

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 [ XX ] MCR CODE 1

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 EDWARD HOSPITAL (14-0231) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
		2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	159946	-36339	2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	159946	-36339	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: 801 SOUTH WASHINGTON P.O. BOX: 1  
 1.01 CITY: NAPERVILLE STATE: IL ZIP CODE: 60566-7060 COUNTY: DUPAGE 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			N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	14-7568	06/22/1994	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 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. NO 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 08600 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?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

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	14H131		40
40.01	NAME:	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O. BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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:					54
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:			
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		7250	1000	19463	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	NICU					10
11	NURSERY					11
12	TOTAL HOSPITAL		7250	1000	19463	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	142048807		142048807	4494831.00	31.60		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	1714033		1714033	10259.00	167.08		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	11290245		11290245	60908.00	185.37		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2231082	459571	2690653	85645.00	31.42		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	7027747		7027747	134083.00	52.41		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	24419712		24419712	492081.00	49.63	HOME OFFICE WP	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	31679395		31679395			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	671890		671890			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	75557		75557			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	500768		500768			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	537954		537954	10882.00	49.44		21
22	ADMINISTRATIVE & GENERAL	12691745	-500381	12191364	442144.00	27.57		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	419210		419210	1694.00	247.47		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	824		824				24
25	LAUNDRY & LINEN SERVICE	61627		61627	4495.00	13.71		25
26	HOUSEKEEPING	2617729		2617729	198860.00	13.16		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT	3024004		3024004	166059.00	18.21		27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2016648		2016648	51708.00	39.00		30
31	CENTRAL SERVICES AND SUPPLY	1509750		1509750	92521.00	16.32		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3294039		3294039	160002.00	20.59		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	134201776		134201776	4601676.00	29.16	1
2	EXCLUDED AREA SALARIES	2231082	459571	2690653	85645.00	31.42	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	131970694	-459571	131511123	4516031.00	29.12	3
4	SUBTOTAL OTHER WAGES & REL COSTS	31447459		31447459	626164.00	50.22	4
5	SUBTOTAL WAGE-RELATED COSTS	31754952		31754952		24.15%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	195173105	-459571	194713534	5142195.00	37.87	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	26173530	-500381	25673149	1128365.00	22.75	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7568

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		181		45	226	1
2 UNDUPLICATED CENSUS COUNT		1073.00		16.00	1095.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		.75	.75	5
6 DIRECT NURSING SERVICE		.97	.97	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		.31	.31	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		.06	.06	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		.01	.01	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.01	.01	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		.11	.11	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		1600		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7568

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC	SCIC ONLY	TOTAL
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	WITHIN A PEP 5	EPISODES 6	
21 SKILLED NURSING VISITS	401	10	18	22			451 21
22 SKILLED NURSING VISIT CHARGES	86133	2180	3843	4715			96871 22
23 PHYSICAL THERAPY VISITS	305		5	18			328 23
24 PHYSICAL THERAPY VISIT CHARGES	65351		998	3795			70144 24
25 OCCUPATIONAL THERAPY VISITS	55		1	4			60 25
26 OCCUPATIONAL THERAPY VISIT CHARGES	11936		98	766			12800 26
27 SPEECH PATHOLOGY VISITS	12			1			13 27
28 SPEECH PATHOLOGY VISIT CHARGES	2465			180			2645 28
29 MEDICAL SOCIAL SERVICE VISITS	6			1			7 29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1726			146			1872 30
31 HOME HEALTH AIDE VISITS	26			3			29 31
32 HOME HEALTH AIDE VISIT CHARGES	2593			282			2875 32
33 TOTAL VISITS	805	10	24	49			888 33
34 OTHER CHARGES							34
35 TOTAL CHARGES	170204	2180	4939	9884			187207 35
36 TOTAL NUMBER OF EPISODES	61		8	4			73 36
37 TOTAL NUMBER OF OUTLIER EPISODES		3					3 37
38 TOTAL MEDICAL SUPPLY CHARGES	1939	50	223	49			2261 38

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	9336067	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	9336067	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.270786	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	78804651	28
29	TOTAL GROSS MEDICAID COST	21339196	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	60480123	30
31	UNCOMPENSATED CARE COST	16377171	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	21339196	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	
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
	CMHC								
69.20	6920								69.20
	OUTPATIENT PHYSICAL THERAPY								
69.30	6930								69.30
	OUTPATIENT OCCUPATIONAL THERAPY								
69.40	6940								69.40
	OUTPATIENT SPEECH PATHOLOGY								
71	7100	140534	29627	170161		170161		170161	71
	HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
	PANCREAS ACQUISITION								
85.02	8520								85.02
	INTESTINAL ACQUISITION								
95		139958259	293194401	433152660		433152660	-45704356	387448304	95
	SUBTOTALS								
NONREIMBURSABLE COST CENTERS									
96	9600	106287	207880	314167		314167		314167	96
	GIFT, FLOWER, COFFEE SHOP & CAN								
98	9800	1984261	1525233	3509494		3509494		3509494	98
	PHYSICIANS' PRIVATE OFFICES								
98.01	9801								98.01
	PHYSICIANS CLINICS								
98.03	9802								98.03
	PHYSICIAN OFFICES								
98.04	9803								98.04
	IRB								
100	7950								100
	LINDEN OAKS HOSPITAL								
101	TOTAL	142048807	294927514	436976321		436976321	-45704356	391271965	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 INTEREST/PROP TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3		13443745
2					2
3					3
4					4
5 DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		19305870
6	B	NEW CAP REL COSTS-MVBLE EQUIP	4		18243986
7					7
8 PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	6		5038351
9					9
10 SHARED DIETARY	D	CAFETERIA	12		2533484
11					11
12 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55		1672817
13					13
14 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	56		8730010
15					15
16 PATIENT TRANSPORT	G	RADIOLOGY-DIAGNOSTIC	41	69369	6792
17	G	ULTRASOUND	41.01	61703	6041
18	G	CT SCAN	41.03	55252	5410
19	G	MRI	41.04	26260	2571
20	G	GASTROENTEROLOGY	37.02	16621	1627
21	G	OPERATING ROOM	37	12675	1241
22	G	CARDIAC CATH LAB	53.05	4022	394
23	G	EMERGENCY	61	58971	5774
24	G	LABORATORY	44	379	37
25	G	ADULTS & PEDIATRICS	25	36675	3591
26	G	INTENSIVE CARE UNIT	26	812	80
27	G	CORONARY CARE UNIT	27	689	67
28	G	SAME DAY SURGERY	37.01	33242	3255
29	G	MEDICAL SUPPLIES CHARGED TO P	55	114375	11199
30	G	RADIOISOTOPE	43	9335	914
31					31
32 RADIOLOGY DIRECTOR RECLASS	H	ULTRASOUND	41.01	121106	44144
33	H	WOMENS IMAGING CTR	41.02	44569	16246
34	H	CT SCAN	41.03	440950	160730
35	H	MRI	41.04	142433	51918
36 SUBTOTAL				1249438	69290294

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 INTEREST/PROP TAXES	A	ADMINISTRATIVE & GENERAL	6		13443745	11 1
2						2
3						3
4						4
5 DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	6		37549856	9 5
6	B					9 6
7						7
8 PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS	5		5038351	8
9						9
10 SHARED DIETARY	D	DIETARY	11		2533484	10
11						11
12 CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		1672817	12
13						13
14 CHARGEABLE DRUGS	F	PHARMACY	16		8730010	14
15						15
16 PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	6	500381	48992	16
17	G					17
18	G					18
19	G					19
20	G					20
21	G					21
22	G					22
23	G					23
24	G					24
25	G					25
26	G					26
27	G					27
28	G					28
29	G					29
30	G					30
31						31
32 RADIOLOGY DIRECTOR RECLASS	H	RADIOLOGY-DIAGNOSTIC	41	898951	327676	32
33	H					33
34	H					34
35	H					35
36 SUBTOTAL				1399332	69344931	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	H	IMAGING CENTER	41.07	83883	30576	1
2	H	RADIOISOTOPE	43	66011	24061	2
3						3
4						4
5 NURSERY RECLASS	J	NURSERY	33	1603545	327011	5
6						6
7						7
8 EMT RECLASS	L	PARAMED ED PRGM-EMS	24	459571	240234	8
9						9
10 IMPLANT COSTS	M	IMPL. DEV. CHARGED TO PATIENT	55.30		28931774	10
11	M					11
12	M					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				3462448	98843950	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1		H				1	
2		H				2	
3						3	
4						4	
5	NURSERY RECLASS	J	ADULTS & PEDIATRICS	25	1603545	327011	5
6							6
7							7
8	EMT RECLASS	L	EMERGENCY	61	459571	240234	8
9							9
10	IMPLANT COSTS	M	OPERATING ROOM	37		17807432	10
11		M	CARDIAC CATH LAB	53.05		10797654	11
12		M	ELECTROENCEPHALOGRAPHY	54		326688	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				3462448	98843950	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	150004					150004		1
2 LAND IMPROVEMENTS	9229824	391726		391726		9621550		2
3 BUILDINGS AND FIXTURES	332914117	9737974		9737974	2867176	339784915		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	162809526	35487759		35487759	14446901	183850384		6
7 SUBTOTAL	505103471	45617459		45617459	17314077	533406853		7
8 RECONCILING ITEMS								8
9 TOTAL	505103471	45617459		45617459	17314077	533406853		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	B	-515387	NEW CAP REL COSTS-BLDG & FIXT	3	11 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	B	-367695	NEW CAP REL COSTS-BLDG & FIXT	3	9 8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-37754	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-19466290			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-3684928			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-300	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2147	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 TELEVISION	A	-10000	NEW CAP REL COSTS-MVBLE EQUIP	4	11 37
38 MISC REV	B	-8050	RADIOLOGY-DIAGNOSTIC	41	38
38.01 MISC REVENUE	B	-952	RADIOLOGY-THERAPEUTIC	42	38.01
38.02 CARDIAC ADMIN RENT	A	-433521	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.02
38.03 CARDIAC ADMIN PLANT/UTILITIES	A	-122589	OPERATION OF PLANT	8	38.03
38.04 CARDIAC ADMIN HOUSEKEEPING COSTS	A	-83625	HOUSEKEEPING	10	38.04
38.10 MISC REV	B	-735319	ADMINISTRATIVE & GENERAL	6	38.10
38.12 RESEARCH REVENUE	B	-228228	RADIOLOGY-THERAPEUTIC	42	38.12
38.19 MISC REV	B	-191805	NURSING ADMINISTRATION	14	38.19
38.21 MISC INCOME	B	-176762	LABORATORY	44	38.21
38.22 MISC INCOME	B	-35399	CLINIC	60	38.22
39					39
39.01 PY DEP ADJ	A	16808	NEW CAP REL COSTS-BLDG & FIXT	3	11 39.01
39.02 PY DEP ADJ	A	39352	NEW CAP REL COSTS-BLDG & FIXT	3	11 39.02
39.03 MEDICAL STAFF OTHER REV	B	-1800	ADMINISTRATIVE & GENERAL	6	39.03
39.04 CONT MED OTHER REV	B	-3600	ADMINISTRATIVE & GENERAL	6	39.04
39.05 CLINICAL EXCELLENCE OTHER REV	B	-743	ADMINISTRATIVE & GENERAL	6	39.05
39.06 MANAGEMENT FEES	B	-578704	ADMINISTRATIVE & GENERAL	6	39.06
39.13 LEASED EMPLOYEES CARD	B	-171660	ADMINISTRATIVE & GENERAL	6	39.13
39.14 MEDICAL STAFF APPLI	B	-32200	ADMINISTRATIVE & GENERAL	6	39.14
39.15 OTHER REVENUE BLOOD BANK	B	-742	WHOLE BLOOD & PACKED RED BLOOD	46	39.15
39.16 OTHER REVENUE PHYSICAL THERAPY	B	-1750	PHYSICAL THERAPY	50	39.16
39.17 OTHER REV	B	-890	EMPLOYEE BENEFITS	5	39.17
39.18 NON-ALLOWABLE INTEREST EXPENSE	A	-3934664	NEW CAP REL COSTS-BLDG & FIXT	3	9 39.18
39.19 OTHER REV	B	-180	RADIOISOTOPE	43	39.19
39.20 SMALL PATIENT LOSSES	A	-9020	ADMINISTRATIVE & GENERAL	6	39.20
39.21 INCOME TAXES	A	-3300	ADMINISTRATIVE & GENERAL	6	39.21
39.22 ECI REVENUE	A	-78913	ADMINISTRATIVE & GENERAL	6	39.22
39.23 PATIENT ACCTG REV	B	-1053	ADMINISTRATIVE & GENERAL	6	39.23
39.24 MALPRACTICE INS	A	-217248	ADMINISTRATIVE & GENERAL	6	39.24

