

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CENTRAL DUPAGE HOSPITAL (14-0242) (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		
1	HOSPITAL				1
2	SUBPROVIDER I	-24420	398014		2
3	SWING BED - SNF	6385			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	-18035	398014		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 OMD 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: 0 NORTH 025 WINFIELD ROAD P.O. BOX: 1
 1.01 CITY: WINFIELD STATE: IL ZIP CODE: 60190 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	CENTRAL DUPAGE HOSPITAL	14-0242	07/01/1966	N	P	O	2
3	SUBPROVIDER I	CENTRAL DUPAGE HOSPITAL PSYCH.	14-S242	07/01/1985	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 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 16974 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. NO 32
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. NO 33
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? NO 34
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? NO 35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 36
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? NO 36.01
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 37
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? NO 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 148052 40
 40.01 NAME: CENTRAL DUPAGE HEALTH FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 27 WEST 353 JEWELL ROAD P.O. BOX: 40.02
 40.03 CITY: WINFIELD STATE: IL ZIP CODE: 60190 40.03
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	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: PREMIUMS: 4106216 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						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?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		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)		YES				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.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	09/10/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V 12	XVIII 13	XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7234	2552	21385	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		7234	2552	21385	12
13 RPCH VISITS					13
14 SUBPROVIDER I		176	53	767	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
26.01 OBSERVATION BED DAYS-Sub I					26.01
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	177324241		177324241	5227097.00	33.92		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A	417637		417637	4093.00	102.04		4
6 4.01 TEACHING PHYSICIAN SALARIES							4.01
7 PHYSICIAN - PART B							5
8 5.01 NON-PHYSICIAN - PART B							5.01
9 6 INTERNS & RESIDENTS (IN APPR PGM)							6
10 6.01 CONTRACT SERVICES, I&R							6.01
11 7 HOME OFFICE PERSONNEL							7
12 8 SNF							8
13 8.01 EXCLUDED AREA SALARIES	3050534		3050534	97491.00	31.29	DEPT HOURS SUMM	8.01
14 OTHER WAGES & RELATED COSTS							
15 9 CONTRACT LABOR	489712		489712	8996.68	54.43	SUM OF INVOICES	9
16 9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
17 9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
18 9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
19 10 CONTRACT LABOR: PHYSICIAN PART A	613104		613104	3086.00	198.67	TIME ST AND A82	10
20 10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
21 11 HOME OFFICE SALARIES & WAGE REL COSTS	20007067		20007067	282594.17	70.80	HOME OFFICE CR	11
22 12 HOME OFFICE: PHYSICIAN PART A							12
23 12.01 TEACHING PHYSICIAN SALARIES							12.01
24 WAGE-RELATED COSTS							
25 13 WAGE RELATED COSTS (CORE)	46298501		46298501			CMS 339	13
26 14 WAGE RELATED COSTS (OTHER)						CMS 339	14
27 15 EXCLUDED AREAS						CMS 339	15
28 16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
29 17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
30 18 PHYSICIAN PART A						CMS 339	18
31 18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
32 19 PHYSICIAN PART B						CMS 339	19
33 19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
34 20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
35 OVERHEAD COSTS - DIRECT SALARIES							
36 EMPLOYEE BENEFITS	792360	-792360					21
37 ADMINISTRATIVE & GENERAL	27096861	792360	27889221	622984.00	44.77		22
38 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1244386		1244386	3214.47	387.12		22.01
39 23 MAINTENANCE & REPAIRS							23
40 24 OPERATION OF PLANT	1976196		1976196	66436.00	29.75		24
41 25 LAUNDRY & LINEN SERVICE	48782		48782	3159.00	15.44		25
42 26 HOUSEKEEPING	2675680		2675680	220144.00	12.15		26
43 26.01 HOUSEKEEPING UNDER CONTRACT							26.01
44 27 DIETARY	1690159	-1046535	643624	51873.00	12.41		27
45 27.01 DIETARY UNDER CONTRACT							27.01
46 28 CAFETERIA		1046535	1046535	84942.00	12.32		28
47 29 MAINTENANCE OF PERSONNEL							29
48 30 NURSING ADMINISTRATION	3319441		3319441	73902.00	44.92		30
49 31 CENTRAL SERVICES AND SUPPLY	1967212		1967212	119185.00	16.51		31
50 32 PHARMACY	4898737		4898737	115879.00	42.27		32
51 33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	3030188		3030188	130313.00	23.25		33
52 34 SOCIAL SERVICE							34
53 35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART III
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5		
1 NET SALARIES	178568627		178568627	5230311.47	34.14		1
2 EXCLUDED AREA SALARIES	3050534		3050534	97491.00	31.29		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	175518093		175518093	5132820.47	34.20		3
4 SUBTOTAL OTHER WAGES & REL COSTS	21109883		21109883	294676.85	71.64		4
5 SUBTOTAL WAGE-RELATED COSTS	46298501		46298501		26.38%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	242926477		242926477	5427497.32	44.76		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	48740002		48740002	1492031.47	32.67		13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	32365306	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	32365306	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.250372	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	163805418	28
29	TOTAL GROSS MEDICAID COST	41012290	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	105064853	30
31	UNCOMPENSATED CARE COST	26305297	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	41012290	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				18816180	18816180		18816180	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				21180562	21180562	3371865	24552427	4
5	0500 EMPLOYEE BENEFITS	792360	1559562	2351922	32501728	34853650		34853650	5
6.10	0611 NON PATIENT TELEPHONES	859330	1680112	2539442	-249212	2290230	-331012	1959218	6.10
6.30	0631 PURCHASING AND STORES	831008	2816169	3647177	-1656638	1990539	-15968	1974571	6.30
6.40	0641 ADMITTING	1957856	655228	2613084	-400374	2212710		2212710	6.40
6.50	0651 ACCOUNTS RECEIVABLE AND CASHIER	2191462	3728589	5920051	-529856	5390195	-332	5389863	6.50
6.60	0660 ADMINISTRATION & GENERAL	21257205	93072749	114329954	-25255391	89074563	-11598917	77475646	6.60
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1976196	19044799	21020995	-1205134	19815861	-22458	19793403	8
9	0900 LAUNDRY & LINEN SERVICE	48782	184903	233685	-21404	212281		212281	9
10	1000 HOUSEKEEPING	2675680	1940728	4616408	-547840	4068568	-5325	4063243	10
11	1100 DIETARY	1690159	3905385	5595544	-3831105	1764439	-291301	1473138	11
12	1200 CAFETERIA				3390047	3390047	-2188483	1201564	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	3319441	2371846	5691287	-1481076	4210211	-146561	4063650	14
15	1500 CENTRAL SERVICES & SUPPLY	1967212	2026918	3994130	-1625205	2368925		2368925	15
16	1600 PHARMACY	4898737	16400577	21299314	-15787582	5511732		5511732	16
17	1700 MEDICAL RECORDS & LIBRARY	3030188	1405981	4436169	-820527	3615642	-24148	3591494	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	30226624	16621377	46848001	-10925667	35922334	-3774089	32148245	25
26	2600 INTENSIVE CARE UNIT	5908961	3047846	8956807	-1846899	7109908	-635916	6473992	26
27	2700 CORONARY CARE UNIT	3749977	1547977	5297954	-1186833	4111121		4111121	27
31	3100 SUBPROVIDER I	2504455	1138868	3643323	-530884	3112439	-840938	2271501	31
33	3300 NURSERY	3689699	1398534	5088233	652562	5740795		5740795	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	11371526	46687551	58059077	-43655368	14403709	-357712	14045997	37
38	3800 RECOVERY ROOM	2949116	1183760	4132876	-921934	3210942		3210942	38
39	3900 DELIVERY ROOM & LABOR ROOM	5180603	3814705	8995308	-1744752	7250556	-1353905	5896651	39
40	4000 ANESTHESIOLOGY	162857	1993189	2156046	-1735659	420387	-112970	307417	40
41	4100 RADIOLOGY-DIAGNOSTIC	7182136	5063807	12245943	-2885326	9360617	-2328710	7031907	41
41.01	3430 MRI	896040	1329556	2225596	-939240	1286356		1286356	41.01
41.02	3230 CT SCAN	1139718	1664313	2804031	-1151164	1652867	-4554	1648313	41.02
42	4200 RADIOLOGY-THERAPEUTIC	963970	2044750	3008720	-394528	2614192	-283151	2331041	42
43	4300 RADIOISOTOPE	415100	1070455	1485555	-134828	1350727	-365620	985107	43
44	4400 LABORATORY	13985429	21025733	35011162	-12255354	22755808	-10432814	12322994	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD	645148	2959667	3604815	-307795	3297020		3297020	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	2564220	1192480	3756700	-953278	2803422	-5824	2797598	49
50	5000 PHYSICAL THERAPY	2338712	909948	3248660	-580645	2668015		2668015	50
51	5100 OCCUPATIONAL THERAPY	636480	183264	819744	-134185	685559	-666	684893	51
52	5200 SPEECH PATHOLOGY	544082	157564	701646	-116535	585111		585111	52
53	5300 ELECTROCARDIOLOGY	8932304	18714426	27646730	-16191637	11455093	-1729110	9725983	53
54	5400 ELECTROENCEPHALOGRAPHY	929502	625063	1554565	-370060	1184505	-6642	1177863	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT								55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS								56
58.01	3160 CARDIAC REHAB	408203	283278	691481	-90882	600599	-17074	583525	58.01
58.02	3950 SLEEP LAB								58.02
58.03	3951 INPATIENT DIALYSIS		536705	536705		536705	-536705		58.03
58.04	3952 PAIN MANAGEMENT	265997	149209	415206	-113848	301358		301358	58.04
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	12244540	6929082	19173622	-2842066	16331556	-1299369	15032187	60
60.01	6001 PATIENT TREATMENT CENTER	1201521	593078	1794599	-389269	1405330	-9529	1395801	60.01
60.02	4951 REHAB SERVICES-BLOOMINGDALE	431917	166893	598810	-92351	506459	-7878	498581	60.02
60.03	4952 CANTERA								60.03
60.04	4950 MENTAL HEALTH O/P	453947	176131	630078	1132144	1762222	-92937	1669285	60.04
60.05	6002 WOMEN'S CLINIC	317017	146048	463065	-61656	401409		401409	60.05
61	6100 EMERGENCY	7042745	4239355	11282100	-3117036	8165064	-541931	7623133	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95									95
SUBTOTALS									
		176778162	298388158	475166320	107513	475273833	-35990684	439283149	
NONREIMBURSABLE COST CENTERS									
96.01	9601								96.01
97	9700								97
98.01	9801								98.01
99.01	9901								99.01
99.02	9902								99.02
99.04	9903								99.04
99.05	9904								99.05
99.07	9905								99.07
99.08	9906								99.08
101	TOTAL	177324241	298293912	475618153	-29431	475618153	-35990684	439627469	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 DEPRECIATION	A		3		1
2	A	NEW CAP REL COSTS-BLDG & FIXT	3		18182461
3	A	NEW CAP REL COSTS-MVBLE EQUIP	4		18945688
4	A				3
5	A				4
6	A				5
7	A				6
8	A				7
9	A				8
10	A				9
11	A				10
12	A				11
13	A				12
14	A				13
15	A				14
16	A				15
17	A				16
18	A				17
19	A				18
20	A				19
21	A				20
22	A				21
23	A				22
24	A				23
25	A				24
26	A				25
27	A				26
28	A				27
29	A				28
30	A				29
31	A				30
32	A				31
33	A				32
34	A				33
35	A				34
36 SUBTOTAL	A				35
					36
					37128149

