAL LIABILITIES AND FUND BALANCES	97166187			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	-13079289			1
2 NET INCOME (LOSS)	-5228705			2
3 TOTAL	-18307994			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN INTEREST IN NET ASSETS				5
6 CHANGE IN ACCTG				6
7 CONTRIBUTIONS	73978			7
8 INVESTMENT INCOME	-238008			8
9				9
10 TOTAL ADDITIONS	-164030			10
11 SUBTOTAL	-18472024			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET REALIZED LOSS ON SALE OF FACILI				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	-18472024			19
PER BALANCE SHEET				

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	53825574		53825574	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	8727963		8727963	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	62553537		62553537	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	15937891		15937891	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	15937891		15937891	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	78491428		78491428	18
18.50 ANCILLARY SERVICES	243035776	209852788	452888564	18.50
18.60 OUTPATIENT SERVICES	28530921	79039164	107570085	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.02 HOSPICE				24.02
25 HOSPICE/CARING CENTER				25
25 CONTRACT REVENUE	1705225		1705225	25
25 TOTAL PATIENT REVENUES	351763350	288891952	640655302	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		243342195	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 LOSS ON SALE OF FACILITY	-52208266		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-52208266		39
40 TOTAL OPERATING EXPENSES		191133929	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	640655302	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	464229992	2
3	NET PATIENT REVENUES	176425310	3
4	LESS - TOTAL OPERATING EXPENSES	191133929	4
5	NET INCOME FROM SERVICE TO PATIENTS	-14708619	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7895	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	31594	11
12	PARKING LOT RECEIPTS	305	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	802498	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	1009823	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3267	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	5213758	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1091452	22
23	GOVERNMENTAL APPROPRIATIONS	237029	23
24	ALL OTHER MISCELLANEOUS INCOME	999129	24
24.05	ASSETS RELEASED FROM RESTRICTIONS	83164	24.05
25	TOTAL OTHER INCOME	9479914	25
26	TOTAL	-5228705	26
27			27
27.01	NON OPERATING EXPENSES		27.01
27.04	CONTRIBUTIONS		27.04
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-5228705	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	1977739				2
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	44764				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	90.01				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT 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	48.12	0.00			4.01
					NO. OF INTERNS & RESIDENTS
4.02		16.28			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	321976				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	0.3745				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.4687				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0996				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	196983				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	2541462				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
60.04 PROCTO/GI LAB					60.04
60.05 PULMONARY/CARDIAC					60.05
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
97.06 ITNCC					97.06
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 COMMUNITY WELLNESS					98.01

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KPMG LLP COMPU-MAX MICRO SYSTEM
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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	33.18		24.19				57.37 25
26 INTENSIVE CARE UNIT	38.08		17.68				55.76 26
33 NURSERY			55.72				55.72 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	20.54	12.38					32.92 37
39 DELIVERY ROOM & LABOR ROOM	1.27						1.27 39
40 ANESTHESIOLOGY	13.61	7.16					20.77 40
41 RADIOLOGY-DIAGNOSTIC	12.88	18.13					31.01 41
44 LABORATORY	17.88	1.21					19.09 44
47 BLOOD STORING, PROCESSING & TRA	26.35	4.47					30.82 47
49 RESPIRATORY THERAPY	38.73	4.29					43.02 49
50 PHYSICAL THERAPY	7.18						7.18 50
52 SPEECH PATHOLOGY	12.47	5.58					18.05 52
53 ELECTROCARDIOLOGY	20.91	11.99					32.90 53
55 MEDICAL SUPPLIES CHARGED TO PAT	32.10	7.03					39.13 55
55.30 IMPL. DEV. CHARGED TO PATIENT	7.58						7.58 55.30
56 DRUGS CHARGED TO PATIENTS	17.06	16.75					33.81 56
57 RENAL DIALYSIS	51.04	1.97					53.01 57
60.02 CLINIC	0.08	12.70					12.78 60.02
60.04 PROCTO/GI LAB	9.47	17.88					27.35 60.04
60.05 PULMONARY/CARDIAC	22.07	22.52					44.59 60.05
61 EMERGENCY	8.67	8.12					16.79 61
62 OBSERVATION BEDS (NON-DISTINCT	0.27	39.49					39.76 62
101 TOTAL CHARGES	13.64	8.90					22.54 101