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
39.25 SWAP INTEREST	A	-4827205	ADMINISTRATIVE & GENERAL	6	39.25
39.26 HOUSEKEEPING REVENUE	B	-194	HOUSEKEEPING	10	39.26
39.29 RADIOGRAPHICS REV	B	-7600	ELECTROCARDIOLOGY	53	39.29
39.30 PLAINFIELD CLINIC	B	-6580	PLAINFIELD CLINIC	60.02	39.30
39.31 ER OTHER REVENUE	B	-15697	EMERGENCY	61	39.31
40					40
41 EMT FEES	B	-238234	PARAMED ED PRGM-EMS	24	41
42					42
43					43
44					44
45					45
46 CAPITALIZED INTEREST	A	17332	NEW CAP REL COSTS-BLDG & FIXT	3	11 46
47 HOME OFFICE AUDIT ADJUSTMENT	A	86400	ADMINISTRATIVE & GENERAL	6	47
48 CAPITALIZED INTEREST 2000	A	-44897	NEW CAP REL COSTS-BLDG & FIXT	3	11 48
48.01 CAPITALIZED INTEREST 2001	A	-34377	NEW CAP REL COSTS-BLDG & FIXT	3	11 48.01
48.02 CAPITALIZED INTEREST 2003	A	-21561	NEW CAP REL COSTS-BLDG & FIXT	3	11 48.02
48.03 CAPITALIZED INTEREST 2002	A	-1629	NEW CAP REL COSTS-BLDG & FIXT	3	11 48.03
49 GOODWILL	A	-1130892	ADMINISTRATIVE & GENERAL	6	49
49.16 REAL ESTATE TAXES	A	-1095604	ADMINISTRATIVE & GENERAL	6	49.16
49.17 COST OF VOLUNTEERS	A	-1067231	ADMINISTRATIVE & GENERAL	6	49.17
49.20 OFFSET DEPR EXP ADDED TO HO CR	A	-5458627	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.20
49.22 PATIENT ACCOUNTING	A	-237195	ADMINISTRATIVE & GENERAL	6	49.22
49.23 LINDEN OAKS EMPLOYEE BENEFITS	A	-39586	EMPLOYEE BENEFITS	5	49.23
49.24 PATIENT ACCESS	A	-146309	ADMINISTRATIVE & GENERAL	6	49.24
49.26 MEDICAL STAFF	A	-34415	ADMINISTRATIVE & GENERAL	6	49.26
49.28 CONTRIBUTIONS	A	-319197	ADMINISTRATIVE & GENERAL	6	49.28
50 TOTAL		-45704356			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	36432508	51211500	-14778992	1
2	8	OPERATION OF PLANT	HOME OFFICE	4869788		4869788	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4542156		4542156	9 3
4	6	ADMINISTRATIVE & GENERAL	INSURANCE EXPENSE	2944912	1262792	1682120	4
5		TOTALS		48789364	52474292	-3684928	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1	B EHSC	100.00				1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	869691		869691	177000	1033	87904	4395
2	25 ADULTS & PEDIATRICS	255000	255000					
3	39 DELIVERY ROOM & LABOR RO	661470	661470					
4	42 RADIOLOGY-THERAPEUTIC	46013		46013	177000	1	85	4
5	44 LABORATORY	337876		337876	194000	1	93	5
6	49 RESPIRATORY THERAPY	97288	97288					
7	53.03 EMG/NCV	282827	282827					
8	53 ELECTROCARDIOLOGY	3327527	3327527					
9	54 ELECTROENCEPHALOGRAPHY	367690	366082	1607	177000	1	85	4
10	30 NICU	43125		43125	177000	1	85	4
11	60.02 PLAINFIELD CLINIC	39049	39049					
12	60.03 OSWEGO CLINIC	469804	469804					
13	61 EMERGENCY	12311347	10062591	2248756	177000	8185	696512	34826
14	60.04 BLOINGBROOK CLINIC	1059307	1059307					
15	5 EMPLOYEE BENEFITS	154635		154635	177000	904	76927	3846
17	53.06 WOUND OSTOMY	5417		5417	177000	1	85	4
101	TOTAL	20328066	16620945	3707120		10127	861776	43088

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 21:44

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	6 ADMINISTRATIVE & GENERAL					87904	781787	781787
2	25 ADULTS & PEDIATRICS AGGREGATE							255000
3	39 DELIVERY ROOM & LABOR RO AGGREGATE							661470
4	42 RADIOLOGY-THERAPEUTIC					85	45928	45928
5	44 LABORATORY LABORATORY					93	337783	337783
6	49 RESPIRATORY THERAPY RESP THERAPY							97288
7	53.03 EMG/NCV EMG							282827
8	53 ELECTROCARDIOLOGY AGGREGATE							3327527
9	54 ELECTROENCEPHALOGRAPHY EEG					85	1522	367605
10	30 NICU AGGREGATE					85	43040	43040
11	60.02 PLAINFIELD CLINIC PLAINFIELD							39049
12	60.03 OSWEGO CLINIC OSWEGO							469804
13	61 EMERGENCY TRAUMA SVCES					696512	1552244	11614835
14	60.04 BOLINGBROOK CLINIC BOLINGBROOK							1059307
15	5 EMPLOYEE BENEFITS AGGREGATE					76927	77708	77708
17	53.06 WOUND OSTOMY AGGREGATE					85	5332	5332
101	TOTAL					861776	2845344	19466290



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	170161			18848	189009	46695			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	387448304	27164942	17125591	18698924	386671564	76377395	26348510	442680	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	314167	52098	32844	14255	413364	102122	162592		96
98 PHYSICIANS' PRIVATE OFFICES	3509494	252336	159080	266127	4187037	1034407			98
98.01 PHYSICIANS CLINICS							79931		98.01
98.03 PHYSICIAN OFFICES									98.03
98.04 IRB									98.04
100 LINDEN OAKS HOSPITAL								16873	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	391271965	27469376	17317515	18979306	391271965	77513924	26591033	459553	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS	
	10	11	12	14	15	16	17	24	
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY						175			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	5116679	2438701	4885340	4309467	4751600	9408263	6900819	950481	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	32179		4954						96
98 PHYSICIANS' PRIVATE OFFICES			95021			15792			98
98.01 PHYSICIANS CLINICS	15819								98.01
98.03 PHYSICIAN OFFICES					8392				98.03
98.04 IRB									98.04
100 LINDEN OAKS HOSPITAL	475314						353638	10474	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5639991	2438701	4985315	4309467	4759992	9424055	7254457	960955	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-EMS				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	74127694		74127694	25
26 INTENSIVE CARE UNIT	7918860		7918860	26
27 CORONARY CARE UNIT	9949482		9949482	27
30 NICU	6671272		6671272	30
33 NURSERY	4378353		4378353	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	27138910		27138910	37
37.01 SAME DAY SURGERY	8054545		8054545	37.01
37.02 GASTROENTEROLOGY	5165303		5165303	37.02
38 RECOVERY ROOM	2606576		2606576	38
39 DELIVERY ROOM & LABOR ROOM	11233513		11233513	39
40 ANESTHESIOLOGY	2671374		2671374	40
41 RADIOLOGY-DIAGNOSTIC	8232367		8232367	41
41.01 ULTRASOUND	2790217		2790217	41.01
41.02 WOMENS IMAGING CTR	2307322		2307322	41.02
41.03 CT SCAN	4466600		4466600	41.03
41.04 MRI	2893393		2893393	41.04
41.05 RADIOLOGY ONCOLOGY				41.05
41.06 SPECIAL PROCEDURES	2565296		2565296	41.06
41.07 IMAGING CENTER	2214649		2214649	41.07
41.08 P. E. T				41.08
42 RADIOLOGY-THERAPEUTIC	33190963		33190963	42
43 RADIOISOTOPE	2480176		2480176	43
44 LABORATORY	14914130		14914130	44
46 WHOLE BLOOD & PACKED RED BLOOD	4449788		4449788	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	6063955		6063955	49
50 PHYSICAL THERAPY	5290720		5290720	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	823907		823907	52
53 ELECTROCARDIOLOGY	9622416		9622416	53
53.02 ENTEROSTOMAL THERAPY				53.02
53.03 EMG/NCV	119837		119837	53.03
53.04 CARDIAC REHAB	2011568		2011568	53.04
53.05 CARDIAC CATH LAB	7073981		7073981	53.05
53.06 WOUND OSTOMY	602913		602913	53.06
54 ELECTROENCEPHALOGRAPHY	6245394		6245394	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2564461		2564461	55
55.30 IMPL. DEV. CHARGED TO PATIENT	38968236		38968236	55.30
56 DRUGS CHARGED TO PATIENTS	14233519		14233519	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2605135		2605135	60
60.01 URODYNAMICS	105293		105293	60.01
60.02 PLAINFIELD CLINIC	18969228		18969228	60.02
60.03 OSWEGO CLINIC	2041272		2041272	60.03
60.04 BLOINGBROOK CLINIC	2258673		2258673	60.04
61 EMERGENCY	24006886		24006886	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	235879		235879	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	384264056		384264056	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	715211		715211	96
98 PHYSICIANS' PRIVATE OFFICES	5332257		5332257	98
98.01 PHYSICIANS CLINICS	95750		95750	98.01
98.03 PHYSICIAN OFFICES	8392		8392	98.03
98.04 IRB				98.04
100 LINDEN OAKS HOSPITAL	856299		856299	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	391271965		391271965	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY					471	2535		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS		27164942	17125591	44290533	466953	4147194	11298642	146523 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		52098	32844	84942	356	5545	69722	96
98 PHYSICIANS' PRIVATE OFFICES		252336	159080	411416	6645	56165		98
98.01 PHYSICIANS CLINICS							34275	98.01
98.03 PHYSICIAN OFFICES								98.03
98.04 IRB								98.04
100 LINDEN OAKS HOSPITAL								5585 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		27469376	17317515	44786891	473954	4208904	11402639	152108 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION EMS
	10	11	12	14	15	16	17	24
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						43		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	401884	647726	1162361	494464	1181020	490225	371081	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	2527		1179					96
98 PHYSICIANS' PRIVATE OFFICES			22608			823		98
98.01 PHYSICIANS CLINICS	1243							98.01
98.03 PHYSICIAN OFFICES					2086			98.03
98.04 IRB								98.04
100 LINDEN OAKS HOSPITAL	37333						19041	100
101 CROSS FOOT ADJUSTMENTS								193420
102 NEGATIVE COST CENTER								102
103 TOTAL	442987	647726	1186148	494464	1183106	491048	390122	193420