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 DEPRECIATION	A	NON PATIENT TELEPHONES	6.10		46238	9 1
2	A	PURCHASING AND STORES	6.30		59354	9 2
3	A	ADMITTING	6.40		27068	3
4	A	ACCOUNTS RECEIVABLE AND CASHI	6.50		114330	4
5	A	ADMINISTRATION & GENERAL	6.60		21566839	5
6	A	OPERATION OF PLANT	8		829535	6
7	A	LAUNDRY & LINEN SERVICE	9		12038	7
8	A	HOUSEKEEPING	10		31391	8
9	A	DIETARY	11		118469	9
10	A	NURSING ADMINISTRATION	14		833608	10
11	A	CENTRAL SERVICES & SUPPLY	15		385814	11
12	A	PHARMACY	16		393443	12
13	A	MEDICAL RECORDS & LIBRARY	17		260690	13
14	A	ADULTS & PEDIATRICS	25		558103	14
15	A	INTENSIVE CARE UNIT	26		182926	15
16	A	CORONARY CARE UNIT	27		58096	16
17	A	SUBPROVIDER I	31		46519	17
18	A	NURSERY	33		87907	18
19	A	OPERATING ROOM	37		3444673	19
20	A	RECOVERY ROOM	38		87621	20
21	A	DELIVERY ROOM & LABOR ROOM	39		284754	21
22	A	ANESTHESIOLOGY	40		219865	22
23	A	RADIOLOGY-DIAGNOSTIC	41		1250883	23
24	A	MRI	41.01		699558	24
25	A	CT SCAN	41.02		712827	25
26	A	RADIOLOGY-THERAPEUTIC	42		113762	26
27	A	RADIOISOTOPE	43		49029	27
28	A	LABORATORY	44		1192543	28
29	A	WHOLE BLOOD & PACKED RED BLOO	46		8686	29
30	A	RESPIRATORY THERAPY	49		82591	30
31	A	PHYSICAL THERAPY	50		98390	31
32	A	OCCUPATIONAL THERAPY	51		1589	32
33	A	SPEECH PATHOLOGY	52		4343	33
34	A	ELECTROCARDIOLOGY	53		2391788	34
35	A	ELECTROENCEPHALOGRAPHY	54		130783	35
36 SUBTOTAL					36386053	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A				1
2	A				2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10					10
11					11
12 MED SUP SOLD	B	MEDICAL SUPPLIES CHARGED TO P	55		38220933 12
13	B	IMPL. DEV. CHARGED TO PATIENT	55.30		28929263 13
14	B	MEDICAL RECORDS & LIBRARY	17		15115 14
15	B				15
16	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22	B				22
23	B				23
24	B				24
25	B				25
26	B				26
27	B				27
28	B				28
29	B				29
30	B				30
31	B				31
32	B				32
33	B				33
34	B				34
35	B				35
36 SUBTOTAL					104293460 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	A	CARDIAC REHAB	58.01		7439	1
2	A	PAIN MANAGEMENT	58.04		14044	2
3	A	CLINIC	60		205445	3
4	A	PATIENT TREATMENT CENTER	60.01		29817	4
5	A	REHAB SERVICES-BLOOMINGDALE	60.02		8529	5
6	A	MENTAL HEALTH O/P	60.04		224	6
7	A	EMERGENCY	61		472782	7
8	A	RESEARCH	97		2818	8
9	A	PARKINSONS CENTER	99.08		998	9
10						10
11						11
12	B	CENTRAL SERVICES & SUPPLY	15		866337	12
13	B	PHARMACY	16		119697	13
14	B					14
15	B	ADULTS & PEDIATRICS	25		1543055	15
16	B	INTENSIVE CARE UNIT	26		523561	16
17	B	CORONARY CARE UNIT	27		389598	17
18	B	SUBPROVIDER I	31		8801	18
19	B	NURSERY	33		244199	19
20	B	OPERATING ROOM	37		37908916	20
21	B	RECOVERY ROOM	38		275290	21
22	B	DELIVERY ROOM & LABOR ROOM	39		477160	22
23	B	ANESTHESIOLOGY	40		1482315	23
24	B	RADIOLOGY-DIAGNOSTIC	41		270356	24
25	B	MRI	41.01		69502	25
26	B	CT SCAN	41.02		222246	26
27	B	RADIOLOGY-THERAPEUTIC	42		89069	27
28	B	RADIOISOTOPE	43		6172	28
29	B	LABORATORY	44		8328301	29
30	B	WHOLE BLOOD & PACKED RED BLOO	46		176680	30
31	B	RESPIRATORY THERAPY	49		209934	31
32	B	PHYSICAL THERAPY	50		37263	32
33	B	OCCUPATIONAL THERAPY	51		11538	33
34	B	SPEECH PATHOLOGY	52		8295	34
35	B	ELECTROCARDIOLOGY	53		12082586	35
36		SUBTOTAL			102479020	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	B				1
2	B				2
3	B				3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10					10
11					11
12					12
13					13
14 SHARED COSTS	C	CAFETERIA	12	1046535	2343512 14
15					15
16 DRUGS SOLD TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		14365117 16
17	D				17
18	D				18
19	D				19
20	D				20
21	D				21
22					22
23					23
24					24
25 CAPITAL RELATED INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		633719 25
26					26
27					27
28					28
29 EQUIPMENT RENTALS	F	NEW CAP REL COSTS-MVBLE EQUIP	4		2234874 29
30	F	ADMINISTRATION & GENERAL	6.60		14014 30
31	F				31
32	F				32
33	F				33
34	F				34
35	F				35
36 SUBTOTAL				1046535	123884696 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 1	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
		6	7	8	9	
1	B	ELECTROENCEPHALOGRAPHY	54		60941	1
2	B	CARDIAC REHAB	58.01		6122	2
3	B	PAIN MANAGEMENT	58.04		48886	3
4	B	CLINIC	60		255890	4
5	B	PATIENT TREATMENT CENTER	60.01		133847	5
6	B	REHAB SERVICES-BLOOMINGDALE	60.02		1868	6
7	B	MENTAL HEALTH O/P	60.04		168	7
8	B	WOMEN'S CLINIC	60.05		1243	8
9	B	EMERGENCY	61		1305475	9
10						10
11						11
12						12
13						13
14 SHARED COSTS	C	DIETARY	11	1046535	2343512	14
15						15
16 DRUGS SOLD TO PATIENTS	D	PHARMACY	16		14345527	16
17	D	ADULTS & PEDIATRICS	25		16900	17
18	D	INTENSIVE CARE UNIT	26		262	18
19	D	CORONARY CARE UNIT	27		126	19
20	D	SUBPROVIDER I	31		289	20
21	D	NURSERY	33		2013	21
22						22
23						23
24						24
25 CAPITAL RELATED INSURANCE	E	ADMINISTRATION & GENERAL	6.60		633719	12 25
26						26
27						27
28						28
29 EQUIPMENT RENTALS	F	NON PATIENT TELEPHONES	6.10		40069	9 29
30	F	PURCHASING AND STORES	6.30		1439731	30
31	F	ADMITTING	6.40		2673	31
32	F	ACCOUNTS RECEIVABLE AND CASHI	6.50		69	32
33	F	OPERATION OF PLANT	8		952	33
34	F	HOUSEKEEPING	10		9337	34
35	F	DIETARY	11		2132	35
36 SUBTOTAL				1046535	123130771	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	F				1
2	F				2
3	F				3
4	F				4
5	F				5
6	F				6
7	F				7
8	F				8
9	F				9
10	F				10
11	F				11
12	F				12
13	F				13
14	F				14
15	F				15
16	F				16
17	F				17
18	F				18
19	F				19
20	F				20
21	F				21
22	F				22
23	F				23
24	F				24
25	F				25
26	F				26
27	F				27
28	F				28
29	F				29
30	F				30
31	F				31
32					32
33 ALLOCATED BENEFITS	G	EMPLOYEE BENEFITS	5		33444281 33
34	G				34
35	G				35
36 SUBTOTAL				1046535	157328977 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7
						REF. 10
1	F	NURSING ADMINISTRATION	14		18262	1
2	F	CENTRAL SERVICES & SUPPLY	15		414	2
3	F	PHARMACY	16		325	3
4	F	MEDICAL RECORDS & LIBRARY	17		270	4
5	F	ADULTS & PEDIATRICS	25		171608	5
6	F	INTENSIVE CARE UNIT	26		20223	6
7	F	CORONARY CARE UNIT	27		28187	7
8	F	SUBPROVIDER I	31		276	8
9	F	NURSERY	33		1269	9
10	F	OPERATING ROOM	37		146220	10
11	F	RECOVERY ROOM	38		63	11
12	F	DELIVERY ROOM & LABOR ROOM	39		727	12
13	F	ANESTHESIOLOGY	40		2704	13
14	F	RADIOLOGY-DIAGNOSTIC	41		2646	14
15	F	MRI	41.01		251	15
16	F	RADIOLOGY-THERAPEUTIC	42		8722	16
17	F	RADIOISOTOPE	43		683	17
18	F	LABORATORY	44		83213	18
19	F	RESPIRATORY THERAPY	49		174715	19
20	F	PHYSICAL THERAPY	50		1437	20
21	F	OCCUPATIONAL THERAPY	51		301	21
22	F	SPEECH PATHOLOGY	52		869	22
23	F	ELECTROCARDIOLOGY	53		23992	23
24	F	ELECTROENCEPHALOGRAPHY	54		2051	24
25	F	CARDIAC REHAB	58.01		50	25
26	F	PAIN MANAGEMENT	58.04		408	26
27	F	CLINIC	60		59257	27
28	F	PATIENT TREATMENT CENTER	60.01		817	28
29	F	WOMEN'S CLINIC	60.05		202	29
30	F	EMERGENCY	61		3764	30
31	F					31
32						32
33	G	ALLOCATED BENEFITS	5		150193	33
34	G	ADMINISTRATION & GENERAL	6.60		3861207	34
35	G	NON PATIENT TELEPHONES	6.10		162905	35
36		SUBTOTAL		1046535	128059002	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	G				9
10	G				10
11	G				11
12	G				12
13	G				13
14	G				14
15	G				15
16	G				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	G				31
32	G				32
33	G				33
34	G				34
35	G				35
36 SUBTOTAL				1046535	157328977