***** 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	71.89						71.89	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.28						0.28	37
41 RADIOLOGY-DIAGNOSTIC	0.30						0.30	41
42 RADIOLOGY-THERAPEUTIC	28.90						28.90	42
44 LABORATORY	1.88						1.88	44
47 BLOOD STORING, PROCESSING & TRA	0.18						0.18	47
49 RESPIRATORY THERAPY	1.30						1.30	49
50 PHYSICAL THERAPY	33.00						33.00	50
52 SPEECH PATHOLOGY	36.02						36.02	52
53 ELECTROCARDIOLOGY	0.35						0.35	53
55 MEDICAL SUPPLIES CHARGED TO PAT	7.52						7.52	55
56 DRUGS CHARGED TO PATIENTS	3.64						3.64	56
60.05 PULMONARY/CARDIAC	0.52						0.52	60.05
101 TOTAL CHARGES	1.81						1.81	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	8420222	5.36	-8420222	-11.25		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5399599	3.44	-5399599	-7.21		4
5	EMPLOYEE BENEFITS	14626405	9.31	-14626405	-19.54		5
6.01	COMMUNICATIONS	181593	.12	-181593	-.24		6.01
6.02	DATA PROCESSING	3328340	2.12	-3328340	-4.45		6.02
6.03	PURCHASING	630921	.40	-630921	-.84		6.03
6.04	ADMITTING	1674138	1.07	-1674138	-2.24		6.04
6.05	CASHIERING AND COLLECTIONS	4616525	2.94	-4616525	-6.17		6.05
6.06	ADMINISTRATIVE AND GENERAL	11781142	7.50	-11781142	-15.74		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	8028854	5.11	-8028854	-10.73		8
9	LAUNDRY & LINEN SERVICE	730773	.47	-730773	-.98		9
10	HOUSEKEEPING	2227434	1.42	-2227434	-2.98		10
11	DIETARY	1826852	1.16	-1826852	-2.44		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2475959	1.58	-2475959	-3.31		14
15	CENTRAL SERVICES & SUPPLY	952990	.61	-952990	-1.27		15
16	PHARMACY	2253109	1.43	-2253109	-3.01		16
17	MEDICAL RECORDS & LIBRARY	1636043	1.04	-1636043	-2.19		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL	-1119422	-.71	1119422	1.50		21
22	I&R SERVICES-SALARY & FRINGES A	2802934	1.78	-2802934	-3.75		22
23	I&R SERVICES-OTHER PRGM COSTS A	2365631	1.51	-2365631	-3.16		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	12502499	7.96	16869023	22.54	29371522	18.70
26	INTENSIVE CARE UNIT	4833727	3.08	4914530	6.57	9748257	6.21
33	NURSERY	207347	.13	693583	.93	900930	.57
34	SKILLED NURSING FACILITY	2717564	1.73	4218215	5.64	6935779	4.42
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	6730380	4.28	8073363	10.79	14803743	9.42
39	DELIVERY ROOM & LABOR ROOM	3304569	2.10	3212867	4.29	6517436	4.15
40	ANESTHESIOLOGY	223880	.14	605180	.81	829060	.53
41	RADIOLOGY-DIAGNOSTIC	6633389	4.22	4816093	6.44	11449482	7.29
42	RADIOLOGY-THERAPEUTIC			192776	.26	192776	.12
44	LABORATORY	8298316	5.28	4017379	5.37	12315695	7.84
47	BLOOD STORING, PROCESSING & TRA	1339944	.85	368577	.49	1708521	1.09
49	RESPIRATORY THERAPY	1516839	.97	1139959	1.52	2656798	1.69
50	PHYSICAL THERAPY	3017138	1.92	1388629	1.86	4405767	2.80
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY	279558	.18	221684	.30	501242	.32
53	ELECTROCARDIOLOGY	622708	.40	616992	.82	1239700	.79