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-EMS				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	14611406		14611406	25
26 INTENSIVE CARE UNIT	1210307		1210307	26
27 CORONARY CARE UNIT	2309731		2309731	27
30 NICU	459471		459471	30
33 NURSERY	1002325		1002325	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	4520883		4520883	37
37.01 SAME DAY SURGERY	1416798		1416798	37.01
37.02 GASTROENTEROLOGY	834592		834592	37.02
38 RECOVERY ROOM	139002		139002	38
39 DELIVERY ROOM & LABOR ROOM	1616039		1616039	39
40 ANESTHESIOLOGY	133559		133559	40
41 RADIOLOGY-DIAGNOSTIC	1487298		1487298	41
41.01 ULTRASOUND	256316		256316	41.01
41.02 WOMENS IMAGING CTR	179153		179153	41.02
41.03 CT SCAN	267390		267390	41.03
41.04 MRI	323814		323814	41.04
41.05 RADIOLOGY ONCOLOGY				41.05
41.06 SPECIAL PROCEDURES	171388		171388	41.06
41.07 IMAGING CENTER	105547		105547	41.07
41.08 P.E.T				41.08
42 RADIOLOGY-THERAPEUTIC	634657		634657	42
43 RADIOISOTOPE	254451		254451	43
44 LABORATORY	1447808		1447808	44
46 WHOLE BLOOD & PACKED RED BLOOD	190416		190416	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	369942		369942	49
50 PHYSICAL THERAPY	155571		155571	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	87002		87002	52
53 ELECTROCARDIOLOGY	1686328		1686328	53
53.02 ENTEROSTOMAL THERAPY				53.02
53.03 EMG/NCV	15740		15740	53.03
53.04 CARDIAC REHAB	371262		371262	53.04
53.05 CARDIAC CATH LAB	2077992		2077992	53.05
53.06 WOUND OSTOMY	12746		12746	53.06
54 ELECTROENCEPHALOGRAPHY	104581		104581	54
55 MEDICAL SUPPLIES CHARGED TO PAT	72123		72123	55
55.30 IMPL. DEV. CHARGED TO PATIENT	1038895		1038895	55.30
56 DRUGS CHARGED TO PATIENTS	292102		292102	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	461426		461426	60
60.01 URODYNAMICS	1968		1968	60.01
60.02 PLAINFIELD CLINIC	296252		296252	60.02
60.03 OSWEGO CLINIC	28092		28092	60.03
60.04 BLOINGBROOK CLINIC	33515		33515	60.04
61 EMERGENCY	3151043		3151043	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	3049		3049	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	43831980		43831980	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	164271		164271	96
98 PHYSICIANS' PRIVATE OFFICES	497657		497657	98
98.01 PHYSICIANS CLINICS	35518		35518	98.01
98.03 PHYSICIAN OFFICES	2086		2086	98.03
98.04 IRB				98.04
100 LINDEN OAKS HOSPITAL	61959		61959	100
101 CROSS FOOT ADJUSTMENTS	193420		193420	101
102 NEGATIVE COST CENTER				102
103 TOTAL	44786891		44786891	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE BENEFITS	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	MAINTEN-ANCE AND REPAIRS SQUARE FEET	
	BLDG&FIXT (SQUARE FEET)	MOV EQUIP SQUARE FEET	GROSS SALARIES		6A	6	
	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	737638						3
4 NEW CAP REL COSTS-MVBLE EQUIP		737638					4
5 EMPLOYEE BENEFITS	7806	7806	141510853				5
6 ADMINISTRATIVE & GENERAL	68648	68648	12191364	-77513924	313758041		6
7 MAINTENANCE & REPAIRS						661184	7
8 OPERATION OF PLANT	183090	183090	824		21323149	183090	8
9 LAUNDRY & LINEN SERVICE	1841	1841	61627		301032	1841	9
10 HOUSEKEEPING	3322	3322	2617729		4193031	3322	10
11 DIETARY	5500	5500			1315395	5500	11
12 CAFETERIA	14198	14198			3395538	14198	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3708	3708	2016648		2953073	3708	14
15 CENTRAL SERVICES & SUPPLY	11662	11662	1509750		2759175	11662	15
16 PHARMACY	3827	3827			7205523	3827	16
17 MEDICAL RECORDS & LIBRARY	946	946	3294039		5209045	946	17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-EMS	2272	2272	459571		661156	2272	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	140294	140294	27571701		45563392	140294	25
26 INTENSIVE CARE UNIT	12600	12600	3406397		5342366	12600	26
27 CORONARY CARE UNIT	30037	30037	3652913		6898470	30037	27
30 NICU	5997	5997	3677405		5247848	5997	30
33 NURSERY	13094	13094	1603545		2940646	13094	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	44719	44719	6056634		17632307	44719	37
37.01 SAME DAY SURGERY	14203	14203	3213394		5248323	14203	37.01
37.02 GASTROENTEROLOGY	9656	9656	1584060		3540817	9656	37.02
38 RECOVERY ROOM			1301816		1736286		38
39 DELIVERY ROOM & LABOR ROOM	23076	23076	5380496		8671907	23076	39
40 ANESTHESIOLOGY	1117	1117	249422		1845305	1117	40
41 RADIOLOGY-DIAGNOSTIC	14252	14252	3175073		5163839	14252	41
41.01 ULTRASOUND	2505	2505	1338604		1955039	2505	41.01
41.02 WOMENS IMAGING CTR	500	500	914334		1509806	500	41.02
41.03 CT SCAN	2205	2205	1785906		3045738	2205	41.03
41.04 MRI	2742	2742	1184416		1912276	2742	41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES	1436	1436	577349		1860947	1436	41.06
41.07 IMAGING CENTER			869105		1539194		41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC			3656608		22054797		42
43 RADIOISOTOPE	3412	3412	770538		1779809	3412	43
44 LABORATORY	11264	11264	3691737		9874003	11264	44
46 WHOLE BLOOD & PACKED RED BLOO	1251	1251	439928		3285554	1251	46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	2783	2783	2787859		4411869	2783	49
50 PHYSICAL THERAPY	812	812	3208233		4071322	812	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY			367749		478549		52
53 ELECTROCARDIOLOGY	22390	22390	2228153		6959781	22390	53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV			34449		57053		53.03
53.04 CARDIAC REHAB	2834	2834	792604		1179367	2834	53.04
53.05 CARDIAC CATH LAB	25386	25386	1682630		4420281	25386	53.05
53.06 WOUND OSTOMY			286691		461083		53.06
54 ELECTROENCEPHALOGRAPHY			1151435		4816701		54
55 MEDICAL SUPPLIES CHARGED TO P			114375		1813731		55
55.30 IMPL. DEV. CHARGED TO PATIENT					28931774		55.30
56 DRUGS CHARGED TO PATIENTS					8730010		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1462	1462	814523		1260907	1462	60
60.01 URODYNAMICS			49260		80532		60.01
60.02 PLAINFIELD CLINIC			5654437		14041456		60.02
60.03 OSWEGO CLINIC			1358692		1619019		60.03
60.04 BLOINGBROOK CLINIC			2078397		1795124		60.04
61 EMERGENCY	32616	32616	18417351		15875286	32616	61
62 OBSERVATION BEDS (NON-DISTINC							62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET) 3	NEW CAP-REL COSTS MOV EQUIP SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	MAINTEN- ANCE AND REPAIRS SQUARE FEET 7	
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY			140534		189009		71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	729463	729463	139420305	-77513924	309157640	653009	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1399	1399	106287		413364	1399	96
98 PHYSICIANS' PRIVATE OFFICES	6776	6776	1984261		4187037	6776	98
98.01 PHYSICIANS CLINICS							98.01
98.03 PHYSICIAN OFFICES							98.03
98.04 IRB							98.04
100 LINDEN OAKS HOSPITAL							100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	27469376	17317515	18979306		77513924		103
104 UNIT COST MULT-WS B PT I		23.476983					104
104 UNIT COST MULT-WS B PT I	37.239643		.134119		.247050		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			473954		4208904		107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III			.003349		.013414		108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	NURSING ADMINISTRATION (FTE'S) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	14	15	
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY							1988	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	424579	1922834	416599	210960	3513891	2601462	54046505	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2620		2620		3563			96
98 PHYSICIANS' PRIVATE OFFICES					68346			98
98.01 PHYSICIANS CLINICS	1288		1288					98.01
98.03 PHYSICIAN OFFICES							95458	98.03
98.04 IRB								98.04
100 LINDEN OAKS HOSPITAL		73290	38700					100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	26591033	459553	5639991	2438701	4985315	4309467	4759992	103
104 UNIT COST MULT-WS B PT I	62.057969		12.282023		1.390294		.087917	104
104 UNIT COST MULT-WS B PT I		.230223		11.560016		1.656556		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	11402639	152108	442987	647726	1186148	494464	1183106	107
108 UNIT COST MULT-WS B PT III	26.611400		.964678		.330790		.021852	108
108 UNIT COST MULT-WS B PT III		.076202		3.070374		.190072		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION EMS ASSIGNED TIME	
	(COSTED REQUIS) 16	17	24	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY	27501278			16
17 MEDICAL RECORDS & LIBRARY		1490872675		17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-EMS			1101	24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	1898	120393108	72	25
26 INTENSIVE CARE UNIT	14	11974303	16	26
27 CORONARY CARE UNIT	58	21989239		27
30 NICU	1469	19900881		30
33 NURSERY		5757308		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	5087	109776379	16	37
37.01 SAME DAY SURGERY	523	10731698	12	37.01
37.02 GASTROENTEROLOGY	4089	27253094		37.02
38 RECOVERY ROOM	19	19868771		38
39 DELIVERY ROOM & LABOR ROOM	4378	23976069		39
40 ANESTHESIOLOGY	375824	27837611		40
41 RADIOLOGY-DIAGNOSTIC	1793	33169221		41
41.01 ULTRASOUND	66	21206467		41.01
41.02 WOMENS IMAGING CTR	2720	7804461		41.02
41.03 CT SCAN	125	77213391		41.03
41.04 MRI	256	24940906		41.04
41.05 RADIOLOGY ONCOLOGY				41.05
41.06 SPECIAL PROCEDURES	1327	12425050		41.06
41.07 IMAGING CENTER		14688793		41.07
41.08 P.E.T				41.08
42 RADIOLOGY-THERAPEUTIC	14743134	98229267		42
43 RADIOISOTOPE	485469	11559014		43
44 LABORATORY	86	139591057	42	44
46 WHOLE BLOOD & PACKED RED BLOO	23259	14453550		46
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY	9875	29825257	8	49
50 PHYSICAL THERAPY		12691817		50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY		1936783		52
53 ELECTROCARDIOLOGY	15137	64519721		53
53.02 ENTEROSTOMAL THERAPY				53.02
53.03 EMG/NCV		1742114		53.03
53.04 CARDIAC REHAB	16	2582480		53.04
53.05 CARDIAC CATH LAB	9436	63949075		53.05
53.06 WOUND OSTOMY	4410	945588		53.06
54 ELECTROENCEPHALOGRAPHY		14969331		54
55 MEDICAL SUPPLIES CHARGED TO P		29203449		55
55.30 IMPL. DEV. CHARGED TO PATIENT		70957758		55.30
56 DRUGS CHARGED TO PATIENTS	8730010	72993493		56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	10	3231636		60
60.01 URODYNAMICS		494937		60.01
60.02 PLAINFIELD CLINIC	2974237	77483877		60.02
60.03 OSWEGO CLINIC	2275	3756369		60.03
60.04 BLOINGBROOK CLINIC	30914	456280		60.04
61 EMERGENCY	27280	111717776	923	61
62 OBSERVATION BEDS (NON-DISTINC				62