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	G	PURCHASING AND STORES	6.30		157553	1
2	G	ADMITTING	6.40		370633	2
3	G	ACCOUNTS RECEIVABLE AND CASHI	6.50		415457	3
4	G	OPERATION OF PLANT	8		374647	4
5	G	LAUNDRY & LINEN SERVICE	9		9366	5
6	G	HOUSEKEEPING	10		507112	6
7	G	DIETARY	11		320457	7
8	G	NURSING ADMINISTRATION	14		629206	8
9	G	CENTRAL SERVICES & SUPPLY	15		372640	9
10	G	PHARMACY	16		928590	10
11	G	MEDICAL RECORDS & LIBRARY	17		574682	11
12	G	ADULTS & PEDIATRICS	25		5730094	12
13	G	INTENSIVE CARE UNIT	26		1119927	13
14	G	CORONARY CARE UNIT	27		710826	14
15	G	SUBPROVIDER I	31		474999	15
16	G	NURSERY	33		699453	16
17	G	OPERATING ROOM	37		2155559	17
18	G	RECOVERY ROOM	38		558960	18
19	G	DELIVERY ROOM & LABOR ROOM	39		982111	19
20	G	ANESTHESIOLOGY	40		30775	20
21	G	RADIOLOGY-DIAGNOSTIC	41		1361441	21
22	G	MRI	41.01		169929	22
23	G	CT SCAN	41.02		216091	23
24	G	RADIOLOGY-THERAPEUTIC	42		182975	24
25	G	RADIOISOTOPE	43		78944	25
26	G	LABORATORY	44		2651297	26
27	G	WHOLE BLOOD & PACKED RED BLOO	46		122429	27
28	G	RESPIRATORY THERAPY	49		486038	28
29	G	PHYSICAL THERAPY	50		443555	29
30	G	OCCUPATIONAL THERAPY	51		120757	30
31	G	SPEECH PATHOLOGY	52		103028	31
32	G	ELECTROCARDIOLOGY	53		1693271	32
33	G	ELECTROENCEPHALOGRAPHY	54		176285	33
34	G	CARDIAC REHAB	58.01		77271	34
35	G	PAIN MANAGEMENT	58.04		50510	35
36		SUBTOTAL		1046535	153115870	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1	G				1	
2	G				2	
3	G				3	
4	G				4	
5	G				5	
6	G				6	
7	G				7	
8	G				8	
9					9	
10 OP CHEM DEPENDENCY	H	MENTAL HEALTH O/P	60.04	875405	343099	10
11						11
12 NURSERY	I	NURSERY	33	1177540	509863	12
13						13
14 PAY CONTINUATION	J	ADMINISTRATION & GENERAL	6.60	792360		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				3891840	158181939	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
1	1	6	7	8	9	10
1	G	CLINIC	60		2321474	1
2	G	PATIENT TREATMENT CENTER	60.01		224788	2
3	G	REHAB SERVICES-BLOOMINGDALE	60.02		81954	3
4	G	MENTAL HEALTH O/P	60.04		85968	4
5	G	WOMEN'S CLINIC	60.05		60211	5
6	G	EMERGENCY	61		1335015	6
7	G	RESEARCH	97		75264	7
8	G	PARKINSONS CENTER	99.08		28433	8
9						9
10 OP CHEM DEPENDENCY	H	ADULTS & PEDIATRICS	25	875405	343099	10
11						11
12 NURSERY	I	ADULTS & PEDIATRICS	25	1177540	509863	12
13						13
14 PAY CONTINUATION	J	EMPLOYEE BENEFITS	5	792360		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				3891840	158181939	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	1194745				2229	1192516		1
2 LAND IMPROVEMENTS	24273628				2714101	21559527		2
3 BUILDINGS AND FIXTURES	349253140		108318210	108318210		457571350		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	45219668	2680898		2680898		47900566		5
6 MOVABLE EQUIPMENT	237584930				51553213	186031717		6
7 SUBTOTAL	657526111	2680898	108318210	110999108	54269543	714255676		7
8 RECONCILING ITEMS								8
9 TOTAL	657526111	2680898	108318210	110999108	54269543	714255676		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
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-15968	PURCHASING AND STORES	6.30	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-331012	NON PATIENT TELEPHONES	6.10	9
10 TELEVISION AND RADIO SERVICE	A	-22458	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-10800485			12
13 SALE OF SCRAP, WASTE, ETC.	B	-13961	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-6590444			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-2188483	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-8135	ADULTS & PEDIATRICS	25	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1720	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-22019	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3		UTILIZATION REVIEW-SNF	89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				
	WKST				
	WKST A-8-4				36
37 MEDICAL SUPPLIES	B	-8289	DELIVERY ROOM & LABOR ROOM	39	37
38 OTHER	B	-308623	SUBPROVIDER I	31	38
38.01 OTHER INCOME	B	-1715	EMERGENCY	61	38.01
39 OTHER	B	-425363	ADULTS & PEDIATRICS	25	39
40 OTHER INCOME	B	-9529	PATIENT TREATMENT CENTER	60.01	40
40.01 OTHER INCOME	B	-1902529	RADIOLOGY-DIAGNOSTIC	41	40.01
40.02 OTHER INCOME	B	-174625	ELECTROCARDIOLOGY	53	40.02
41 OTHER	B	-79697	DELIVERY ROOM & LABOR ROOM	39	41
41.01 OTHER INCOME	B	-9420546	LABORATORY	44	41.01
41.02 OTHER INCOME	B	-14670	DIETARY	11	41.02
41.03 OTHER INCOME	B	-22428	MEDICAL RECORDS & LIBRARY	17	41.03
41.04 OTHER INCOME	B	-145	ADMINISTRATION & GENERAL	6.60	41.04
41.05 OTHER INCOME	B	-50	NURSING ADMINISTRATION	14	41.05
41.06 OTHER INCOME	B	-332	ACCOUNTS RECEIVABLE AND CASHIER	6.50	41.06
41.07 OTHER INCOME	B	-5325	HOUSEKEEPING	10	41.07
41.08 OTHER INCOME	B	-133697	RADIOLOGY-THERAPEUTIC	42	41.08
41.09 OTHER INCOME	B	-6055	CLINIC	60	41.09
42 CHARITABLE CONTRIBUTIONS	A	-1513764	ADMINISTRATION & GENERAL	6.60	42
42.02 CHARITABLE CONTRIBUTIONS	A	-4182	EMERGENCY	61	42.02
42.04 CHARITABLE CONTRIBUTIONS	A	-25000	LABORATORY	44	42.04
43					43
44 CARDIAC REHAB MISC REV	B	-9563	CARDIAC REHAB	58.01	44
45 OUTSIDE SERVICES	B	-4957	RADIOLOGY-DIAGNOSTIC	41	45
45.05 OUTSIDE SERVICE	B	-666	OCCUPATIONAL THERAPY	51	45.05
45.07 OUTSIDE SERVICES EAP/BHS ADMN	B	-137774	SUBPROVIDER I	31	45.07
45.08 OUTSIDE SERVICES	B	-7878	REHAB SERVICES-BLOOMINGDALE	60.02	45.08
45.09 OUTSIDE BHS ADMIN	B	-55599	MENTAL HEALTH O/P	60.04	45.09
45.10 ALCOHOLIC BEVERAGES	A	-2000	ADMINISTRATION & GENERAL	6.60	45.10
45.20 OTHER DIETARY	B	-254612	DIETARY	11	45.20
45.21 PT EDUCATION REVENUE	B	-21511	NURSING ADMINISTRATION	14	45.21

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
45.22 TUITION	B	-6195	SUBPROVIDER I	31	45.22
45.23 EMS TUITION	B	-51497	EMERGENCY	61	45.23
45.24 TUITION	B	-29147	ELECTROCARDIOLOGY	53	45.24
46 ASSOCIATION LOBBYING COST	A	-42083	ADMINISTRATION & GENERAL	6.60	46
47 SITTERS	A	-244	ADULTS & PEDIATRICS	25	47
47.02 PHY BILLING COST	A	-41143	ADULTS & PEDIATRICS	25	47.02
47.03 PHY BILLING COST	A	-18723	SUBPROVIDER I	31	47.03
47.04 PHY BILLING COST	A	-190068	RADIOLOGY-DIAGNOSTIC	41	47.04
47.05 PHY BILLING COST	A	-10995	RADIOLOGY-THERAPEUTIC	42	47.05
47.06 PHY BILLING COST	A	-16094	ELECTROCARDIOLOGY	53	47.06
48 PHYSICIAN RECRUITMENT	A	-14463	ADULTS & PEDIATRICS	25	48
49 CABLE SERVICE	A	-595	CLINIC	60	49
49.01 CABLE SERVICE	A	-1096	SUBPROVIDER I	31	49.01
49.02 DEPR ON MME<5K 2005 ADDNS	A	-202428	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
49.03 DEPR ON MME <5K 2006	A	-85138	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.03
49.04 REAL ESTATE TAXES	A	49312	ADMINISTRATION & GENERAL	6.60	49.04
49.10 REVERSE LOSS ON FIXED ASSETS	A	644329	ADMINISTRATION & GENERAL	6.60	49.10
49.11 DUES	B	-22763	ADMINISTRATION & GENERAL	6.60	49.11
49.12 SALE OF SCRAP	B	-35	CLINIC	60	49.12
49.14 INSTYMED REVENUE	B	-765989	CLINIC	60	49.14
49.15 RENTAL INCOME	B	-522615	CLINIC	60	49.15
49.16 RENTAL INCOME	B	-31405	SUBPROVIDER I	31	49.16
49.17 RECOVERY LIVING	B	-85748	SUBPROVIDER I	31	49.17
49.18 ENTRANCE FEES	B	-52	CARDIAC REHAB	58.01	49.18
50 TOTAL		-35990684			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 ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	3718081		3718081	9 1
2	6.60	ADMINISTRATION & GENERAL	HOME OFFICE COST	34101411	44538938	-10437527	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	OFFICE RENTALS	137134	195784	-58650	9 3
4	6.60	ADMINISTRATION & GENERAL	OFFICE RENTALS	187652		187652	4
5		TOTALS		38144278	44734722	-6590444	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	A C D H S	100.00				1
2	A CENTRAL DUPAGE PHY GRP	100.00				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	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO. 1	2		3	4	5	6	7	8	9
2	25 ADULTS & PEDIATRICS	AGGREGATE	3225192	3207879	17313	140600	139	9396	470
3	14 NURSING ADMINISTRATION	AGGREGATE	125000	125000					
4	26 INTENSIVE CARE UNIT	AGGREGATE	653989	619939	34050	165600	227	18073	904
5	31 SUBPROVIDER I	AGGREGATE	251374	251374					
6	37 OPERATING ROOM	AGGREGATE	495812	199992	295820	208000	1381	138100	6905
7	39 DELIVERY ROOM & LABOR RO	AGGREGATE	1265919	1265919					
8	40 ANESTHESIOLOGY	AGGREGATE	120000	110000	10000	200300	73	7030	352
9	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE	217195	217195					
10	41.02 CT SCAN	AGGREGATE	4554	4554					
11	42 RADIOLOGY-THERAPEUTIC	AGGREGATE	152680	120742	31938	231100	128	14221	711
12	43 RADIOISOTOPE	AGGREGATE	369086	362130	6956	225300	32	3466	173
13	44 LABORATORY	AGGREGATE	987268	987268					
14	49 RESPIRATORY THERAPY	AGGREGATE	7324	5824	1500	165600	30	2388	119
15	53 ELECTROCARDIOLOGY	AGGREGATE	1559593	1405018	154575	177200	591	50349	2517
16	54 ELECTROENCEPHALOGRAPHY	AGGREGATE	10050	4000	6050	177200	40	3408	170
17	58.01 CARDIAC REHAB	AGGREGATE	7459	7459					
18	61 EMERGENCY	AGGREGATE	490500	476500	14000	177200	70	5963	298
19	60 CLINIC	AGGREGATE	4080	4080					
20	60.04 MENTAL HEALTH O/P	AGGREGATE	37338	37338					
21	6.60 ADMINISTRATION & GENERAL	AGGREGATE	493875	452973	40902	177200	375	31947	1597
22	58.03 INPATIENT DIALYSIS	AGGREGATE	536705	536705					
23	25 ADULTS & PEDIATRICS	AGGREGATE	417637		417637	177200	4093	348692	17435
101	TOTAL		11432630	10401889	1030741		7179	633033	31651

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER								
LINE NO.	11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
2	25	ADULTS & PEDIATRICS	AGGREGATE				9396	7917	3215796
3	14	NURSING ADMINISTRATION	AGGREGATE						125000
4	26	INTENSIVE CARE UNIT	AGGREGATE				18073	15977	635916
5	31	SUBPROVIDER I	AGGREGATE						251374
6	37	OPERATING ROOM	AGGREGATE				138100	157720	357712
7	39	DELIVERY ROOM & LABOR RO	AGGREGATE						1265919
8	40	ANESTHESIOLOGY	AGGREGATE				7030	2970	112970
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						217195
10	41.02	CT SCAN	AGGREGATE						4554
11	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				14221	17717	138459
12	43	RADIOISOTOPE	AGGREGATE				3466	3490	365620
13	44	LABORATORY	AGGREGATE						987268
14	49	RESPIRATORY THERAPY	AGGREGATE				2388		5824
15	53	ELECTROCARDIOLOGY	AGGREGATE				50349	104226	1509244
16	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				3408	2642	6642
17	58.01	CARDIAC REHAB	AGGREGATE						7459
18	61	EMERGENCY	AGGREGATE				5963	8037	484537
19	60	CLINIC	AGGREGATE						4080
20	60.04	MENTAL HEALTH O/P	AGGREGATE						37338
21	6.60	ADMINISTRATION & GENERAL	AGGREGATE				31947	8955	461928
22	58.03	INPATIENT DIALYSIS	AGGREGATE						536705
23	25	ADULTS & PEDIATRICS	AGGREGATE				348692	68945	68945
101		TOTAL					633033	398596	10800485