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 SLEEP LAB	45098	.03	135214	.18	180312	.11	53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	4866764	3.10	663720	.89	5530484	3.52	55
55.30 IMPL. DEV. CHARGED TO PATIENT	4602273	2.93	694768	.93	5297041	3.37	55.30
56 DRUGS CHARGED TO PATIENTS	7210665	4.59	5000495	6.68	12211160	7.77	56
57 RENAL DIALYSIS	735975	.47	147897	.20	883872	.56	57
60.01 FAMILY PRACTICE	1761224	1.12	1760372	2.35	3521596	2.24	60.01
60.02 CLINIC	2308515	1.47	3124474	4.17	5432989	3.46	60.02
60.04 PROCTO/GI LAB	985149	.63	2244348	3.00	3229497	2.06	60.04
60.05 PULMONARY/CARDIAC	895449	.57	1446616	1.93	2342065	1.49	60.05
61 EMERGENCY	5268470	3.35	5661236	7.56	10929706	6.96	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	208994	.13	199381	.27	408375	.26	96
97.01 CARING CENTERS	8642	.01	2867		11509	.01	97.01
97.02 RETAIL PHARMACY	253276	.16	25417	.03	278693	.18	97.02
97.03 POB SHELL							97.03
97.04 CLOSED UNITS							97.04
97.05 OFFSITE PHYICIAN PRACTICES	56267	.04	67789	.09	124056	.08	97.05
97.06 ITNCC			63735	.09	63735	.04	97.06
98 PHYSICIANS' PRIVATE OFFICES	29425	.02	2175052	2.91	2204477	1.40	98
98.01 COMMUNITY WELLNESS	775332	.49	77811	.10	853143	.54	98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	157079418	100.00	0	.00	157079418	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	1550725	89686481	.017291	18420429	318508	37
39 DELIVERY ROOM & LABOR ROOM	638421	30742030	.020767	390228	8104	39
40 ANESTHESIOLOGY	332211	10236692	.032453	1392984	45207	40
41 RADIOLOGY-DIAGNOSTIC	1028909	81068529	.012692	10444664	132564	41
42 RADIOLOGY-THERAPEUTIC	70869	11310	6.266048			42
44 LABORATORY	667598	87042824	.007670	15563323	119371	44
47 BLOOD STORING, PROCESSING & TRA	56393	7848302	.007185	2068372	14861	47
49 RESPIRATORY THERAPY	332534	16386979	.020293	6346663	128793	49
50 PHYSICAL THERAPY	189072	15198515	.012440	1091149	13574	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	51176	1343488	.038092	167562	6383	52
53 ELECTROCARDIOLOGY	186758	13335005	.014005	2788682	39055	53
53.01 SLEEP LAB	65040	221049	.294233			53.01
55 MEDICAL SUPPLIES CHARGED TO PAT	37925	12207648	.003107	3918493	12175	55
55.30 IMPL. DEV. CHARGED TO PATIENT	86429	11441906	.007554	867431	6553	55.30
56 DRUGS CHARGED TO PATIENTS	350146	72673233	.004818	12400558	59746	56
57 RENAL DIALYSIS	19537	3444573	.005672	1758245	9973	57
OUTPATIENT SERVICE COST CENTERS						
60.01 FAMILY PRACTICE	136785	5033611	.027174			60.01
60.02 CLINIC	259044	8109150	.031945	6437	206	60.02
60.04 PROCTO/GI LAB	695495	11906218	.058414	1127167	65842	60.04
60.05 PULMONARY/CARDIAC	535937	12963031	.041343	2860811	118275	60.05
61 EMERGENCY	708157	63982745	.011068	5549026	61417	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	246793	5575330	.044265	14803	655	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8245954	560458649		87177027	1161262	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	2449286		2449286	33505	73.10	11116	812580 25
26	INTENSIVE CARE UNIT	873460		873460	5514	158.41	2100	332661 26
101	TOTAL	3322746		3322746			13216	1145241 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1145241	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1161262	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2306503	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2845	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13216	
PER DISCHARGE CAPITAL COSTS							810.72	
PER DIEM CAPITAL COSTS							174.52	

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)	25231580
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	112764507
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.224

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)	2306503
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.020

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))	10182287
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)	56736588
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.179