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	PARAMED	
	(COSTED REQUIS) 16	RECORDS & LIBRARY GROSS REVENUE 17	EDUCATION EMS ASSIGNED TIME 24	
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	27455194	1418197379	1089	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98 PHYSICIANS' PRIVATE OFFICES	46084			98
98.01 PHYSICIANS CLINICS				98.01
98.03 PHYSICIAN OFFICES				98.03
98.04 IRB				98.04
100 LINDEN OAKS HOSPITAL		72675296	12	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	9424055	7254457	960955	103
104 UNIT COST MULT-WS B PT I	.342677		872.801998	
104 UNIT COST MULT-WS B PT I		.004866		104
105 COST TO BE ALLOC PER B PT II				104
106 UNIT COST MULT-WS B PT II				105
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	491048	390122	193420	106
108 UNIT COST MULT-WS B PT III	.017855		175.676658	107
108 UNIT COST MULT-WS B PT III		.000262		108
108 UNIT COST MULT-WS B PT III				108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	74127694		74127694		74127694	25
26 INTENSIVE CARE UNIT	7918860		7918860		7918860	26
27 CORONARY CARE UNIT	9949482		9949482		9949482	27
30 NICU	6671272		6671272	43040	6714312	30
33 NURSERY	4378353		4378353		4378353	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	27138910		27138910		27138910	37
37.01 SAME DAY SURGERY	8054545		8054545		8054545	37.01
37.02 GASTROENTEROLOGY	5165303		5165303		5165303	37.02
38 RECOVERY ROOM	2606576		2606576		2606576	38
39 DELIVERY ROOM & LABOR ROOM	11233513		11233513		11233513	39
40 ANESTHESIOLOGY	2671374		2671374		2671374	40
41 RADIOLOGY-DIAGNOSTIC	8232367		8232367		8232367	41
41.01 ULTRASOUND	2790217		2790217		2790217	41.01
41.02 WOMENS IMAGING CTR	2307322		2307322		2307322	41.02
41.03 CT SCAN	4466600		4466600		4466600	41.03
41.04 MRI	2893393		2893393		2893393	41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	2565296		2565296		2565296	41.06
41.07 IMAGING CENTER	2214649		2214649		2214649	41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	33190963		33190963	45928	33236891	42
43 RADIOISOTOPE	2480176		2480176		2480176	43
44 LABORATORY	14914130		14914130	337783	15251913	44
46 WHOLE BLOOD & PACKED RED BL	4449788		4449788		4449788	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	6063955		6063955		6063955	49
50 PHYSICAL THERAPY	5290720		5290720		5290720	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	823907		823907		823907	52
53 ELECTROCARDIOLOGY	9622416		9622416		9622416	53
53.02 ENTEROSTOMAL THERAPY						53.02
53.03 EMG/NCV	119837		119837		119837	53.03
53.04 CARDIAC REHAB	2011568		2011568		2011568	53.04
53.05 CARDIAC CATH LAB	7073981		7073981		7073981	53.05
53.06 WOUND OSTOMY	602913		602913	5332	608245	53.06
54 ELECTROENCEPHALOGRAPHY	6245394		6245394	1522	6246916	54
55 MEDICAL SUPPLIES CHARGED TO	2564461		2564461		2564461	55
55.30 IMPL. DEV. CHARGED TO PATIE	38968236		38968236		38968236	55.30
56 DRUGS CHARGED TO PATIENTS	14233519		14233519		14233519	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2605135		2605135		2605135	60
60.01 URODYNAMICS	105293		105293		105293	60.01
60.02 PLAINFIELD CLINIC	18969228		18969228		18969228	60.02
60.03 OSWEGO CLINIC	2041272		2041272		2041272	60.03
60.04 BLOINGBROOK CLINIC	2258673		2258673		2258673	60.04
61 EMERGENCY	24006886		24006886	1552244	25559130	61
62 OBSERVATION BEDS (NON-DISTI	8215524		8215524		8215524	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	392243701		392243701	1985849	394229550	101
102 LESS OBSERVATION BEDS	8215524		8215524		8215524	102
103 TOTAL	384028177		384028177	1985849	386014026	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	110860413		110860413			25
26 INTENSIVE CARE UNIT	11974303		11974303			26
27 CORONARY CARE UNIT	21989239		21989239			27
30 NICU	19900881		19900881			30
33 NURSERY	5757308		5757308			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	54802929	54973450	109776379	.247220	.247220	.247220 37
37.01 SAME DAY SURGERY	1975044	8756654	10731698	.750538	.750538	.750538 37.01
37.02 GASTROENTEROLOGY	5040851	22212243	27253094	.189531	.189531	.189531 37.02
38 RECOVERY ROOM	8791262	11077509	19868771	.131190	.131190	.131190 38
39 DELIVERY ROOM & LABOR ROOM	20864775	3111294	23976069	.468530	.468530	.468530 39
40 ANESTHESIOLOGY	12865960	14971651	27837611	.095963	.095963	.095963 40
41 RADIOLOGY-DIAGNOSTIC	8448885	24720336	33169221	.248193	.248193	.248193 41
41.01 ULTRASOUND	5110449	16096018	21206467	.131574	.131574	.131574 41.01
41.02 WOMENS IMAGING CTR	20932	7783529	7804461	.295641	.295641	.295641 41.02
41.03 CT SCAN	18994166	58219225	77213391	.057847	.057847	.057847 41.03
41.04 MRI	6537042	18403864	24940906	.116010	.116010	.116010 41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	8875852	3549198	12425050	.206462	.206462	.206462 41.06
41.07 IMAGING CENTER	19170	14669623	14688793	.150771	.150771	.150771 41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	1270582	96958685	98229267	.337893	.337893	.338360 42
43 RADIOISOTOPE	1687664	9871350	11559014	.214566	.214566	.214566 43
44 LABORATORY	53006268	86584789	139591057	.106842	.106842	.109261 44
46 WHOLE BLOOD & PACKED RED BL	10813151	3640399	14453550	.307868	.307868	.307868 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	24852966	4972291	29825257	.203316	.203316	.203316 49
50 PHYSICAL THERAPY	6853220	5838597	12691817	.416861	.416861	.416861 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	1169890	766893	1936783	.425400	.425400	.425400 52
53 ELECTROCARDIOLOGY	13842194	50677527	64519721	.149139	.149139	.149139 53
53.02 ENTEROSTOMAL THERAPY						53.02
53.03 EMG/NCV	107315	1634799	1742114	.068788	.068788	.068788 53.03
53.04 CARDIAC REHAB	199490	2382990	2582480	.778929	.778929	.778929 53.04
53.05 CARDIAC CATH LAB	29706233	34242842	63949075	.110619	.110619	.110619 53.05
53.06 WOUND OSTOMY	267553	678035	945588	.637606	.637606	.643245 53.06
54 ELECTROENCEPHALOGRAPHY	7043767	7925564	14969331	.417213	.417213	.417314 54
55 MEDICAL SUPPLIES CHARGED TO	24232627	4970822	29203449	.087814	.087814	.087814 55
55.30 IMPL. DEV. CHARGED TO PATIE	52396326	18561432	70957758	.549175	.549175	.549175 55.30
56 DRUGS CHARGED TO PATIENTS	57159036	15834457	72993493	.194997	.194997	.194997 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	19464	3212172	3231636	.806135	.806135	.806135 60
60.01 URODYNAMICS		494937	494937	.212740	.212740	.212740 60.01
60.02 PLAINFIELD CLINIC	2458732	75025145	77483877	.244815	.244815	.244815 60.02
60.03 OSWEGO CLINIC	10774	3745595	3756369	.543416	.543416	.543416 60.03
60.04 BLOINGBROOK CLINIC		456280	456280	4.950191	4.950191	4.950191 60.04
61 EMERGENCY	32617880	79099896	111717776	.214889	.214889	.228783 61
62 OBSERVATION BEDS (NON-DISTI		9532695	9532695	.861826	.861826	.861826 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	642544593	775652786	1418197379			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	642544593	775652786	1418197379			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				14611406		14611406
26 INTENSIVE CARE UNIT				1210307		1210307
27 CORONARY CARE UNIT				2309731		2309731
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NICU				459471		459471
31 SUBPROVIDER I						
33 NURSERY				1002325		1002325
101 TOTAL				19593240		19593240

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	68574	27116			213.08	5777877
26 INTENSIVE CARE UNIT	4397	2199			275.26	605297
27 CORONARY CARE UNIT	4949	2475			466.71	1155107
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 NICU	2768				165.99	
31 SUBPROVIDER I						
33 NURSERY	10593				94.62	
101 TOTAL	91281	31790				7538281

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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	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	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4520883	109776379	20828642		.041183	857786 37
37.01 SAME DAY SURGERY		1416798	10731698	962775		.132020	127106 37.01
37.02 GASTROENTEROLOGY		834592	27253094	2677863		.030624	82007 37.02
38 RECOVERY ROOM		139002	19868771	3012958		.006996	21079 38
39 DELIVERY ROOM & LABOR ROOM		1616039	23976069	22019		.067402	1484 39
40 ANESTHESIOLOGY		133559	27837611	3704312		.004798	17773 40
41 RADIOLOGY-DIAGNOSTIC		1487298	33169221	4974969		.044840	223078 41
41.01 ULTRASOUND		256316	21206467	2787249		.012087	33689 41.01
41.02 WOMENS IMAGING CTR		179153	7804461	10991		.022955	252 41.02
41.03 CT SCAN		267390	77213391	11000867		.003463	38096 41.03
41.04 MRI		323814	24940906	3337365		.012983	43329 41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES		171388	12425050	5164041		.013794	71233 41.06
41.07 IMAGING CENTER		105547	14688793	18215		.007186	131 41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC		634657	98229267	568277		.006461	3672 42
43 RADIOISOTOPE		254451	11559014	974565		.022013	21453 43
44 LABORATORY		1447808	139591057	27044250		.010372	280503 44
46 WHOLE BLOOD & PACKED RED BLOO		190416	14453550	5252854		.013174	69201 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		369942	29825257	13095669		.012404	162439 49
50 PHYSICAL THERAPY		155571	12691817	4086952		.012258	50098 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		87002	1936783	763770		.044921	34309 52
53 ELECTROCARDIOLOGY		1686328	64519721	7619838		.026137	199160 53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV		15740	1742114	55409		.009035	501 53.03
53.04 CARDIAC REHAB		371262	2582480	106615		.143762	15327 53.04
53.05 CARDIAC CATH LAB		2077992	63949075	15383045		.032494	499857 53.05
53.06 WOUND OSTOMY		12746	945588	170150		.013479	2293 53.06
54 ELECTROENCEPHALOGRAPHY		104581	14969331	2623390		.006986	18327 54
55 MEDICAL SUPPLIES CHARGED TO P		72123	29203449	11660485		.002470	28801 55
55.30 IMPL. DEV. CHARGED TO PATIENT		1038895	70957758	24034333		.014641	351887 55.30
56 DRUGS CHARGED TO PATIENTS		292102	72993493	26685492		.004002	106795 56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		461426	3231636	16402		.142784	2342 60
60.01 URODYNAMICS		1968	494937			.003976	60.01
60.02 PLAINFIELD CLINIC		296252	77483877	1102369		.003823	4214 60.02
60.03 OSWEGO CLINIC		28092	3756369	9306		.007478	70 60.03
60.04 BLOINGBROOK CLINIC		33515	456280			.073453	60.04
61 EMERGENCY		3151043	111717776	16154510		.028205	455638 61
62 OBSERVATION BEDS (NON-DISTINC		1619370	9532695			.169875	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		25855061	1247715235	215909947			3823930 101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 21:44

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 COSTS	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL	ADJUSTMENT		
	COST	COST	COSTS	COSTS	AMOUNT	4	
	1	2	2.01	2.02	3		
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			62842			62842	25
26 INTENSIVE CARE UNIT			13965			13965	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NICU							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			76807			76807	101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 21:44