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	NON PATIENT TELEPHONES 6.10	PURCHASING AND STORES 6.30	ADMITTING 6.40	ACCOUNTS RECEIVABLE & CASHIERS 6.50	
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	18816180	18816180							3
4 NEW CAP REL COSTS-MVBLE EQUIP	24552427		24552427						4
5 EMPLOYEE BENEFITS	34853650			34853650					5
6.10 NON PATIENT TELEPHONES	1959218	271052	353684	168904	2752858				6.10
6.30 PURCHASING AND STORES	1974571	3109	4056	163337	43110	2188183			6.30
6.40 ADMITTING	2212710	13380	17459	384822	69797	21995	2720163		6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER	5389863			430738	149857	64534		6034992	6.50
6.60 ADMINISTRATION & GENERAL	77475646	279074	364152	4333908	320244				6.60
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	19793403	12807259	16711643	388427	129329	91185			8
9 LAUNDRY & LINEN SERVICE	212281	65725	85762	9588	6159	2156			9
10 HOUSEKEEPING	4063243	248346	324056	525913	32845	110271			10
11 DIETARY	1473138	359425	468999	126506	43110	10048			11
12 CAFETERIA	1201564			205700					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4063650	81512	106361	652446	61585	12141			14
15 CENTRAL SERVICES & SUPPLY	2368925	146506	191170	386661	59532	37829			15
16 PHARMACY	5511732	67186	87669	962861	51321				16
17 MEDICAL RECORDS & LIBRARY	3591494	109274	142588	595593	110853	24755			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	32148245	1279176	1669142	5537661	156016	108845	244322	542202	25
26 INTENSIVE CARE UNIT	6473992	117913	153859	1161424	84166	16415	35044	77771	26
27 CORONARY CARE UNIT	4111121	116566	152102	737069	45162	8571	25979	57653	27
31 SUBPROVIDER I	2271501	136794	178496	492258	201178	17607	20582	45675	31
33 NURSERY	5740795	70367	91818	956670	32845	7161	31364	69604	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	14045997	672852	877975	2235108	158069	94497	161860	359202	37
38 RECOVERY ROOM	3210942	61843	80696	579658	51321	2995	29255	64924	38
39 DELIVERY ROOM & LABOR ROOM	5896651	286623	374003	1018263	88272	29860	46160	102438	39
40 ANESTHESIOLOGY	307417			32010	45162	2211	38367	85145	40
41 RADIOLOGY-DIAGNOSTIC	7031907	310805	405556	1411670	145752	44792	100589	223229	41
41.01 MRI	1286356	34095	44489	176119	10264	3799	60416	134076	41.01
41.02 CT SCAN	1648313	69622	90846	224015	6159	1473	147064	326366	41.02
42 RADIOLOGY-THERAPEUTIC	2331041	2636	3439	189471		3952	5277	11710	42
43 RADIOISOTOPE	985107	18050	23553	81589	10264	182353	25681	56992	43
44 LABORATORY	12322994	235181	306877	2748878	229918	233586	365957	812136	44
46 WHOLE BLOOD & PACKED RED BLOOD	3297020	14984	19553	126806		932097	24011	53286	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2797598	44495	58059	504005	20528	14524	40638	90185	49
50 PHYSICAL THERAPY	2668015	118156	154177	459681	43110	4997	20573	45655	50
51 OCCUPATIONAL THERAPY	684893			125102	18476	652	7796	17300	51
52 SPEECH PATHOLOGY	585111			106941		546	6199	13756	52
53 ELECTROCARDIOLOGY	9725983	241670	315345	1755671	92378	2713	171661	380952	53
54 ELECTROENCEPHALOGRAPHY	1177863	62645	81743	182696		3289	18055	40068	54
55 MEDICAL SUPPLIES CHARGED TO PAT	38220933						373813	827943	55
55.30 IMPL. DEV. CHARGED TO PATIENT	28929263						217878	483518	55.30
56 DRUGS CHARGED TO PATIENTS	14365117						273794	607607	56
58.01 CARDIAC REHAB	583525			80234		2413	2860	6347	58.01
58.02 SLEEP LAB									58.02
58.03 INPATIENT DIALYSIS					32845		4987	11067	58.03
58.04 PAIN MANAGEMENT	301358	32991	43049	52283		1934	4586	10177	58.04
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	15032187			2406701		62786	52539	116595	60
60.01 PATIENT TREATMENT CENTER	1395801	38879	50732	236163		6133	6605	14658	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	498581			84895		835	4509	10007	60.02
60.03 CANTERA									60.03
60.04 MENTAL HEALTH O/P	1669285			261288	41057	995	6403	14210	60.04
60.05 WOMEN'S CLINIC	401409			62311			528	1172	60.05
61 EMERGENCY	7623133	397989	519319	1384273	162174	14540	144811	321366	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

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	NON PATIENT TELEPHONES 6.10	PURCHASING AND STORES 6.30	ADMITTING 6.40	ACCOUNTS RECEIVABLE & CASHIERS 6.50	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	439283149	18816180	24552427	34746317	2752858	2181485	2720163	6034992	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER	19								96.01
97 RESEARCH	399856			78048		1644			97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE									99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE	-120382								99.07
99.08 PARKINSONS CENTER	64827			29285		5054			99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	439627469	18816180	24552427	34853650	2752858	2188183	2720163	6034992	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	5A	6.60	8	9	10	11	12	14	
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
6.10 NON PATIENT TELEPHONES									6.10
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER									6.50
6.60 ADMINISTRATION & GENERAL	82773024	82773024							6.60
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	49921246	11575279	61496525						8
9 LAUNDRY & LINEN SERVICE	381671	88500	742675	1212846					9
10 HOUSEKEEPING	5304674	1230016	2806238	450	9341378				10
11 DIETARY	2481226	575332	4061404		654714	7772676			11
12 CAFETERIA	1407264	326308					1733572		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4977695	1154198	921060		148478		30667	7232098	14
15 CENTRAL SERVICES & SUPPLY	3190623	739823	1655480	16394	266870		49458		15
16 PHARMACY	6680769	1549097	759186		122384		48085	342492	16
17 MEDICAL RECORDS & LIBRARY	4574557	1060721	1234771		199050		54076		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	41685609	9665809	14454323	414605	2330093	6299522	357495	2546278	25
26 INTENSIVE CARE UNIT	8120584	1882952	1332380	35933	214785	578932	61050	434831	26
27 CORONARY CARE UNIT	5254223	1218318	1317164	33032	212332	418292	38997	277756	27
31 SUBPROVIDER I	3364091	780045	1545729	10314	249178	475930	33602		31
33 NURSERY	7000624	1623263	795122	6380	128177		37478	266936	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	18605560	4314146	7603033	223293	1225638		139639	994584	37
38 RECOVERY ROOM	4081634	946425	698808	24528	112650		37175	264784	38
39 DELIVERY ROOM & LABOR ROOM	7842270	1818419	3238764	102009	522101		57632	410486	39
40 ANESTHESIOLOGY	510312	118328					3668	26128	40
41 RADIOLOGY-DIAGNOSTIC	9674300	2243219	3512006	69983	566149		76750		41
41.01 MRI	1749614	405690	385259		62105		10012		41.01
41.02 CT SCAN	2513858	582898	786705		126820		13361		41.02
42 RADIOLOGY-THERAPEUTIC	2547526	590705	29785	4275	4801		9961		42
43 RADIOISOTOPE	1383589	320818	203961	15769	32879		4273	30431	43
44 LABORATORY	17255527	4001108	2657476	1634	428395		254928		44
46 WHOLE BLOOD & PACKED RED BLOOD	4467757	1035957	169320		27295		9054		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3570032	827798	502779		81050		36476	259804	49
50 PHYSICAL THERAPY	3514364	814890	1335132	17806	215228		30477	217077	50
51 OCCUPATIONAL THERAPY	854219	198071					6836	48690	51
52 SPEECH PATHOLOGY	712553	165223					5688	40514	52
53 ELECTROCARDIOLOGY	12686373	2941640	2730805	9320	440216		55077	392288	53
54 ELECTROENCEPHALOGRAPHY	1566359	363198	707873	13395	114112		12749	90802	54
55 MEDICAL SUPPLIES CHARGED TO PAT	39422689	9141097							55
55.30 IMPL. DEV. CHARGED TO PATIENT	29630659	6870579							55.30
56 DRUGS CHARGED TO PATIENTS	15246518	3535271							56
58.01 CARDIAC REHAB	675379	156603		246			5421		58.01
58.02 SLEEP LAB									58.02
58.03 INPATIENT DIALYSIS	48899	11338							58.03
58.04 PAIN MANAGEMENT	446378	103503	372795		60096		3522		58.04
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	17670808	4097401		32012			128953		60
60.01 PATIENT TREATMENT CENTER	1748971	405541	439324	13853	70821		14673		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	598827	138852					5688		60.02
60.03 CANTERA									60.03
60.04 MENTAL HEALTH O/P	1993238	462180					7268		60.04
60.05 WOMEN'S CLINIC	465420	107919					3945		60.05
61 EMERGENCY	10567605	2450353	4497168	167615	724961		82585	588217	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	
	5A	6.60	8	9	10	11	12	14	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	439169118	82638831	61496525	1212846	9341378	7772676	1726719	7232098	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER	19	4							96.01
97 RESEARCH	479548	111195					4851		97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE									99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE	-120382								99.07
99.08 PARKINSONS CENTER	99166	22994					2002		99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	439627469	82773024	61496525	1212846	9341378	7772676	1733572	7232098	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.10 NON PATIENT TELEPHONES							6.10
6.30 PURCHASING AND STORES							6.30
6.40 ADMITTING							6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER							6.50
6.60 ADMINISTRATION & GENERAL							6.60
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	5918648						15
16 PHARMACY		9502013					16
17 MEDICAL RECORDS & LIBRARY			7123175				17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A							22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS		9702	639868	78403304		78403304	25
26 INTENSIVE CARE UNIT		150	91780	12753377		12753377	26
27 CORONARY CARE UNIT		72	68038	8838224		8838224	27
31 SUBPROVIDER I		166	53902	6512957		6512957	31
33 NURSERY		1156	82142	9941278		9941278	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42212	423904	33572009		33572009	37
38 RECOVERY ROOM		78	76619	6242701		6242701	38
39 DELIVERY ROOM & LABOR ROOM		3792	120890	14116363		14116363	39
40 ANESTHESIOLOGY		132289	100483	891208		891208	40
41 RADIOLOGY-DIAGNOSTIC		515336	263438	16921181		16921181	41
41.01 MRI			158227	2770907		2770907	41.01
41.02 CT SCAN			385154	4408796		4408796	41.02
42 RADIOLOGY-THERAPEUTIC		56	13820	3200929		3200929	42
43 RADIOISOTOPE		1731	67258	2060709		2060709	43
44 LABORATORY		9635	958424	25567127		25567127	44
46 WHOLE BLOOD & PACKED RED BLOOD			62885	5772268		5772268	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		464	106430	5384833		5384833	49
50 PHYSICAL THERAPY		971	53879	6199824		6199824	50
51 OCCUPATIONAL THERAPY			20416	1128232		1128232	51
52 SPEECH PATHOLOGY			16234	940212		940212	52
53 ELECTROCARDIOLOGY		57689	449572	19762980		19762980	53
54 ELECTROENCEPHALOGRAPHY		72	47286	2915846		2915846	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3367711		978189	52909686		52909686	55
55.30 IMPL. DEV. CHARGED TO PATIENT	2550937		570613	39622788		39622788	55.30
56 DRUGS CHARGED TO PATIENTS		8235442	717054	27734285		27734285	56
58.01 CARDIAC REHAB			7490	845139		845139	58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS			13060	73297		73297	58.03
58.04 PAIN MANAGEMENT			12010	998304		998304	58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		478729	137597	22545500		22545500	60
60.01 PATIENT TREATMENT CENTER			17298	2710481		2710481	60.01
60.02 REHAB SERVICES-BLOOMINGDALE			11809	755176		755176	60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P			16770	2479456		2479456	60.04
60.05 WOMEN'S CLINIC			1383	578667		578667	60.05
61 EMERGENCY		12271	379253	19470028		19470028	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	5918648	9502013	7123175	439028072		439028072	95
NONREIMBURSABLE COST CENTERS							
96.01 KOFFEE KORNER					23	23	96.01
97 RESEARCH				595594		595594	97
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE							99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
99.07 JOINT VENTURE				-120382		-120382	99.07
99.08 PARKINSONS CENTER				124162		124162	99.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	5918648	9502013	7123175	439627469		439627469	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	NON PATIENT TELEPHONES 6.10	PURCHASING AND STORES 6.30	ADMITTING 6.40	ACCOUNTS RECEIVABLE & CASHIERS 6.50	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.10		271052	353684	624736	624736				6.10
6.30		3109	4056	7165	9783	16948			6.30
6.40		13380	17459	30839	15840	170	46849		6.40
6.50					34009	500		34509	6.50
6.60		279074	364152	643226	72677				6.60
7									7
8		12807259	16711643	29518902	29350	706			8
9		65725	85762	151487	1398	17			9
10		248346	324056	572402	7454	854			10
11		359425	468999	828424	9783	78			11
12									12
13									13
14		81512	106361	187873	13976	94			14
15		146506	191170	337676	13510	293			15
16		67186	87669	154855	11647				16
17		109274	142588	251862	25157	192			17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		1279176	1669142	2948318	35406	843	4253	3151	25
26		117913	153859	271772	19101	127	610	452	26
27		116566	152102	268668	10249	66	452	335	27
31		136794	178496	315290	45656	136	358	265	31
33		70367	91818	162185	7454	55	546	404	33
ANCILLARY SERVICE COST CENTERS									
37		672852	877975	1550827	35872	732	2818	2087	37
38		61843	80696	142539	11647	23	509	377	38
39		286623	374003	660626	20033	231	804	595	39
40					10249	17	668	495	40
41		310805	405556	716361	33077	347	1751	1297	41
41.01		34095	44489	78584	2329	29	1052	779	41.01
41.02		69622	90846	160468	1398	11	2560	1896	41.02
42		2636	3439	6075		31	92	68	42
43		18050	23553	41603	2329	1412	447	331	43
44		235181	306877	542058	52178	1809	6371	4719	44
46		14984	19553	34537		7222	418	310	46
46.30									46.30
49		44495	58059	102554	4659	112	707	524	49
50		118156	154177	272333	9783	39	358	265	50
51					4193	5	136	101	51
52						4	108	80	52
53		241670	315345	557015	20964	21	2988	2214	53
54		62645	81743	144388		25	314	233	54
55							6004	4253	55
55.30							3793	2810	55.30
56							4766	3531	56
58.01						19	50	37	58.01
58.02									58.02
58.03					7454		87	64	58.03
58.04		32991	43049	76040		15	80	59	58.04
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60						486	915	677	60
60.01		38879	50732	89611		48	115	85	60.01
60.02						6	78	58	60.02
60.03									60.03
60.04					9317	8	111	83	60.04
60.05							9	7	60.05
61		397989	519319	917308	36804	113	2521	1867	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									