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	68574	.92	27116	24947	25
26 INTENSIVE CARE UNIT	4397	3.18	2199	6993	26
27 CORONARY CARE UNIT	4949		2475		27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 NICU	2768				30
31 SUBPROVIDER I					31
33 NURSERY	10593				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	91281		31790	31940	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER 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				13965			13965	37
37.01 SAME DAY SURGERY				10474			10474	37.01
37.02 GASTROENTEROLOGY								37.02
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 ULTRASOUND								41.01
41.02 WOMENS IMAGING CTR								41.02
41.03 CT SCAN								41.03
41.04 MRI								41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES								41.06
41.07 IMAGING CENTER								41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY				36658			36658	44
46 WHOLE BLOOD & PACKED RED BLOO								46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY				6982			6982	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.02 ENTEROSTOMAL THERAPY								53.02
53.03 EMG/NCV								53.03
53.04 CARDIAC REHAB								53.04
53.05 CARDIAC CATH LAB								53.05
53.06 WOUND OSTOMY								53.06
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 URODYNAMICS								60.01
60.02 PLAINFIELD CLINIC								60.02
60.03 OSWEGO CLINIC								60.03
60.04 BLOINGBROOK CLINIC								60.04
61 EMERGENCY				805595			805595	61
62 OBSERVATION BEDS (NON-DISTINC				6967			6967	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				880641			880641	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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	CHARGES
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	13965	109776379	.000127	.000127	20828642	2645	6276485	37
37.01 SAME DAY SURGERY	10474	10731698	.000976	.000976	962775	940	1330812	37.01
37.02 GASTROENTEROLOGY		27253094			2677863		5148939	37.02
38 RECOVERY ROOM		19868771			3012958		1387206	38
39 DELIVERY ROOM & LABOR ROOM		23976069			22019		7272	39
40 ANESTHESIOLOGY		27837611			3704312		2131023	40
41 RADIOLOGY-DIAGNOSTIC		33169221			4974969		3720144	41
41.01 ULTRASOUND		21206467			2787249		2542997	41.01
41.02 WOMENS IMAGING CTR		7804461			10991		927541	41.02
41.03 CT SCAN		77213391			11000867		12188373	41.03
41.04 MRI		24940906			3337365		3377307	41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		12425050			5164041		1401622	41.06
41.07 IMAGING CENTER		14688793			18215		2792187	41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		98229267			568277		32550078	42
43 RADIOISOTOPE		11559014			974565		2990847	43
44 LABORATORY	36658	139591057	.000263	.000263	27044250	7113	4045186	44
46 WHOLE BLOOD & PACKED RED BLOO		14453550			5252854		802584	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	6982	29825257	.000234	.000234	13095669	3064	1260187	49
50 PHYSICAL THERAPY		12691817			4086952		3540	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1936783			763770		25929	52
53 ELECTROCARDIOLOGY		64519721			7619838		15016953	53
53.02 ENTEROSTOMAL THERAPY								53.02
53.03 EMG/NCV		1742114			55409		285471	53.03
53.04 CARDIAC REHAB		2582480			106615		938665	53.04
53.05 CARDIAC CATH LAB		63949075			15383045		11441677	53.05
53.06 WOUND OSTOMY		945588			170150		322391	53.06
54 ELECTROENCEPHALOGRAPHY		14969331			2623390		1472602	54
55 MEDICAL SUPPLIES CHARGED TO P		29203449			11660485		640009	55
55.30 IMPL. DEV. CHARGED TO PATIENT		70957758			24034333		6042965	55.30
56 DRUGS CHARGED TO PATIENTS		72993493			26685492		2364652	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		3231636			16402		260642	60
60.01 URODYNAMICS		494937					68257	60.01
60.02 PLAINFIELD CLINIC		77483877			1102369		11684790	60.02
60.03 OSWEGO CLINIC		3756369			9306		348610	60.03
60.04 BLOINGBROOK CLINIC		456280					29272	60.04
61 EMERGENCY	805595	111717776	.007211	.007211	16154510	116490	10065970	61
62 OBSERVATION BEDS (NON-DISTINC	6967	9532695	.000731	.000731			1761680	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	880641	1247715235			215909947	130252	147654865	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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			797		37
37.01 SAME DAY SURGERY			1299		37.01
37.02 GASTROENTEROLOGY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 WOMENS IMAGING CTR					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY			1064		44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			295		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.06 WOUND OSTOMY					53.06
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
60.04 BLOINGBROOK CLINIC					60.04
61 EMERGENCY			72586		61
62 OBSERVATION BEDS (NON-DISTINC			1288		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			77329		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] 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	.247220	.247220	.247220			37
37.01 SAME DAY SURGERY	.750538	.750538	.750538			37.01
37.02 GASTROENTEROLOGY	.189531	.189531	.189531			37.02
38 RECOVERY ROOM	.131190	.131190	.131190			38
39 DELIVERY ROOM & LABOR ROOM	.468530	.468530	.468530			39
40 ANESTHESIOLOGY	.095963	.095963	.095963			40
41 RADIOLOGY-DIAGNOSTIC	.248193	.248193	.248193			41
41.01 ULTRASOUND	.131574	.131574	.131574			41.01
41.02 WOMENS IMAGING CTR	.295641	.295641	.295641			41.02
41.03 CT SCAN	.057847	.057847	.057847			41.03
41.04 MRI	.116010	.116010	.116010			41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	.206462	.206462	.206462			41.06
41.07 IMAGING CENTER	.150771	.150771	.150771			41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	.337893	.337893	.337893			42
43 RADIOISOTOPE	.214566	.214566	.214566			43
44 LABORATORY	.106842	.106842	.106842			44
46 WHOLE BLOOD & PACKED RED BLOOD	.307868	.307868	.307868			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.203316	.203316	.203316			49
50 PHYSICAL THERAPY	.416861	.416861	.416861			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.425400	.425400	.425400			52
53 ELECTROCARDIOLOGY	.149139	.149139	.149139			53
53.02 ENTEROSTOMAL THERAPY						53.02
53.03 EMG/NCV	.068788	.068788	.068788			53.03
53.04 CARDIAC REHAB	.778929	.778929	.778929			53.04
53.05 CARDIAC CATH LAB	.110619	.110619	.110619			53.05
53.06 WOUND OSTOMY	.637606	.637606	.637606			53.06
54 ELECTROENCEPHALOGRAPHY	.417213	.417213	.417213			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.087814	.087814	.087814			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.549175	.549175	.549175			55.30
56 DRUGS CHARGED TO PATIENTS	.194997	.194997	.194997			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.806135	.806135	.806135			60
60.01 URODYNAMICS	.212740	.212740	.212740			60.01
60.02 PLAINFIELD CLINIC	.244815	.244815	.244815			60.02
60.03 OSWEGO CLINIC	.543416	.543416	.543416			60.03
60.04 BLOINGBROOK CLINIC	4.950191	4.950191	4.950191			60.04
61 EMERGENCY	.214889	.214889	.214889			61
62 OBSERVATION BEDS (NON-DISTINCT	.861826	.861826	.861826			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	.194997	1
2 PROGRAM VACCINE CHARGES	123460	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	24074	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6276485						37
37.01 SAME DAY SURGERY		1330812						37.01
37.02 GASTROENTEROLOGY		5148939						37.02
38 RECOVERY ROOM		1387206						38
39 DELIVERY ROOM & LABOR ROOM		7272						39
40 ANESTHESIOLOGY		2131023						40
41 RADIOLOGY-DIAGNOSTIC		3720144						41
41.01 ULTRASOUND		2542997						41.01
41.02 WOMENS IMAGING CTR		927541						41.02
41.03 CT SCAN		12188373						41.03
41.04 MRI		3377307						41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		1401622						41.06
41.07 IMAGING CENTER		2792187						41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		32550078						42
43 RADIOISOTOPE		2990847						43
44 LABORATORY		4045186						44
46 WHOLE BLOOD & PACKED RED BLOOD		802584						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		1260187						49
50 PHYSICAL THERAPY		3540						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		25929						52
53 ELECTROCARDIOLOGY		15016953						53
53.02 ENTEROSTOMAL THERAPY								53.02
53.03 EMG/NCV		285471						53.03
53.04 CARDIAC REHAB		938665						53.04
53.05 CARDIAC CATH LAB		11441677	19053					53.05
53.06 WOUND OSTOMY		322391						53.06
54 ELECTROENCEPHALOGRAPHY		1472602						54
55 MEDICAL SUPPLIES CHARGED TO PA		640009						55
55.30 IMPL. DEV. CHARGED TO PATIENT		6042965						55.30
56 DRUGS CHARGED TO PATIENTS		2364652						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		260642						60
60.01 URODYNAMICS		68257						60.01
60.02 PLAINFIELD CLINIC		11684790						60.02
60.03 OSWEGO CLINIC		348610						60.03
60.04 BLOINGBROOK CLINIC		29272						60.04
61 EMERGENCY		10065970						61
62 OBSERVATION BEDS (NON-DISTINCT		1761680						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		147654865	19053					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		147654865	19053					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] 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		1551673					37
37.01 SAME DAY SURGERY		998825					37.01
37.02 GASTROENTEROLOGY		975884					37.02
38 RECOVERY ROOM		181988					38
39 DELIVERY ROOM & LABOR ROOM		3407					39
40 ANESTHESIOLOGY		204499					40
41 RADIOLOGY-DIAGNOSTIC		923314					41
41.01 ULTRASOUND		334592					41.01
41.02 WOMENS IMAGING CTR		274219					41.02
41.03 CT SCAN		705061					41.03
41.04 MRI		391801					41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES		289382					41.06
41.07 IMAGING CENTER		420981					41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC		10998444					42
43 RADIOISOTOPE		641734					43
44 LABORATORY		432196					44
46 WHOLE BLOOD & PACKED RED BLOOD		247090					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		256216					49
50 PHYSICAL THERAPY		1476					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		11030					52
53 ELECTROCARDIOLOGY		2239613					53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV		19637					53.03
53.04 CARDIAC REHAB		731153					53.04
53.05 CARDIAC CATH LAB		1265667	2108				53.05
53.06 WOUND OSTOMY		205558					53.06
54 ELECTROENCEPHALOGRAPHY		614389					54
55 MEDICAL SUPPLIES CHARGED TO PAT		56202					55
55.30 IMPL. DEV. CHARGED TO PATIENT		3318645					55.30
56 DRUGS CHARGED TO PATIENTS		461100					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		210113					60
60.01 URODYNAMICS		14521					60.01
60.02 PLAINFIELD CLINIC		2860612					60.02
60.03 OSWEGO CLINIC		189440					60.03
60.04 BLOINGBROOK CLINIC		144902					60.04
61 EMERGENCY		2163066					61
62 OBSERVATION BEDS (NON-DISTINCT		1518262					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		35856692	2108				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		35856692	2108				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				14611406		14611406	25
26 INTENSIVE CARE UNIT				1210307		1210307	26
27 CORONARY CARE UNIT				2309731		2309731	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NICU				459471		459471	30
31 SUBPROVIDER I							31
33 NURSERY				1002325		1002325	33
101 TOTAL				19593240		19593240	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	68574	3206			213.08	683134	25
26 INTENSIVE CARE UNIT	4397	171			275.26	47069	26
27 CORONARY CARE UNIT	4949	157			466.71	73273	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NICU	2768	472			165.99	78347	30
31 SUBPROVIDER I							31
33 NURSERY	10593	682			94.62	64531	33
101 TOTAL	91281	4688				946354	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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		4520883	109776379				.041183	37
37.01 SAME DAY SURGERY		1416798	10731698				.132020	37.01
37.02 GASTROENTEROLOGY		834592	27253094				.030624	37.02
38 RECOVERY ROOM		139002	19868771				.006996	38
39 DELIVERY ROOM & LABOR ROOM		1616039	23976069				.067402	39
40 ANESTHESIOLOGY		133559	27837611				.004798	40
41 RADIOLOGY-DIAGNOSTIC		1487298	33169221				.044840	41
41.01 ULTRASOUND		256316	21206467				.012087	41.01
41.02 WOMENS IMAGING CTR		179153	7804461				.022955	41.02
41.03 CT SCAN		267390	77213391				.003463	41.03
41.04 MRI		323814	24940906				.012983	41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		171388	12425050				.013794	41.06
41.07 IMAGING CENTER		105547	14688793				.007186	41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		634657	98229267				.006461	42
43 RADIOISOTOPE		254451	11559014				.022013	43
44 LABORATORY		1447808	139591057				.010372	44
46 WHOLE BLOOD & PACKED RED BLOO		190416	14453550				.013174	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		369942	29825257				.012404	49
50 PHYSICAL THERAPY		155571	12691817				.012258	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		87002	1936783				.044921	52
53 ELECTROCARDIOLOGY		1686328	64519721				.026137	53
53.02 ENTEROSTOMAL THERAPY								53.02
53.03 EMG/NCV		15740	1742114				.009035	53.03
53.04 CARDIAC REHAB		371262	2582480				.143762	53.04
53.05 CARDIAC CATH LAB		2077992	63949075				.032494	53.05
53.06 WOUND OSTOMY		12746	945588				.013479	53.06
54 ELECTROENCEPHALOGRAPHY		104581	14969331				.006986	54
55 MEDICAL SUPPLIES CHARGED TO P		72123	29203449				.002470	55
55.30 IMPL. DEV. CHARGED TO PATIENT		1038895	70957758				.014641	55.30
56 DRUGS CHARGED TO PATIENTS		292102	72993493				.004002	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		461426	3231636				.142784	60
60.01 URODYNAMICS		1968	494937				.003976	60.01
60.02 PLAINFIELD CLINIC		296252	77483877				.003823	60.02
60.03 OSWEGO CLINIC		28092	3756369				.007478	60.03
60.04 BLOINGBROOK CLINIC		33515	456280				.073453	60.04
61 EMERGENCY		3151043	111717776				.028205	61
62 OBSERVATION BEDS (NON-DISTINC		1619370	9532695				.169875	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		25855061	1247715235					101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
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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		TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL	SWING-BED		
	COST	COST	HEALTH	EDUCATION	ADJUSTMENT	COSTS	
	1	2	COSTS	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			62842			62842	25
26 INTENSIVE CARE UNIT			13965			13965	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 NICU							30
31 SUBPROVIDER I							31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			76807			76807	101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
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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	68574	.92	3206	2950	25
26 INTENSIVE CARE UNIT	4397	3.18	171	544	26
27 CORONARY CARE UNIT	4949		157		27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 NICU	2768		472		30
31 SUBPROVIDER I					31
33 NURSERY	10593		682		33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	91281		4688	3494	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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	ALL OTHER 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				13965			13965 37
37.01 SAME DAY SURGERY				10474			10474 37.01
37.02 GASTROENTEROLOGY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 WOMENS IMAGING CTR							41.02
41.03 CT SCAN							41.03
41.04 MRI							41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES							41.06
41.07 IMAGING CENTER							41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY				36658			36658 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				6982			6982 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV							53.03
53.04 CARDIAC REHAB							53.04
53.05 CARDIAC CATH LAB							53.05
53.06 WOUND OSTOMY							53.06
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 URODYNAMICS							60.01
60.02 PLAINFIELD CLINIC							60.02
60.03 OSWEGO CLINIC							60.03
60.04 BLOINGBROOK CLINIC							60.04
61 EMERGENCY				805595			805595 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				873674			873674 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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	13965	109776379	.000127	.000127			37
37.01 SAME DAY SURGERY	10474	10731698	.000976	.000976			37.01
37.02 GASTROENTEROLOGY		27253094					37.02
38 RECOVERY ROOM		19868771					38
39 DELIVERY ROOM & LABOR ROOM		23976069					39
40 ANESTHESIOLOGY		27837611					40
41 RADIOLOGY-DIAGNOSTIC		33169221					41
41.01 ULTRASOUND		21206467					41.01
41.02 WOMENS IMAGING CTR		7804461					41.02
41.03 CT SCAN		77213391					41.03
41.04 MRI		24940906					41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES		12425050					41.06
41.07 IMAGING CENTER		14688793					41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC		98229267					42
43 RADIOISOTOPE		11559014					43
44 LABORATORY	36658	139591057	.000263	.000263			44
46 WHOLE BLOOD & PACKED RED BLOO		14453550					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	6982	29825257	.000234	.000234			49
50 PHYSICAL THERAPY		12691817					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1936783					52
53 ELECTROCARDIOLOGY		64519721					53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV		1742114					53.03
53.04 CARDIAC REHAB		2582480					53.04
53.05 CARDIAC CATH LAB		63949075					53.05
53.06 WOUND OSTOMY		945588					53.06
54 ELECTROENCEPHALOGRAPHY		14969331					54
55 MEDICAL SUPPLIES CHARGED TO P		29203449					55
55.30 IMPL. DEV. CHARGED TO PATIENT		70957758					55.30
56 DRUGS CHARGED TO PATIENTS		72993493					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3231636					60
60.01 URODYNAMICS		494937					60.01
60.02 PLAINFIELD CLINIC		77483877					60.02
60.03 OSWEGO CLINIC		3756369					60.03
60.04 BLOINGBROOK CLINIC		456280					60.04
61 EMERGENCY	805595	111717776	.007211	.007211			61
62 OBSERVATION BEDS (NON-DISTINC		9532695					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	873674	1247715235					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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
37.01 SAME DAY SURGERY					37.01
37.02 GASTROENTEROLOGY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 WOMENS IMAGING CTR					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.06 WOUND OSTOMY					53.06
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
60.04 BLOINGBROOK CLINIC					60.04
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) (14-0231)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	68574						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	68574						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68574						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)	27116						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) (14-0231)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	74127694						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	74127694						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.986521						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1095.76						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	74127694						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) (14-0231)	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	1080.99					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29312125					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29312125					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	7918860	4397	1800.97	2199	3960333	43
44 CORONARY CARE UNIT	9949482	4949	2010.40	2475	4975740	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NICU	6714312	2768	2425.69			47
	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	48042050					48
49 TOTAL PROGRAM INPATIENT COSTS	86290248					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	7570221					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3954182					51
52 TOTAL PROGRAM EXCLUDABLE COST	11524403					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	74765845					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) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (14-0231)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7600	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1080.99	84
85 OBSERVATION BED COST	8215524	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		74127694		8215524		86
87 NEW CAPITAL-RELATED COST	14611406	74127694	.197111	8215524	1619370	87
88 NON PHYSICIAN ANESTHETIST		74127694		8215524		88
89 NURSING SCHOOL		74127694		8215524		89
89.01 ALLIED HEALTH	62842	74127694	.000848	8215524	6967	89.01
89.02 ALL OTHER		74127694		8215524		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) (14-0231)	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)	68574					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	68574					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68574					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)	3206					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	10593					15
16 TITLE V OR XIX NURSERY DAYS	682					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) (14-0231)	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	74127694						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	74127694						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.986521						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1095.76						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	74127694						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) (14-0231)	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	1080.99					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3465654					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3465654					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)	4378353	10593	413.33	682	281891	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	7918860	4397	1800.97	171	307966	43
44 CORONARY CARE UNIT	9949482	4949	2010.40	157	315633	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NICU	6671272	2768	2410.14	472	1137586	47
	HOSPITAL (OTHER) (14-0231)	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	5508730					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	949848					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	949848					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) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 21:44