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	NON PATIENT TELEPHONES 6.10	PURCHASING AND STORES 6.30	ADMITTING 6.40	ACCOUNTS RECEIVABLE & CASHIERS 6.50
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		18816180	24552427	43368607	624736	16896	46849	34509 95
NONREIMBURSABLE COST CENTERS								
96.01 KOFEE KORNER								96.01
97 RESEARCH						13		97
98.01 WSKF								98.01
99.01 DEVELOPMENT								99.01
99.02 MARKETING								99.02
99.04 PHYSICIAN ANSWERING SERVICE								99.04
99.05 CAR SEAT SAFETY PROGRAM								99.05
99.07 JOINT VENTURE								99.07
99.08 PARKINSONS CENTER						39		99.08
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		18816180	24552427	43368607	624736	16948	46849	34509 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMIN AND GENERAL 6.60	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	
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
6.10 NON PATIENT TELEPHONES									6.10
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER									6.50
6.60 ADMINISTRATION & GENERAL	715903								6.60
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	100261	29649219							8
9 LAUNDRY & LINEN SERVICE		765	358065	511732					9
10 HOUSEKEEPING	10636	1352967	190	1944503					10
11 DIETARY	4975	1958118		136285	2937663				11
12 CAFETERIA	2822					2822			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	9980	444069		30907		50	686949		14
15 CENTRAL SERVICES & SUPPLY	6397	798154	6917	55552		81		1218580	15
16 PHARMACY	13395	366025		25475		78	32532		16
17 MEDICAL RECORDS & LIBRARY	9172	595318		41434		88			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	83580	6968840	174932	485033	2380888	582	241861		25
26 INTENSIVE CARE UNIT	16282	642378	15161	44710	218806	99	41303		26
27 CORONARY CARE UNIT	10535	635042	13937	44199	158092	63	26383		27
31 SUBPROVIDER I	6745	745240	4352	51869	179877	55			31
33 NURSERY	14036	383351	2692	26681		61	25355		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	37304	3665638	94213	255129		227	94472		37
38 RECOVERY ROOM	8184	336915	10349	23449		61	25151		38
39 DELIVERY ROOM & LABOR ROOM	15724	1561500	43040	108681		94	38990		39
40 ANESTHESIOLOGY	1023					6	2482		40
41 RADIOLOGY-DIAGNOSTIC	19397	1693238	29528	117850		125			41
41.01 MRI	3508	185744		12928		16			41.01
41.02 CT SCAN	5040	379293		26399		22			41.02
42 RADIOLOGY-THERAPEUTIC	5108	14360	1804	999		16			42
43 RADIOISOTOPE	2774	98335	6653	6844		7	2891		43
44 LABORATORY	34597	1281245	690	89175		415			44
46 WHOLE BLOOD & PACKED RED BLOOD	8958	81634		5682		15			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	7158	242404		16871		59	24678		49
50 PHYSICAL THERAPY	7046	643705	7513	44802		50	20619		50
51 OCCUPATIONAL THERAPY	1713					11	4625		51
52 SPEECH PATHOLOGY	1429					9	3848		52
53 ELECTROCARDIOLOGY	25436	1316598	3932	91635		90	37262		53
54 ELECTROENCEPHALOGRAPHY	3141	341285	5652	23754		21	8625		54
55 MEDICAL SUPPLIES CHARGED TO PAT	79042							693372	55
55.30 IMPL. DEV. CHARGED TO PATIENT	59409							525208	55.30
56 DRUGS CHARGED TO PATIENTS	30569								56
58.01 CARDIAC REHAB	1354		104			9			58.01
58.02 SLEEP LAB									58.02
58.03 INPATIENT DIALYSIS	98								58.03
58.04 PAIN MANAGEMENT	895	179735		12510		6			58.04
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	35430		13507			210			60
60.01 PATIENT TREATMENT CENTER	3507	211811	5845	14742		24			60.01
60.02 REHAB SERVICES-BLOOMINGDALE	1201					9			60.02
60.03 CANTERA									60.03
60.04 MENTAL HEALTH O/P	3996					12			60.04
60.05 WOMEN'S CLINIC	933					6			60.05
61 EMERGENCY	21188	2168212	70721	150908		134	55872		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMIN AND GENERAL 6.60	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	714743	29649219	511732	1944503	2937663	2811	686949	1218580	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER									96.01
97 RESEARCH	961						8		97
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE									99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE									99.07
99.08 PARKINSONS CENTER	199						3		99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	715903	29649219	511732	1944503	2937663	2822	686949	1218580	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	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
6.10 NON PATIENT TELEPHONES						6.10
6.30 PURCHASING AND STORES						6.30
6.40 ADMITTING						6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER						6.50
6.60 ADMINISTRATION & GENERAL						6.60
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	604007					16
17 MEDICAL RECORDS & LIBRARY		923223				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	617	83016	13411320		13411320	25
26 INTENSIVE CARE UNIT	10	11907	1282718		1282718	26
27 CORONARY CARE UNIT	5	8827	1176853		1176853	27
31 SUBPROVIDER I	11	6993	1356847		1356847	31
33 NURSERY	73	10657	633550		633550	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2683	54997	5796999		5796999	37
38 RECOVERY ROOM	5	9940	569149		569149	38
39 DELIVERY ROOM & LABOR ROOM	241	15684	2466243		2466243	39
40 ANESTHESIOLOGY	8409	13037	36386		36386	40
41 RADIOLOGY-DIAGNOSTIC	32758	34178	2679907		2679907	41
41.01 MRI		20528	305497		305497	41.01
41.02 CT SCAN		49970	627057		627057	41.02
42 RADIOLOGY-THERAPEUTIC	4	1793	30350		30350	42
43 RADIOISOTOPE	110	8726	172462		172462	43
44 LABORATORY	612	124345	2138214		2138214	44
46 WHOLE BLOOD & PACKED RED BLOOD		8159	146935		146935	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	30	13808	413564		413564	49
50 PHYSICAL THERAPY	62	6990	1013565		1013565	50
51 OCCUPATIONAL THERAPY		2649	13433		13433	51
52 SPEECH PATHOLOGY		2106	7584		7584	52
53 ELECTROCARDIOLOGY	3667	58327	2120149		2120149	53
54 ELECTROENCEPHALOGRAPHY	5	6135	533578		533578	54
55 MEDICAL SUPPLIES CHARGED TO PAT		125979	908650		908650	55
55.30 IMPL. DEV. CHARGED TO PATIENT		74031	665251		665251	55.30
56 DRUGS CHARGED TO PATIENTS	523494	93030	655390		655390	56
58.01 CARDIAC REHAB		972	2545		2545	58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS		1694	9397		9397	58.03
58.04 PAIN MANAGEMENT		1558	270898		270898	58.04
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	30431	17852	99508		99508	60
60.01 PATIENT TREATMENT CENTER		2244	328032		328032	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		1532	2884		2884	60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P		2176	15703		15703	60.04
60.05 WOMEN'S CLINIC		179	1134		1134	60.05
61 EMERGENCY	780	49204	3475632		3475632	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	25	26	27	
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	604007	923223	43367384		43367384	95
NONREIMBURSABLE COST CENTERS						
96.01 KOFEE KORNER						96.01
97 RESEARCH			982		982	97
98.01 WSKF						98.01
99.01 DEVELOPMENT						99.01
99.02 MARKETING						99.02
99.04 PHYSICIAN ANSWERING SERVICE						99.04
99.05 CAR SEAT SAFETY PROGRAM						99.05
99.07 JOINT VENTURE						99.07
99.08 PARKINSONS CENTER			241		241	99.08
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	604007	923223	43368607		43368607	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT TELEPHONES (NONPT PHONES)	PURCHASING AND STORES (SUPPLIES EXPENSE)	ADMITTING GROSS REVENUE	ACCOUNTS RECEIVABLE & CASHIERS GROSS REVENUE
	3	4	5	6.10	6.30	6.40	6.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	1313480	1313480	176778162	1341	6086380	1753500310	1753500310
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER							96.01
97 RESEARCH			397085		4586		97
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE							99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
99.07 JOINT VENTURE							99.07
99.08 PARKINSONS CENTER			148994		14101		99.08
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	18816180	24552427	34853650	2752858	2188183	2720163	6034992
104 UNIT COST MULT-WS B PT I		18.692654		2052.839672		.001551	
104 UNIT COST MULT-WS B PT I	14.325441		.196553		.358421		.003442
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				624736	16948	46849	34509
108 UNIT COST MULT-WS B PT III				465.873229		.000027	
108 UNIT COST MULT-WS B PT III					.002776		.000020