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. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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11/29/2010 21:44

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7600	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1080.99	84
85 OBSERVATION BED COST	8215524	85



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0231)	<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
27 CORONARY CARE UNIT			27
30 NICU			30
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.247220		37
37.01 SAME DAY SURGERY	.750538		37.01
37.02 GASTROENTEROLOGY	.189531		37.02
38 RECOVERY ROOM	.131190		38
39 DELIVERY ROOM & LABOR ROOM	.468530		39
40 ANESTHESIOLOGY	.095963		40
41 RADIOLOGY-DIAGNOSTIC	.248193		41
41.01 ULTRASOUND	.131574		41.01
41.02 WOMENS IMAGING CTR	.295641		41.02
41.03 CT SCAN	.057847		41.03
41.04 MRI	.116010		41.04
41.05 RADIOLOGY ONCOLOGY			41.05
41.06 SPECIAL PROCEDURES	.206462		41.06
41.07 IMAGING CENTER	.150771		41.07
41.08 P.E.T			41.08
42 RADIOLOGY-THERAPEUTIC	.337893		42
43 RADIOISOTOPE	.214566		43
44 LABORATORY	.106842		44
46 WHOLE BLOOD & PACKED RED BLOOD	.307868		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.203316		49
50 PHYSICAL THERAPY	.416861		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.425400		52
53 ELECTROCARDIOLOGY	.149139		53
53.02 ENTEROSTOMAL THERAPY			53.02
53.03 EMG/NCV	.068788		53.03
53.04 CARDIAC REHAB	.778929		53.04
53.05 CARDIAC CATH LAB	.110619		53.05
53.06 WOUND OSTOMY	.637606		53.06
54 ELECTROENCEPHALOGRAPHY	.417213		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.087814		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.549175		55.30
56 DRUGS CHARGED TO PATIENTS	.194997		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.806135		60
60.01 URODYNAMICS	.212740		60.01
60.02 PLAINFIELD CLINIC	.244815		60.02
60.03 OSWEGO CLINIC	.543416		60.03
60.04 BLOINGBROOK CLINIC	4.950191		60.04
61 EMERGENCY	.214889		61
62 OBSERVATION BEDS (NON-DISTINCT	.861826		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

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	13908682					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	15572134					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	28981868					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2306008					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	277.18					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						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					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	60768692					6
7						7
7.01						7.01
8	60768692					8
9	5230961					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	31940					14
15	130252					15
16	66161845					16
17	64318					17
18	66097527					18
19	5364808					19
20	190020					20
21	493407					21
21.01	345385					21.01
21.02	452479					21.02
22	60888084					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	CROSSOVER CLAIMS 5/1/94 TO 4/3/99					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	60888084				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	60728138				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	159946				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0231) 1	HOSPITAL (14-0231) 1.01	HOSPITAL (14-0231) 1.02	
1 MEDICAL AND OTHER SERVICES	26182			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	35779363			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	28411146			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	77329			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	26182			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	142513			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	142513			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	142513			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	116331			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	26182			17
17.01 TOTAL PPS PAYMENTS	28488475			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0231) 1	HOSPITAL (14-0231) 1.01	HOSPITAL (14-0231) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3954		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6524053		18.01
19 SUBTOTAL	21986650		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	21986650		23
24 PRIMARY PAYER PAYMENTS	502		24
25 SUBTOTAL	21986148		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	463012		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	324108		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	439709		27.02
28 SUBTOTAL	22310256		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FORMULA DRIVEN OVERPAYMENT EST			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	970		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	22309286		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	22345625		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-36339		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 (14-0231)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		60601654		22227390	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 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/05/2010 61647 02/26/2010 64837	02/05/2010 02/26/2010	16171 102064	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	126484		118235	3.99
4 TOTAL INTERIM PAYMENTS		60728138		22345625	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	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	159946		-36339	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		60888084		22309286	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