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
	6A.60	6.60	8	9	10	11	12	14	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	-82773024	356396094	379905	2621333	357981	237477	200051	117638	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER									96.01
97 RESEARCH		19							97
		479548					562		98.01
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE									99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
99.07 JOINT VENTURE	120382								99.07
99.08 PARKINSONS CENTER		99166					232		99.08
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		82773024	61496525	1212846	9341378	7772676	1733572	7232098	103
104 UNIT COST MULT-WS B PT I			161.873429		26.094620		8.631392		104
104 UNIT COST MULT-WS B PT I		.231874		.462683		32.730227		61.477567	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		715903	29649219	511732	1944503	2937663	2822	686949	107
108 UNIT COST MULT-WS B PT III			78.043771		5.431861		.014051		108
108 UNIT COST MULT-WS B PT III		.002005		.195218		12.370305		5.839516	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.10 NON PATIENT TELEPHONES				6.10
6.30 PURCHASING AND STORES				6.30
6.40 ADMITTING				6.40
6.50 ACCOUNTS RECEIVABLE AND CASHI				6.50
6.60 ADMINISTRATION & GENERAL				6.60
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	1000			15
16 PHARMACY		16551805		16
17 MEDICAL RECORDS & LIBRARY			1753500310	17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES				22
23 I&R SERVICES-OTHER PRGM COSTS				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		16900	157525415	25
26 INTENSIVE CARE UNIT		262	22594733	26
27 CORONARY CARE UNIT		126	16749826	27
31 SUBPROVIDER I		289	13269879	31
33 NURSERY		2013	20222085	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		73531	104358495	37
38 RECOVERY ROOM		136	18862340	38
39 DELIVERY ROOM & LABOR ROOM		6606	29761313	39
40 ANESTHESIOLOGY		230437	24737199	40
41 RADIOLOGY-DIAGNOSTIC		897678	64854332	41
41.01 MRI			38952918	41.01
41.02 CT SCAN			94818806	41.02
42 RADIOLOGY-THERAPEUTIC		97	3402193	42
43 RADIOISOTOPE		3016	16557935	43
44 LABORATORY		16783	235948757	44
46 WHOLE BLOOD & PACKED RED BLOO			15481208	46
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY		809	26201272	49
50 PHYSICAL THERAPY		1692	13264220	50
51 OCCUPATIONAL THERAPY			5026193	51
52 SPEECH PATHOLOGY			3996466	52
53 ELECTROCARDIOLOGY		100490	110677397	53
54 ELECTROENCEPHALOGRAPHY		126	11640990	54
55 MEDICAL SUPPLIES CHARGED TO P	569		240702437	55
55.30 IMPL. DEV. CHARGED TO PATIENT	431		140475753	55.30
56 DRUGS CHARGED TO PATIENTS		14345527	176527229	56
58.01 CARDIAC REHAB			1844018	58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS			3215254	58.03
58.04 PAIN MANAGEMENT			2956567	58.04
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		833911	33874227	60
60.01 PATIENT TREATMENT CENTER			4258477	60.01
60.02 REHAB SERVICES-BLOOMINGDALE			2907310	60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P			4128545	60.04
60.05 WOMEN'S CLINIC			340429	60.05
61 EMERGENCY		21376	93366092	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	15	16	17	
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	1000	16551805	1753500310	95
NONREIMBURSABLE COST CENTERS				
96.01 KOFEE KORNER				96.01
97 RESEARCH				97
98.01 WSKF				98.01
99.01 DEVELOPMENT				99.01
99.02 MARKETING				99.02
99.04 PHYSICIAN ANSWERING SERVICE				99.04
99.05 CAR SEAT SAFETY PROGRAM				99.05
99.07 JOINT VENTURE				99.07
99.08 PARKINSONS CENTER				99.08
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	5918648	9502013	7123175	103
104 UNIT COST MULT-WS B PT I	5918.648000		.004062	104
104 UNIT COST MULT-WS B PT I		.574077		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	1218580	604007	923223	107
108 UNIT COST MULT-WS B PT III	1218.580000		.000527	108
108 UNIT COST MULT-WS B PT III		.036492		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	78403304		78403304	76862	78480166	25
26 INTENSIVE CARE UNIT	12753377		12753377	15977	12769354	26
27 CORONARY CARE UNIT	8838224		8838224		8838224	27
31 SUBPROVIDER I	6512957		6512957		6512957	31
33 NURSERY	9941278		9941278		9941278	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	33572009		33572009	157720	33729729	37
38 RECOVERY ROOM	6242701		6242701		6242701	38
39 DELIVERY ROOM & LABOR ROOM	14116363		14116363		14116363	39
40 ANESTHESIOLOGY	891208		891208	2970	894178	40
41 RADIOLOGY-DIAGNOSTIC	16921181		16921181		16921181	41
41.01 MRI	2770907		2770907		2770907	41.01
41.02 CT SCAN	4408796		4408796		4408796	41.02
42 RADIOLOGY-THERAPEUTIC	3200929		3200929	17717	3218646	42
43 RADIOISOTOPE	2060709		2060709	3490	2064199	43
44 LABORATORY	25567127		25567127		25567127	44
46 WHOLE BLOOD & PACKED RED BL	5772268		5772268		5772268	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5384833		5384833		5384833	49
50 PHYSICAL THERAPY	6199824		6199824		6199824	50
51 OCCUPATIONAL THERAPY	1128232		1128232		1128232	51
52 SPEECH PATHOLOGY	940212		940212		940212	52
53 ELECTROCARDIOLOGY	19762980		19762980	104226	19867206	53
54 ELECTROENCEPHALOGRAPHY	2915846		2915846	2642	2918488	54
55 MEDICAL SUPPLIES CHARGED TO	52909686		52909686		52909686	55
55.30 IMPL. DEV. CHARGED TO PATIE	39622788		39622788		39622788	55.30
56 DRUGS CHARGED TO PATIENTS	27734285		27734285		27734285	56
58.01 CARDIAC REHAB	845139		845139		845139	58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	73297		73297		73297	58.03
58.04 PAIN MANAGEMENT	998304		998304		998304	58.04
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	22545500		22545500		22545500	60
60.01 PATIENT TREATMENT CENTER	2710481		2710481		2710481	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	755176		755176		755176	60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	2479456		2479456		2479456	60.04
60.05 WOMEN'S CLINIC	578667		578667		578667	60.05
61 EMERGENCY	19470028		19470028	8037	19478065	61
62 OBSERVATION BEDS (NON-DISTI	5124797		5124797		5124797	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	444152869		444152869	389641	444542510	101
102 LESS OBSERVATION BEDS	5124797		5124797		5124797	102
103 TOTAL	439028072		439028072	389641	439417713	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	145140661		145140661			25
26 INTENSIVE CARE UNIT	22594733		22594733			26
27 CORONARY CARE UNIT	16749826		16749826			27
31 SUBPROVIDER I	13269879		13269879			31
33 NURSERY	20222085		20222085			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	50931704	53426791	104358495	.321699	.321699	.323210 37
38 RECOVERY ROOM	9675732	9186608	18862340	.330961	.330961	.330961 38
39 DELIVERY ROOM & LABOR ROOM	22069943	7691370	29761313	.474319	.474319	.474319 39
40 ANESTHESIOLOGY	12071427	12665772	24737199	.036027	.036027	.036147 40
41 RADIOLOGY-DIAGNOSTIC	17090735	47763597	64854332	.260911	.260911	.260911 41
41.01 MRI	9885314	29067604	38952918	.071135	.071135	.071135 41.01
41.02 CT SCAN	25386579	69432227	94818806	.046497	.046497	.046497 41.02
42 RADIOLOGY-THERAPEUTIC	513	3401680	3402193	.940843	.940843	.946050 42
43 RADIOISOTOPE	3925598	12632337	16557935	.124454	.124454	.124665 43
44 LABORATORY	55972262	179976495	235948757	.108359	.108359	.108359 44
46 WHOLE BLOOD & PACKED RED BL	10815820	4665388	15481208	.372856	.372856	.372856 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	24851100	1350172	26201272	.205518	.205518	.205518 49
50 PHYSICAL THERAPY	5680616	7583604	13264220	.467410	.467410	.467410 50
51 OCCUPATIONAL THERAPY	3052843	1973350	5026193	.224470	.224470	.224470 51
52 SPEECH PATHOLOGY	2034471	1961995	3996466	.235261	.235261	.235261 52
53 ELECTROCARDIOLOGY	58669701	52007696	110677397	.178564	.178564	.179506 53
54 ELECTROENCEPHALOGRAPHY	3496102	8144888	11640990	.250481	.250481	.250708 54
55 MEDICAL SUPPLIES CHARGED TO	160541015	80161422	240702437	.219814	.219814	.219814 55
55.30 IMPL. DEV. CHARGED TO PATIE	115149649	25326104	140475753	.282061	.282061	.282061 55.30
56 DRUGS CHARGED TO PATIENTS	120609908	55917321	176527229	.157111	.157111	.157111 56
58.01 CARDIAC REHAB		1844018	1844018	.458314	.458314	.458314 58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	3199516	15738	3215254	.022797	.022797	.022797 58.03
58.04 PAIN MANAGEMENT	79693	2876874	2956567	.337656	.337656	.337656 58.04
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	24820	33849407	33874227	.665565	.665565	.665565 60
60.01 PATIENT TREATMENT CENTER	421774	3836703	4258477	.636491	.636491	.636491 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2907310	2907310	.259751	.259751	.259751 60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	2040	4126505	4128545	.600564	.600564	.600564 60.04
60.05 WOMEN'S CLINIC	287	340142	340429	1.699817	1.699817	1.699817 60.05
61 EMERGENCY	27940400	65425692	93366092	.208534	.208534	.208620 61
62 OBSERVATION BEDS (NON-DISTI	1465997	10918757	12384754	.413799	.413799	.413799 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	963022743	790477567	1753500310			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	963022743	790477567	1753500310			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				13411320		13411320
26 INTENSIVE CARE UNIT				1282718		1282718
27 CORONARY CARE UNIT				1176853		1176853
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1356847		1356847
33 NURSERY				633550		633550
101 TOTAL				17861288		17861288

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	68617	25694			195.45	5021892
26 INTENSIVE CARE UNIT	5896	1804			217.56	392478
27 CORONARY CARE UNIT	4260	2240			276.26	618822
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4863	1484			279.01	414051
33 NURSERY	12445				50.91	
101 TOTAL	96081	31222				6447243

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5796999	104358495	18250948			.055549	1013822 37
38 RECOVERY ROOM		569149	18862340	3616775			.030174	109133 38
39 DELIVERY ROOM & LABOR ROOM		2466243	29761313	1246			.082867	103 39
40 ANESTHESIOLOGY		36386	24737199	4013347			.001471	5904 40
41 RADIOLOGY-DIAGNOSTIC		2679907	64854332	8131143			.041322	335995 41
41.01 MRI		305497	38952918	4292307			.007843	33665 41.01
41.02 CT SCAN		627057	94818806	12093479			.006613	79974 41.02
42 RADIOLOGY-THERAPEUTIC		30350	3402193	209			.008921	2 42
43 RADIOISOTOPE		172462	16557935	2001351			.010416	20846 43
44 LABORATORY		2138214	235948757	24994934			.009062	226504 44
46 WHOLE BLOOD & PACKED RED BLOO		146935	15481208	4645265			.009491	44088 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		413564	26201272	10049351			.015784	158619 49
50 PHYSICAL THERAPY		1013565	13264220	3110245			.076413	237663 50
51 OCCUPATIONAL THERAPY		13433	5026193	1801234			.002673	4815 51
52 SPEECH PATHOLOGY		7584	3996466	1094795			.001898	2078 52
53 ELECTROCARDIOLOGY		2120149	110677397	28070111			.019156	537711 53
54 ELECTROENCEPHALOGRAPHY		533578	11640990	919057			.045836	42126 54
55 MEDICAL SUPPLIES CHARGED TO P		908650	240702437	66545721			.003775	251210 55
55.30 IMPL. DEV. CHARGED TO PATIENT		665251	140475753	51676001			.004736	244738 55.30
56 DRUGS CHARGED TO PATIENTS		655390	176527229	47460017			.003713	176219 56
58.01 CARDIAC REHAB		2545	1844018				.001380	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		9397	3215254	1911806			.002923	5588 58.03
58.04 PAIN MANAGEMENT		270898	2956567	30328			.091626	2779 58.04
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		99508	33874227	22272			.002938	65 60
60.01 PATIENT TREATMENT CENTER		328032	4258477	236827			.077030	18243 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2884	2907310				.000992	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		15703	4128545	39			.003804	60.04
60.05 WOMEN'S CLINIC		1134	340429	275			.003331	1 60.05
61 EMERGENCY		3475632	93366092	13207829			.037226	491675 61
62 OBSERVATION BEDS (NON-DISTINC		876568	12384754	869400			.070778	61534 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		26382664	1535523126	309046312				4105100 101

PROVIDER NO. 14-0242 CENTRAL DUPAGE 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: 2010.02
 11/12/2010 08:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					68617		25694	25
26	INTENSIVE CARE UNIT					5896		1804	26
27	CORONARY CARE UNIT					4260		2240	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					4863		1484	31
33	NURSERY					12445			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					96081		31222	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
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
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
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] 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	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104358495			18250948		8359123 37
38 RECOVERY ROOM		18862340			3616775		1308313 38
39 DELIVERY ROOM & LABOR ROOM		29761313			1246		92534 39
40 ANESTHESIOLOGY		24737199			4013347		1264846 40
41 RADIOLOGY-DIAGNOSTIC		64854332			8131143		8478804 41
41.01 MRI		38952918			4292307		5958938 41.01
41.02 CT SCAN		94818806			12093479		16491184 41.02
42 RADIOLOGY-THERAPEUTIC		3402193			209		1162560 42
43 RADIOISOTOPE		16557935			2001351		3396707 43
44 LABORATORY		235948757			24994934		3351397 44
46 WHOLE BLOOD & PACKED RED BLOO		15481208			4645265		594490 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		26201272			10049351		169237 49
50 PHYSICAL THERAPY		13264220			3110245		4531 50
51 OCCUPATIONAL THERAPY		5026193			1801234		
52 SPEECH PATHOLOGY		3996466			1094795		
53 ELECTROCARDIOLOGY		110677397			28070111		18463931 53
54 ELECTROENCEPHALOGRAPHY		11640990			919057		1216763 54
55 MEDICAL SUPPLIES CHARGED TO P		240702437			66545721		21831362 55
55.30 IMPL. DEV. CHARGED TO PATIENT		140475753			51676001		4102519 55.30
56 DRUGS CHARGED TO PATIENTS		176527229			47460017		15613272 56
58.01 CARDIAC REHAB		1844018					742889 58.01
58.02 SLEEP LAB							
58.03 INPATIENT DIALYSIS		3215254			1911806		
58.04 PAIN MANAGEMENT		2956567			30328		1327267 58.04
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		33874227			22272		3335254 60
60.01 PATIENT TREATMENT CENTER		4258477			236827		1212799 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2907310					882 60.02
60.03 CANTERA							
60.04 MENTAL HEALTH O/P		4128545			39		
60.05 WOMEN'S CLINIC		340429			275		95784 60.05
61 EMERGENCY		93366092			13207829		8819735 61
62 OBSERVATION BEDS (NON-DISTINC		12384754			869400		2442127 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1535523126			309046312		129837248 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
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
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
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.321699	.321699	.321699			37
38 RECOVERY ROOM	.330961	.330961	.330961			38
39 DELIVERY ROOM & LABOR ROOM	.474319	.474319	.474319			39
40 ANESTHESIOLOGY	.036027	.036027	.036027			40
41 RADIOLOGY-DIAGNOSTIC	.260911	.260911	.260911			41
41.01 MRI	.071135	.071135	.071135			41.01
41.02 CT SCAN	.046497	.046497	.046497			41.02
42 RADIOLOGY-THERAPEUTIC	.940843	.940843	.940843			42
43 RADIOISOTOPE	.124454	.124454	.124454			43
44 LABORATORY	.108359	.108359	.108359			44
46 WHOLE BLOOD & PACKED RED BLOOD	.372856	.372856	.372856			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.205518	.205518	.205518			49
50 PHYSICAL THERAPY	.467410	.467410	.467410			50
51 OCCUPATIONAL THERAPY	.224470	.224470	.224470			51
52 SPEECH PATHOLOGY	.235261	.235261	.235261			52
53 ELECTROCARDIOLOGY	.178564	.178564	.178564			53
54 ELECTROENCEPHALOGRAPHY	.250481	.250481	.250481			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.219814	.219814	.219814			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.282061	.282061	.282061			55.30
56 DRUGS CHARGED TO PATIENTS	.157111	.157111	.157111			56
58.01 CARDIAC REHAB	.458314	.458314	.458314			58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	.022797	.022797	.022797			58.03
58.04 PAIN MANAGEMENT	.337656	.337656	.337656			58.04
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.665565	.665565	.665565			60
60.01 PATIENT TREATMENT CENTER	.636491	.636491	.636491			60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.259751	.259751	.259751			60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	.600564	.600564	.600564			60.04
60.05 WOMEN'S CLINIC	1.699817	1.699817	1.699817			60.05
61 EMERGENCY	.208534	.208534	.208534			61
62 OBSERVATION BEDS (NON-DISTINCT	.413799	.413799	.413799			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.157111	1
2 PROGRAM VACCINE CHARGES	2	33916	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	5329	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	SURGICAL CENTER 6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8359123						37
38 RECOVERY ROOM		1308313						38
39 DELIVERY ROOM & LABOR ROOM		92534						39
40 ANESTHESIOLOGY		1264846						40
41 RADIOLOGY-DIAGNOSTIC		8478804						41
41.01 MRI		5958938						41.01
41.02 CT SCAN		16491184						41.02
42 RADIOLOGY-THERAPEUTIC		1162560						42
43 RADIOISOTOPE		3396707						43
44 LABORATORY		3351397						44
46 WHOLE BLOOD & PACKED RED BLOOD		594490						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		169237						49
50 PHYSICAL THERAPY		4531						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		18463931						53
54 ELECTROENCEPHALOGRAPHY		1216763						54
55 MEDICAL SUPPLIES CHARGED TO PA		21831362						55
55.30 IMPL. DEV. CHARGED TO PATIENT		4102519						55.30
56 DRUGS CHARGED TO PATIENTS		15613272						56
58.01 CARDIAC REHAB		742889						58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS								58.03
58.04 PAIN MANAGEMENT		1327267						58.04
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		3335254						60
60.01 PATIENT TREATMENT CENTER		1212799						60.01
60.02 REHAB SERVICES-BLOOMINGDALE		882						60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P								60.04
60.05 WOMEN'S CLINIC		95784						60.05
61 EMERGENCY		8819735						61
62 OBSERVATION BEDS (NON-DISTINCT		2442127						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		129837248						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		129837248						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2689122					37
38 RECOVERY ROOM		433001					38
39 DELIVERY ROOM & LABOR ROOM		43891					39
40 ANESTHESIOLOGY		45569					40
41 RADIOLOGY-DIAGNOSTIC		2212213					41
41.01 MRI		423889					41.01
41.02 CT SCAN		766791					41.02
42 RADIOLOGY-THERAPEUTIC		1093786					42
43 RADIOISOTOPE		422734					43
44 LABORATORY		363154					44
46 WHOLE BLOOD & PACKED RED BLOOD		221659					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		34781					49
50 PHYSICAL THERAPY		2118					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		3296993					53
54 ELECTROENCEPHALOGRAPHY		304776					54
55 MEDICAL SUPPLIES CHARGED TO PAT		4798839					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1157161					55.30
56 DRUGS CHARGED TO PATIENTS		2453017					56
58.01 CARDIAC REHAB		340476					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT		448160					58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2219828					60
60.01 PATIENT TREATMENT CENTER		771936					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		229					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC		162815					60.05
61 EMERGENCY		1839215					61
62 OBSERVATION BEDS (NON-DISTINCT		1010550					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		27556703					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		27556703					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		5796999	104358495	18467			.055549	1026 37
38 RECOVERY ROOM		569149	18862340	47468			.030174	1432 38
39 DELIVERY ROOM & LABOR ROOM		2466243	29761313				.082867	39
40 ANESTHESIOLOGY		36386	24737199				.001471	40
41 RADIOLOGY-DIAGNOSTIC		2679907	64854332	39753			.041322	1643 41
41.01 MRI		305497	38952918	12681			.007843	99 41.01
41.02 CT SCAN		627057	94818806	93502			.006613	618 41.02
42 RADIOLOGY-THERAPEUTIC		30350	3402193				.008921	42
43 RADIOISOTOPE		172462	16557935				.010416	43
44 LABORATORY		2138214	235948757	305822			.009062	2771 44
46 WHOLE BLOOD & PACKED RED BLOO		146935	15481208	683			.009491	6 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		413564	26201272	29779			.015784	470 49
50 PHYSICAL THERAPY		1013565	13264220	9170			.076413	701 50
51 OCCUPATIONAL THERAPY		13433	5026193	3900			.002673	10 51
52 SPEECH PATHOLOGY		7584	3996466	6351			.001898	12 52
53 ELECTROCARDIOLOGY		2120149	110677397	37074			.019156	710 53
54 ELECTROENCEPHALOGRAPHY		533578	11640990	2117			.045836	97 54
55 MEDICAL SUPPLIES CHARGED TO P		908650	240702437	67595			.003775	255 55
55.30 IMPL. DEV. CHARGED TO PATIENT		665251	140475753	2813			.004736	13 55.30
56 DRUGS CHARGED TO PATIENTS		655390	176527229	952257			.003713	3536 56
58.01 CARDIAC REHAB		2545	1844018				.001380	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		9397	3215254				.002923	58.03
58.04 PAIN MANAGEMENT		270898	2956567				.091626	58.04
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		99508	33874227	264			.002938	1 60
60.01 PATIENT TREATMENT CENTER		328032	4258477				.077030	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2884	2907310				.000992	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		15703	4128545				.003804	60.04
60.05 WOMEN'S CLINIC		1134	340429				.003331	60.05
61 EMERGENCY		3475632	93366092	152396			.037226	5673 61
62 OBSERVATION BEDS (NON-DISTINC		876568	12384754				.070778	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		26382664	1535523126	1782092				19073 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
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
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
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104358495			18467		37
38 RECOVERY ROOM		18862340			47468		38
39 DELIVERY ROOM & LABOR ROOM		29761313					39
40 ANESTHESIOLOGY		24737199					40
41 RADIOLOGY-DIAGNOSTIC		64854332			39753		41
41.01 MRI		38952918			12681		41.01
41.02 CT SCAN		94818806			93502		41.02
42 RADIOLOGY-THERAPEUTIC		3402193					42
43 RADIOISOTOPE		16557935					43
44 LABORATORY		235948757			305822		44
46 WHOLE BLOOD & PACKED RED BLOO		15481208			683		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26201272			29779		49
50 PHYSICAL THERAPY		13264220			9170		50
51 OCCUPATIONAL THERAPY		5026193			3900		51
52 SPEECH PATHOLOGY		3996466			6351		52
53 ELECTROCARDIOLOGY		110677397			37074		53
54 ELECTROENCEPHALOGRAPHY		11640990			2117		54
55 MEDICAL SUPPLIES CHARGED TO P		240702437			67595		55
55.30 IMPL. DEV. CHARGED TO PATIENT		140475753			2813		55.30
56 DRUGS CHARGED TO PATIENTS		176527229			952257		56
58.01 CARDIAC REHAB		1844018					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3215254					58.03
58.04 PAIN MANAGEMENT		2956567					58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		33874227			264		60
60.01 PATIENT TREATMENT CENTER		4258477					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2907310					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		4128545					60.04
60.05 WOMEN'S CLINIC		340429					60.05
61 EMERGENCY		93366092			152396		61
62 OBSERVATION BEDS (NON-DISTINC		12384754					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1535523126			1782092		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
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
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
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF 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 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				13411320		13411320
26 INTENSIVE CARE UNIT				1282718		1282718
27 CORONARY CARE UNIT				1176853		1176853
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1356847		1356847
33 NURSERY				633550		633550
101 TOTAL				17861288		17861288

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	68617	7099			195.45	1387500
26 INTENSIVE CARE UNIT	5896	599			217.56	130318
27 CORONARY CARE UNIT	4260	273			276.26	75419
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4863	445			279.01	124159
33 NURSERY	12445	2519			50.91	128242
101 TOTAL	96081	10935				1845638

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5796999	104358495				.055549	37
38 RECOVERY ROOM		569149	18862340				.030174	38
39 DELIVERY ROOM & LABOR ROOM		2466243	29761313				.082867	39
40 ANESTHESIOLOGY		36386	24737199				.001471	40
41 RADIOLOGY-DIAGNOSTIC		2679907	64854332				.041322	41
41.01 MRI		305497	38952918				.007843	41.01
41.02 CT SCAN		627057	94818806				.006613	41.02
42 RADIOLOGY-THERAPEUTIC		30350	3402193				.008921	42
43 RADIOISOTOPE		172462	16557935				.010416	43
44 LABORATORY		2138214	235948757				.009062	44
46 WHOLE BLOOD & PACKED RED BLOO		146935	15481208				.009491	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		413564	26201272				.015784	49
50 PHYSICAL THERAPY		1013565	13264220				.076413	50
51 OCCUPATIONAL THERAPY		13433	5026193				.002673	51
52 SPEECH PATHOLOGY		7584	3996466				.001898	52
53 ELECTROCARDIOLOGY		2120149	110677397				.019156	53
54 ELECTROENCEPHALOGRAPHY		533578	11640990				.045836	54
55 MEDICAL SUPPLIES CHARGED TO P		908650	240702437				.003775	55
55.30 IMPL. DEV. CHARGED TO PATIENT		665251	140475753				.004736	55.30
56 DRUGS CHARGED TO PATIENTS		655390	176527229				.003713	56
58.01 CARDIAC REHAB		2545	1844018				.001380	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		9397	3215254				.002923	58.03
58.04 PAIN MANAGEMENT		270898	2956567				.091626	58.04
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		99508	33874227				.002938	60
60.01 PATIENT TREATMENT CENTER		328032	4258477				.077030	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2884	2907310				.000992	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		15703	4128545				.003804	60.04
60.05 WOMEN'S CLINIC		1134	340429				.003331	60.05
61 EMERGENCY		3475632	93366092				.037226	61
62 OBSERVATION BEDS (NON-DISTINC		876568	12384754				.070778	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		26382664	1535523126					101