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 (14-0231) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	5508730			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	5508730			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
	SUBTOTAL	5508730			9
10	COMPUTATION OF LESSER OF COST OR CHARGES				
11	ROUTINE SERVICE CHARGES				10
12	ANCILLARY SERVICE CHARGES				11
13	INTERNS AND RESIDENTS SERVICE CHARGES				12
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
15	TEACHING PHYSICIANS				14
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
	TOTAL REASONABLE CHARGES				16
17	CUSTOMARY CHARGES				
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
20	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
21	ACCORDANCE WITH 42 CFR 413.13(E)				19
22	RATIO OF LINE 17 TO LINE 18				20
23	TOTAL CUSTOMARY CHARGES				21
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				22
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	5508730			23
26	COST OF COVERED SERVICES	5508730			
27	PROSPECTIVE PAYMENT AMOUNT				
28	OTHER THAN OUTLIER PAYMENTS				24
29	OUTLIER PAYMENTS				25
30	PROGRAM CAPITAL PAYMENTS				26
31	CAPITAL EXCEPTION PAYMENTS				27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
	SUBTOTAL	5508730			30
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				31
35	LESSER OF LINES 30 OR 31	5508730			32
36	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 (14-0231) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	5508730				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	REMOVE IP COSTS	3742721				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
	DEPRECIABLE ASSETS					
52	SUBTOTAL	3742721				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3742721				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS	3742721				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					

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	15193555			1
2	TEMPORARY INVESTMENTS	4870000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	55498030			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	8068545			7
8	PREPAID EXPENSES	9706065			8
9	OTHER CURRENT ASSETS	5075014			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	98411209			11
FIXED ASSETS					
12	LAND	150004			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	9621550			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	339784914			14
14.01	ACCUMULATED DEPRECIATION	-158932439			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	183850384			18
18.01	ACCUMULATED DEPRECIATION	-126334278			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	248140135			21
OTHER ASSETS					
22	INVESTMENTS	219251579			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	59356442			25
26	TOTAL OTHER ASSETS	278608021			26
27	TOTAL ASSETS	625159365			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	13594035			28
29	SALARIES, WAGES & FEES PAYABLE	35079642			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	4870000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	60881959			35
36	TOTAL CURRENT LIABILITIES	114425636			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	277195390			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	36784415			41
42	TOTAL LONG TERM LIABILITIES	313979805			42
43	TOTAL LIABILITIES	428405441			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	196753924			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	196753924			51
52	TOTAL LIABILITIES AND FUND BALANCES	625159365			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	176602908			1
2 NET INCOME (LOSS)	37244959			2
3 TOTAL	213847867			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 CHANGE IN INTEREST IN ASSETS	1033537			6
7 OF FOUNDATION				7
8				8
9				9
10 TOTAL ADDITIONS	1033537			10
11 SUBTOTAL	214881404			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 TRANSFER TO AFFILIATES	14966417			14
15 NET ASSETS RELEASED TO OPERATIONS	3161063			15
16				16
17				17
18 TOTAL DEDUCTIONS	18127480			18
19 FUND BALANCE AT END OF PERIOD	196753924			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	132759748		132759748	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	132759748		132759748	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	11838689		11838689	12
13 CORONARY CARE UNIT	21916686		21916686	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NICU				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	33755375		33755375	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	166515123		166515123	18
18.50 ANCILLARY SERVICES	479436257	735727591	1215163848	18.50
18.60 OUTPATIENT SERVICES		118072801	118072801	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		362324	362324	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	645951380	854162716	1500114096	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES			26
27 ADD (SPECIFY)		436976321	27
28 BAD DEBTS	20851970		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		20851970	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		457828291	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1500114096	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1034777686	2
3	NET PATIENT REVENUES	465336410	3
4	LESS - TOTAL OPERATING EXPENSES	457828291	4
5	NET INCOME FROM SERVICE TO PATIENTS	7508119	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2223129	6
7	INCOME FROM INVESTMENTS	17757472	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	12646	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	300	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2147	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MANAGEMENT FEES	1262632	24
24.01	LOSS ON DEFEASANCE OF DEBT	-1529783	24.01
24.02	GAIN ON INVESTMENTS	6331459	24.02
24.03	UN-REALIZED LOSS ON INVESTMENTS		24.03
24.04	ER PHYSICIANS INTER-COMPANY	253110	24.04
24.05	EMT EDUCATION PROGRAM REVENUE		24.05
24.06	LAB OTHER REVENUE	177277	24.06
24.07	OTHER OPERATING REVENUE	253530	24.07
24.08	RENTAL REVENUE	1573824	24.08
24.09	RADIOLOGY OTHER REVENUE	7725	24.09
24.10	GIFT SHOP, FLOWER SHOP, SALON	423203	24.10
24.11	ER TRAUMA SVCS OTHER REV	238234	24.11
24.12	COMMUNITY TRAINING CTR OTHER REV	137291	24.12
24.13	NURSING STAFF OTHER REVENUE	54514	24.13
24.14	CARD ADMIN EMPLY LEASING	171660	24.14
24.15	CANCER CENTER RESEARCH	228228	24.15
24.16	PATIENT ACCOUNTING REVENUE	83005	24.16
24.17	RESP THERAPY OTHER REVENUE	7638	24.17
24.18	MEDICAL STAFF APPLICATIONS	32200	24.18
24.19	IRB OTHER REVENUE	35399	24.19
25	TOTAL OTHER INCOME	29736840	25
26	TOTAL	37244959	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	37244959	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7568

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	41556	5519			3253	50328 5
6 SKILLED NURSING CARE	56830	7547	3754			68131 6
7 PHYSICAL THERAPY	30818	4093	1225			36136 7
8 OCCUPATIONAL THERAPY	6083	808	246			7137 8
9 SPEECH PATHOLOGY	1126	149	46			1321 9
10 MEDICAL SOCIAL SERVICES	879	117	28			1024 10
11 HOME HEALTH AIDE	3242	431	423			4096 11
12 SUPPLIES					1988	1988 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	140534	18664	5722		5241	170161 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7568

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		50328		50328	5
6 SKILLED NURSING CARE		68131		68131	6
7 PHYSICAL THERAPY		36136		36136	7
8 OCCUPATIONAL THERAPY		7137		7137	8
9 SPEECH PATHOLOGY		1321		1321	9
10 MEDICAL SOCIAL SERVICES		1024		1024	10
11 HOME HEALTH AIDE		4096		4096	11
12 SUPPLIES		1988		1988	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		170161		170161	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7568

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1								1
2								2
3								3
4								4
5	50328					50328	50328	5
HHA REIMBURSABLE SERVICES								
6	68131					68131	28614	96745 6
7	36136					36136	15177	51313 7
8	7137					7137	2997	10134 8
9	1321					1321	555	1876 9
10	1024					1024	430	1454 10
11	4096					4096	1720	5816 11
12	1988					1988	835	2823 12
13								13
13.20								13.20
14								14
HHA NONREIMBURSABLE SERVICES								
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
23.50								23.50
24	170161					170161		170161 24

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09  
 11/29/2010 21:44

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDG & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP	100					3
4	PLANT OPERATION & MAINTENANCE		100				4
5	TRANSPORTATION			100			5
6	ADMINISTRATIVE AND GENERAL	100	100	100	-50328	119833	6
7	HHA REIMBURSABLE SERVICES						7
8	SKILLED NURSING CARE					68131	8
9	PHYSICAL THERAPY					36136	9
10	OCCUPATIONAL THERAPY					7137	10
11	SPEECH PATHOLOGY					1321	11
12	MEDICAL SOCIAL SERVICES					1024	12
13	HOME HEALTH AIDE					4096	13
14	SUPPLIES					1988	14
15	DRUGS						15
16	COST OF ADMINISTERING VACCINES						16
17	DME						17
18	HHA NONREIMBURSABLE SERVICES						18
19	HOME DIALYSIS AIDE SERVICES						19
20	RESPIRATORY THERAPY						20
21	PRIVATE DUTY NURSING						21
22	CLINIC						22
23	HEALTH PROMOTION ACTIVITIES						23
24	DAY CARE PROGRAM						24
25	HOME DELIVERED MEALS PROGRAM						25
26	HOMEMAKER SERVICE						26
27	ALL OTHERS						27
28	TELEMEDICINE						28
29	TOTAL	100	100	100	-50328	119833	29
30	COST TO BE ALLOC (PER W/S H)					50328	30
31	UNIT COST MULTIPLIER					.419984	31







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		6950		6950			1
2 SKILLED NURSING CARE		130152		130152	3950	134102	2
3 PHYSICAL THERAPY		69144		69144	2099	71243	3
4 OCCUPATIONAL THERAPY		13655		13655	415	14070	4
5 SPEECH PATHOLOGY		2528		2528	77	2605	5
6 MEDICAL SOCIAL SERVICES		1960		1960	60	2020	6
7 HOME HEALTH AIDE		7795		7795	237	8032	7
8 SUPPLIES		3695		3695	112	3807	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		235879		235879	6950	235879	20
21 UNIT COST MULTIPLIER					.030359		21



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION (FTE'S) NRSNG HRS	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES								1988	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS								1988	20
21 TOTAL COST TO BE ALLOCATED								175	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER								.088028	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7568

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		134102		134102	567	236.51	1
2	PHYSICAL THERAPY		71243		71243	410	173.76	2
3	OCCUPATIONAL THERAPY		14070		14070	75	187.60	3
4	SPEECH PATHOLOGY		2605		2605	15	173.67	4
5	MEDICAL SOCIAL SERV		2020		2020	9	224.44	5
6	HOME HEALTH AIDE SERV		8032		8032	36	223.11	6
7	TOTAL		232072		232072	1112		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	1600					8
9	PHYSICAL THERAPY	1600					9
10	OCCUPATIONAL THERAPY	1600					10
11	SPEECH PATHOLOGY	1600					11
12	MEDICAL SOCIAL SERV	1600					12
13	HOME HEALTH AIDE SERV	1600					13
14	TOTAL						14

  

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		3807		3807	9600	.396563	15
16	COST OF DRUGS							16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

  

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	1600		17
18	PER BENEFICIARY COST LIMITATION	1600		18
19	PER BENEFICIARY COST LIMITATION			19





CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7568

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
2 TOTAL CHARGES	132874	56593		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	132874	56593		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	132874	56593		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		
	1	2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	117667	49858	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		636	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	1939	1322	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2421	1235	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	122027	53051	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	122027	53051	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	122027	53051	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	122027	53051	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	122027	53051	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	122027	53051	24
25 TOTAL INTERIM PAYMENTS	122027	53051	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7568

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		122027		53051	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					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	TO .05				3.50
	PROGRAM .50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		122027		53051	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				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				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		122027		53051	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0231)	HOSPITAL (14-0231)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	4812417				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	322296				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4					4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI, LN.18]					
4.01					4.01
NO. OF INTERNS & RESIDENTS	0.00	0.00			
4.02					4.02
INDIRECT MEDICAL EDUCATION PERCENTAGE					
4.03					4.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.0388				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01	0.0588				5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					
5.02	0.0976				5.02
SUM OF LINES 5 AND 5.01					
5.03	0.0200				5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					
5.04	96248				5.04
DISPROPORTIONATE SHARE ADJUSTMENT					
6	5230961				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-EMS					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
30 NICU					30
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SAME DAY SURGERY					37.01
37.02 GASTROENTEROLOGY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 WOMENS IMAGING CTR					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.06 WOUND OSTOMY					53.06
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
60.04 BLOINGBROOK CLINIC					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60

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
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CA				96
98	PHYSICIANS' PRIVATE OFFICES				98
98.01	PHYSICIANS CLINICS				98.01
98.03	PHYSICIAN OFFICES				98.03
98.04	IRE				98.04
100	LINDEN OAKS HOSPITAL				100
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	39.54		4.68				44.22	25
26 INTENSIVE CARE UNIT	50.01		3.89				53.90	26
27 CORONARY CARE UNIT	50.01		3.17				53.18	27
30 NICU			17.05				17.05	30
33 NURSERY			6.44				6.44	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	18.97	5.72					24.69	37
37.01 SAME DAY SURGERY	8.97	12.40					21.37	37.01
37.02 GASTROENTEROLOGY	9.83	18.89					28.72	37.02
38 RECOVERY ROOM	15.16	6.98					22.14	38
39 DELIVERY ROOM & LABOR ROOM	0.09	0.03					0.12	39
40 ANESTHESIOLOGY	13.31	7.66					20.97	40
41 RADIOLOGY-DIAGNOSTIC	15.00	11.22					26.22	41
41.01 ULTRASOUND	13.14	11.99					25.13	41.01
41.02 WOMENS IMAGING CTR	0.14	11.88					12.02	41.02
41.03 CT SCAN	14.25	15.79					30.04	41.03
41.04 MRI	13.38	13.54					26.92	41.04
41.06 SPECIAL PROCEDURES	41.56	11.28					52.84	41.06
41.07 IMAGING CENTER	0.12	19.01					19.13	41.07
42 RADIOLOGY-THERAPEUTIC	0.58	33.14					33.72	42
43 RADIOISOTOPE	8.43	25.87					34.30	43
44 LABORATORY	19.37	2.90					22.27	44
46 WHOLE BLOOD & PACKED RED BLOOD	36.34	5.55					41.89	46
49 RESPIRATORY THERAPY	43.91	4.23					48.14	49
50 PHYSICAL THERAPY	32.20	0.03					32.23	50
52 SPEECH PATHOLOGY	39.43	1.34					40.77	52
53 ELECTROCARDIOLOGY	11.81	23.27					35.08	53
53.03 EMG/NCV	3.18	16.39					19.57	53.03
53.04 CARDIAC REHAB	4.13	36.35					40.48	53.04
53.05 CARDIAC CATH LAB	24.06	17.89					41.95	53.05
53.06 WOUND OSTOMY	17.99	34.09					52.08	53.06
54 ELECTROENCEPHALOGRAPHY	17.53	9.84					27.37	54
55 MEDICAL SUPPLIES CHARGED TO PAT	39.93	2.19					42.12	55
55.30 IMPL. DEV. CHARGED TO PATIENT	33.87	8.52					42.39	55.30
56 DRUGS CHARGED TO PATIENTS	36.56	3.24					39.80	56
60 CLINIC	0.51	8.07					8.58	60
60.01 URODYNAMICS		13.79					13.79	60.01
60.02 PLAINFIELD CLINIC	1.42	15.08					16.50	60.02
60.03 OSWEGO CLINIC	0.25	9.28					9.53	60.03
60.04 BLOINGBROOK CLINIC		6.42					6.42	60.04
61 EMERGENCY	14.46	9.01					23.47	61
62 OBSERVATION BEDS (NON-DISTINCT		18.48					18.48	62
101 TOTAL CHARGES	15.22	10.41					25.63	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	27469376	7.02	-27469376	-16.25		3
4	NEW CAP REL COSTS-MVBLE EQUIP	17317515	4.43	-17317515	-10.25		4
5	EMPLOYEE BENEFITS	18505352	4.73	-18505352	-10.95		5
6	ADMINISTRATIVE & GENERAL	71710755	18.33	-71710755	-42.43		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	10206431	2.61	-10206431	-6.04		8
9	LAUNDRY & LINEN SERVICE	180988	.05	-180988	-.11		9
10	HOUSEKEEPING	3640243	.93	-3640243	-2.15		10
11	DIETARY	981454	.25	-981454	-.58		11
12	CAFETERIA	2533484	.65	-2533484	-1.50		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2457464	.63	-2457464	-1.45		14
15	CENTRAL SERVICES & SUPPLY	1848611	.47	-1848611	-1.09		15
16	PHARMACY	6973161	1.78	-6973161	-4.13		16
17	MEDICAL RECORDS & LIBRARY	4709814	1.20	-4709814	-2.79		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-EMS	461571	.12	-461571	-.27		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	33347315	8.52	40780379	24.13	74127694	18.95
26	INTENSIVE CARE UNIT	4120473	1.05	3798387	2.25	7918860	2.02
27	CORONARY CARE UNIT	4584800	1.17	5364682	3.17	9949482	2.54
30	NICU	4390521	1.12	2280751	1.35	6671272	1.71
33	NURSERY	1930556	.49	2447797	1.45	4378353	1.12
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	14104810	3.60	13034100	7.71	27138910	6.94
37.01	SAME DAY SURGERY	3954987	1.01	4099558	2.43	8054545	2.06
37.02	GASTROENTEROLOGY	2742084	.70	2423219	1.43	5165303	1.32
38	RECOVERY ROOM	1561688	.40	1044888	.62	2606576	.67
39	DELIVERY ROOM & LABOR ROOM	6549183	1.67	4684330	2.77	11233513	2.87
40	ANESTHESIOLOGY	1744032	.45	927342	.55	2671374	.68
41	RADIOLOGY-DIAGNOSTIC	3872668	.99	4359699	2.58	8232367	2.10
41.01	ULTRASOUND	1623412	.41	1166805	.69	2790217	.71
41.02	WOMENS IMAGING CTR	1356818	.35	950504	.56	2307322	.59
41.03	CT SCAN	2672334	.68	1794266	1.06	4466600	1.14
41.04	MRI	1586938	.41	1306455	.77	2893393	.74
41.05	RADIOLOGY ONCOLOGY						41.05
41.06	SPECIAL PROCEDURES	1696325	.43	868971	.51	2565296	.66
41.07	IMAGING CENTER	1422631	.36	792018	.47	2214649	.57
41.08	P.E.T						41.08
42	RADIOLOGY-THERAPEUTIC	21564376	5.51	11626587	6.88	33190963	8.48

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
43 RADIOISOTOPE	1469300	.38	1010876	.60	2480176	.63	43
44 LABORATORY	8694959	2.22	6219171	3.68	14914130	3.81	44
46 WHOLE BLOOD & PACKED RED BLOOD	3150594	.81	1299194	.77	4449788	1.14	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	3868990	.99	2194965	1.30	6063955	1.55	49
50 PHYSICAL THERAPY	3591735	.92	1698985	1.01	5290720	1.35	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	429227	.11	394680	.23	823907	.21	52
53 ELECTROCARDIOLOGY	5301497	1.35	4320919	2.56	9622416	2.46	53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV	52433	.01	67404	.04	119837	.03	53.03
53.04 CARDIAC REHAB	900993	.23	1110575	.66	2011568	.51	53.04
53.05 CARDIAC CATH LAB	2653255	.68	4420726	2.62	7073981	1.81	53.05
53.06 WOUND OSTOMY	422632	.11	180281	.11	602913	.15	53.06
54 ELECTROENCEPHALOGRAPHY	4662272	1.19	1583122	.94	6245394	1.60	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1798391	.46	766070	.45	2564461	.66	55
55.30 IMPL. DEV. CHARGED TO PATIENT	28931774	7.39	10036462	5.94	38968236	9.96	55.30
56 DRUGS CHARGED TO PATIENTS	8730010	2.23	5503509	3.26	14233519	3.64	56
60 CLINIC	1062897	.27	1542238	.91	2605135	.67	60
60.01 URODYNAMICS	73925	.02	31368	.02	105293	.03	60.01
60.02 PLAINFIELD CLINIC	13283089	3.39	5686139	3.36	18969228	4.85	60.02
60.03 OSWEGO CLINIC	1436793	.37	604479	.36	2041272	.52	60.03
60.04 BLOINGBROOK CLINIC	1516371	.39	742302	.44	2258673	.58	60.04
61 EMERGENCY	11424836	2.92	12582050	7.45	24006886	6.14	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	170161	.04	65718	.04	235879	.06	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	314167	.08	401044	.24	715211	.18	96
98 PHYSICIANS' PRIVATE OFFICES	3509494	.90	1822763	1.08	5332257	1.36	98
98.01 PHYSICIANS CLINICS			95750	.06	95750	.02	98.01
98.03 PHYSICIAN OFFICES			8392		8392		98.03
98.04 IRB							98.04
100 LINDEN OAKS HOSPITAL			856299	.51	856299	.22	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	391271965	100.00	0	.00	391271965	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	4520883	109776379	.041183	20828642	857786	37
37.01 SAME DAY SURGERY	1416798	10731698	.132020	962775	127106	37.01
37.02 GASTROENTEROLOGY	834592	27253094	.030624	2677863	82007	37.02
38 RECOVERY ROOM	139002	19868771	.006996	3012958	21079	38
39 DELIVERY ROOM & LABOR ROOM	1616039	23976069	.067402	22019	1484	39
40 ANESTHESIOLOGY	133559	27837611	.004798	3704312	17773	40
41 RADIOLOGY-DIAGNOSTIC	1487298	33169221	.044840	4974969	223078	41
41.01 ULTRASOUND	256316	21206467	.012087	2787249	33689	41.01
41.02 WOMENS IMAGING CTR	179153	7804461	.022955	10991	252	41.02
41.03 CT SCAN	267390	77213391	.003463	11000867	38096	41.03
41.04 MRI	323814	24940906	.012983	3337365	43329	41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	171388	12425050	.013794	5164041	71233	41.06
41.07 IMAGING CENTER	105547	14688793	.007186	18215	131	41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	634657	98229267	.006461	568277	3672	42
43 RADIOISOTOPE	254451	11559014	.022013	974565	21453	43
44 LABORATORY	1447808	139591057	.010372	27044250	280503	44
46 WHOLE BLOOD & PACKED RED BLOOD	190416	14453550	.013174	5252854	69201	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	369942	29825257	.012404	13095669	162439	49
50 PHYSICAL THERAPY	155571	12691817	.012258	4086952	50098	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	87002	1936783	.044921	763770	34309	52
53 ELECTROCARDIOLOGY	1686328	64519721	.026137	7619838	199160	53
53.02 ENTEROSTOMAL THERAPY						53.02
53.03 EMG/NCV	15740	1742114	.009035	55409	501	53.03
53.04 CARDIAC REHAB	371262	2582480	.143762	106615	15327	53.04
53.05 CARDIAC CATH LAB	2077992	63949075	.032494	15383045	499857	53.05
53.06 WOUND OSTOMY	12746	945588	.013479	170150	2293	53.06
54 ELECTROENCEPHALOGRAPHY	104581	14969331	.006986	2623390	18327	54
55 MEDICAL SUPPLIES CHARGED TO PAT	72123	29203449	.002470	11660485	28801	55
55.30 IMPL. DEV. CHARGED TO PATIENT	1038895	70957758	.014641	24034333	351887	55.30
56 DRUGS CHARGED TO PATIENTS	292102	72993493	.004002	26685492	106795	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	461426	3231636	.142784	16402	2342	60
60.01 URODYNAMICS	1968	494937	.003976			60.01
60.02 PLAINFIELD CLINIC	296252	77483877	.003823	1102369	4214	60.02
60.03 OSWEGO CLINIC	28092	3756369	.007478	9306	70	60.03
60.04 BLOINGBROOK CLINIC	33515	456280	.073453			60.04
61 EMERGENCY	3151043	111717776	.028205	16154510	455638	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1619370	9532695	.169875			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	25855061	1247715235		215909947	3823930	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	14611406		14611406	68574	213.08	27116	5777877 25
26 INTENSIVE CARE UNIT	1210307		1210307	4397	275.26	2199	605297 26
27 CORONARY CARE UNIT	2309731		2309731	4949	466.71	2475	1155107 27
30 NICU	459471		459471	2768	165.99		30
101 TOTAL	18590915		18590915			31790	7538281 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						7538281	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						3823930	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						11362211	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						7250	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						31790	
PER DISCHARGE CAPITAL COSTS						1567.20	
PER DIEM CAPITAL COSTS						357.41	

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)	74765845
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	282560544
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.265

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)	11362211
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.040

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 5999)	35766858
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)	147625396
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.242