PROVIDER NO. 14-0242 CENTRAL DUPAGE 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: 2010.02
 11/12/2010 08:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					68617		7099	25
26	INTENSIVE CARE UNIT					5896		599	26
27	CORONARY CARE UNIT					4260		273	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					4863		445	31
33	NURSERY					12445		2519	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					96081		10935	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
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
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
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104358495					37
38 RECOVERY ROOM		18862340					38
39 DELIVERY ROOM & LABOR ROOM		29761313					39
40 ANESTHESIOLOGY		24737199					40
41 RADIOLOGY-DIAGNOSTIC		64854332					41
41.01 MRI		38952918					41.01
41.02 CT SCAN		94818806					41.02
42 RADIOLOGY-THERAPEUTIC		3402193					42
43 RADIOISOTOPE		16557935					43
44 LABORATORY		235948757					44
46 WHOLE BLOOD & PACKED RED BLOO		15481208					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26201272					49
50 PHYSICAL THERAPY		13264220					50
51 OCCUPATIONAL THERAPY		5026193					51
52 SPEECH PATHOLOGY		3996466					52
53 ELECTROCARDIOLOGY		110677397					53
54 ELECTROENCEPHALOGRAPHY		11640990					54
55 MEDICAL SUPPLIES CHARGED TO P		240702437					55
55.30 IMPL. DEV. CHARGED TO PATIENT		140475753					55.30
56 DRUGS CHARGED TO PATIENTS		176527229					56
58.01 CARDIAC REHAB		1844018					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3215254					58.03
58.04 PAIN MANAGEMENT		2956567					58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		33874227					60
60.01 PATIENT TREATMENT CENTER		4258477					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2907310					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		4128545					60.04
60.05 WOMEN'S CLINIC		340429					60.05
61 EMERGENCY		93366092					61
62 OBSERVATION BEDS (NON-DISTINC		12384754					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1535523126					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0242)	[]	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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
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
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
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES		CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5796999	104358495				.055549	37
38 RECOVERY ROOM		569149	18862340				.030174	38
39 DELIVERY ROOM & LABOR ROOM		2466243	29761313				.082867	39
40 ANESTHESIOLOGY		36386	24737199				.001471	40
41 RADIOLOGY-DIAGNOSTIC		2679907	64854332				.041322	41
41.01 MRI		305497	38952918				.007843	41.01
41.02 CT SCAN		627057	94818806				.006613	41.02
42 RADIOLOGY-THERAPEUTIC		30350	3402193				.008921	42
43 RADIOISOTOPE		172462	16557935				.010416	43
44 LABORATORY		2138214	235948757				.009062	44
46 WHOLE BLOOD & PACKED RED BLOO		146935	15481208				.009491	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		413564	26201272				.015784	49
50 PHYSICAL THERAPY		1013565	13264220				.076413	50
51 OCCUPATIONAL THERAPY		13433	5026193				.002673	51
52 SPEECH PATHOLOGY		7584	3996466				.001898	52
53 ELECTROCARDIOLOGY		2120149	110677397				.019156	53
54 ELECTROENCEPHALOGRAPHY		533578	11640990				.045836	54
55 MEDICAL SUPPLIES CHARGED TO P		908650	240702437				.003775	55
55.30 IMPL. DEV. CHARGED TO PATIENT		665251	140475753				.004736	55.30
56 DRUGS CHARGED TO PATIENTS		655390	176527229				.003713	56
58.01 CARDIAC REHAB		2545	1844018				.001380	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		9397	3215254				.002923	58.03
58.04 PAIN MANAGEMENT		270898	2956567				.091626	58.04
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		99508	33874227				.002938	60
60.01 PATIENT TREATMENT CENTER		328032	4258477				.077030	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2884	2907310				.000992	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		15703	4128545				.003804	60.04
60.05 WOMEN'S CLINIC		1134	340429				.003331	60.05
61 EMERGENCY		3475632	93366092				.037226	61
62 OBSERVATION BEDS (NON-DISTINC		876568	12384754				.070778	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		26382664	1535523126					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S242)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
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
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
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		104358495					37
38 RECOVERY ROOM		18862340					38
39 DELIVERY ROOM & LABOR ROOM		29761313					39
40 ANESTHESIOLOGY		24737199					40
41 RADIOLOGY-DIAGNOSTIC		64854332					41
41.01 MRI		38952918					41.01
41.02 CT SCAN		94818806					41.02
42 RADIOLOGY-THERAPEUTIC		3402193					42
43 RADIOISOTOPE		16557935					43
44 LABORATORY		235948757					44
46 WHOLE BLOOD & PACKED RED BLOO		15481208					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		26201272					49
50 PHYSICAL THERAPY		13264220					50
51 OCCUPATIONAL THERAPY		5026193					51
52 SPEECH PATHOLOGY		3996466					52
53 ELECTROCARDIOLOGY		110677397					53
54 ELECTROENCEPHALOGRAPHY		11640990					54
55 MEDICAL SUPPLIES CHARGED TO P		240702437					55
55.30 IMPL. DEV. CHARGED TO PATIENT		140475753					55.30
56 DRUGS CHARGED TO PATIENTS		176527229					56
58.01 CARDIAC REHAB		1844018					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3215254					58.03
58.04 PAIN MANAGEMENT		2956567					58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		33874227					60
60.01 PATIENT TREATMENT CENTER		4258477					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2907310					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		4128545					60.04
60.05 WOMEN'S CLINIC		340429					60.05
61 EMERGENCY		93366092					61
62 OBSERVATION BEDS (NON-DISTINC		12384754					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1535523126					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S242)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
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
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
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0242)	(PPS) (14-S242)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	68617	4863					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	68617	4863					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68617	4863					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)	25694	1484					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)	SUB I (PPS)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	(14-0242)	(14-S242)					
	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	78480166	6512957					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	78480166	6512957					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	145140661	12992238					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	145140661	12992238					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.540718	.501296					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2115.23	2671.65					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	78480166	6512957					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) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1143.74	1339.29			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29387256	1987506			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29387256	1987506			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
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	12769354	5896	2165.77	1804	3907049 43
44	CORONARY CARE UNIT	8838224	4260	2074.70	2240	4647328 44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0242)	SUB I (PPS) (14-S242)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	64365988	287886			48
49	TOTAL PROGRAM INPATIENT COSTS	102307621	2275392			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6033192	414051			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4105100	19073			51
52	TOTAL PROGRAM EXCLUDABLE COST	10138292	433124			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	92169329	1842268			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)	SUB I (PPS)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0242)(14-S242)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	4462	16			83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1143.74	1339.29			84
85	OBSERVATION BED COST	5103368	21429			85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	78480166		5103368		86
87	NEW CAPITAL-RELATED COST	13411320	78480166	.170888	5103368	872104
88	NON PHYSICIAN ANESTHETIST	78480166		5103368		88
89	MEDICAL EDUCATION	78480166		5103368		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0242)	(OTHER) (14-S242)	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	68617	4863					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	68617	4863					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68617	4863					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)	7099	445					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	12445						15
16 TITLE V OR XIX NURSERY DAYS	2519						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)	SUB I (OTHER)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	78403304	6512957					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	78403304	6512957					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	145140661	12992238					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	145140661	12992238					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.540188	.501296					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	2115.23	2671.65					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	78403304	6512957					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0242)	SUB I (OTHER) (14-S242)	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	1142.62	1339.29					38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8111459	595984					39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8111459	595984					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)	9941278	12445	798.82	2519	2012228		42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	12753377	5896	2163.06	599	1295673		43	
44	CORONARY CARE UNIT	8838224	4260	2074.70	273	566393		44	
45	BURN INTENSIVE CARE UNIT							45	
46	SURGICAL INTENSIVE CARE UNIT							46	
47	OTHER SPECIAL CARE (SPECIFY)							47	
		HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48	
49	TOTAL PROGRAM INPATIENT COSTS	11985753	595984					49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1721479	124159					50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	1721479	124159					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) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	53	1	1	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. 14-0242 CENTRAL DUPAGE 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: 2010.02
11/12/2010 08:20

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. 14-0242 CENTRAL DUPAGE 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: 2010.02
11/12/2010 08:20

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4462	16	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1143.74	1339.29	84
85 OBSERVATION BED COST	5103368	21429	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0242) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		52276299		25
26 INTENSIVE CARE UNIT		7018915		26
27 CORONARY CARE UNIT		9138115		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323210	18250948	5898889	37
38 RECOVERY ROOM	.330961	3616775	1197011	38
39 DELIVERY ROOM & LABOR ROOM	.474319	1246	591	39
40 ANESTHESIOLOGY	.036147	4013347	145070	40
41 RADIOLOGY-DIAGNOSTIC	.260911	8131143	2121505	41
41.01 MRI	.071135	4292307	305333	41.01
41.02 CT SCAN	.046497	12093479	562310	41.02
42 RADIOLOGY-THERAPEUTIC	.946050	209	198	42
43 RADIOISOTOPE	.124665	2001351	249498	43
44 LABORATORY	.108359	24994934	2708426	44
46 WHOLE BLOOD & PACKED RED BLOOD	.372856	4645265	1732015	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205518	10049351	2065323	49
50 PHYSICAL THERAPY	.467410	3110245	1453760	50
51 OCCUPATIONAL THERAPY	.224470	1801234	404323	51
52 SPEECH PATHOLOGY	.235261	1094795	257563	52
53 ELECTROCARDIOLOGY	.179506	28070111	5038753	53
54 ELECTROENCEPHALOGRAPHY	.250708	919057	230415	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.219814	66545721	14627681	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.282061	51676001	14575785	55.30
56 DRUGS CHARGED TO PATIENTS	.157111	47460017	7456491	56
58.01 CARDIAC REHAB	.458314			58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS	.022797	1911806	43583	58.03
58.04 PAIN MANAGEMENT	.337656	30328	10240	58.04
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.665565	22272	14823	60
60.01 PATIENT TREATMENT CENTER	.636491	236827	150738	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.259751			60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P	.600564	39	23	60.04
60.05 WOMEN'S CLINIC	1.699817	275	467	60.05
61 EMERGENCY	.208620	13207829	2755417	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.413799	869400	359757	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		309046312	64365988	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		309046312		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S242)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		4227371		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.323210	18467	5969	37
38 RECOVERY ROOM	.330961	47468	15710	38
39 DELIVERY ROOM & LABOR ROOM	.474319			39
40 ANESTHESIOLOGY	.036147			40
41 RADIOLOGY-DIAGNOSTIC	.260911	39753	10372	41
41.01 MRI	.071135	12681	902	41.01
41.02 CT SCAN	.046497	93502	4348	41.02
42 RADIOLOGY-THERAPEUTIC	.946050			42
43 RADIOISOTOPE	.124665			43
44 LABORATORY	.108359	305822	33139	44
46 WHOLE BLOOD & PACKED RED BLOOD	.372856	683	255	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205518	29779	6120	49
50 PHYSICAL THERAPY	.467410	9170	4286	50
51 OCCUPATIONAL THERAPY	.224470	3900	875	51
52 SPEECH PATHOLOGY	.235261	6351	1494	52
53 ELECTROCARDIOLOGY	.179506	37074	6655	53
54 ELECTROENCEPHALOGRAPHY	.250708	2117	531	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.219814	67595	14858	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.282061	2813	793	55.30
56 DRUGS CHARGED TO PATIENTS	.157111	952257	149610	56
58.01 CARDIAC REHAB	.458314			58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS	.022797			58.03
58.04 PAIN MANAGEMENT	.337656			58.04
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.665565	264	176	60
60.01 PATIENT TREATMENT CENTER	.636491			60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.259751			60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P	.600564			60.04
60.05 WOMEN'S CLINIC	1.699817			60.05
61 EMERGENCY	.208620	152396	31793	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.413799			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1782092	287886	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1782092		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0242) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.321699		37
38 RECOVERY ROOM	.330961		38
39 DELIVERY ROOM & LABOR ROOM	.474319		39
40 ANESTHESIOLOGY	.036027		40
41 RADIOLOGY-DIAGNOSTIC	.260911		41
41.01 MRI	.071135		41.01
41.02 CT SCAN	.046497		41.02
42 RADIOLOGY-THERAPEUTIC	.940843		42
43 RADIOISOTOPE	.124454		43
44 LABORATORY	.108359		44
46 WHOLE BLOOD & PACKED RED BLOOD	.372856		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.205518		49
50 PHYSICAL THERAPY	.467410		50
51 OCCUPATIONAL THERAPY	.224470		51
52 SPEECH PATHOLOGY	.235261		52
53 ELECTROCARDIOLOGY	.178564		53
54 ELECTROENCEPHALOGRAPHY	.250481		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.219814		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.282061		55.30
56 DRUGS CHARGED TO PATIENTS	.157111		56
58.01 CARDIAC REHAB	.458314		58.01
58.02 SLEEP LAB			58.02
58.03 INPATIENT DIALYSIS	.022797		58.03
58.04 PAIN MANAGEMENT	.337656		58.04
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.665565		60
60.01 PATIENT TREATMENT CENTER	.636491		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.259751		60.02
60.03 CANTERA			60.03
60.04 MENTAL HEALTH O/P	.600564		60.04
60.05 WOMEN'S CLINIC	1.699817		60.05
61 EMERGENCY	.208534		61
62 OBSERVATION BEDS (NON-DISTINCT	.413799		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S242)	<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
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.321699		37
38 RECOVERY ROOM	.330961		38
39 DELIVERY ROOM & LABOR ROOM	.474319		39
40 ANESTHESIOLOGY	.036027		40
41 RADIOLOGY-DIAGNOSTIC	.260911		41
41.01 MRI	.071135		41.01
41.02 CT SCAN	.046497		41.02
42 RADIOLOGY-THERAPEUTIC	.940843		42
43 RADIOISOTOPE	.124454		43
44 LABORATORY	.108359		44
46 WHOLE BLOOD & PACKED RED BLOOD	.372856		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.205518		49
50 PHYSICAL THERAPY	.467410		50
51 OCCUPATIONAL THERAPY	.224470		51
52 SPEECH PATHOLOGY	.235261		52
53 ELECTROCARDIOLOGY	.178564		53
54 ELECTROENCEPHALOGRAPHY	.250481		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.219814		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.282061		55.30
56 DRUGS CHARGED TO PATIENTS	.157111		56
58.01 CARDIAC REHAB	.458314		58.01
58.02 SLEEP LAB			58.02
58.03 INPATIENT DIALYSIS	.022797		58.03
58.04 PAIN MANAGEMENT	.337656		58.04
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.665565		60
60.01 PATIENT TREATMENT CENTER	.636491		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.259751		60.02
60.03 CANTERA			60.03
60.04 MENTAL HEALTH O/P	.600564		60.04
60.05 WOMEN'S CLINIC	1.699817		60.05
61 EMERGENCY	.208534		61
62 OBSERVATION BEDS (NON-DISTINCT	.413799		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	15163646					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	15163646					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	30327292					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	4663212					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	300.22					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					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 (14-0242)	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	65317796					6
7						7
7.01						7.01
8	65317796					8
9	5856576					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	71174372					16
17	8645					17
18	71165727					18
19	5743352					19
20	86130					20
21	462986					21
21.01	324090					21.01
21.02	350124					21.02
22	65660335					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	65660335				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	65684755				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-24420				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 (14-0242) 1	HOSPITAL (14-0242) 1.01	HOSPITAL (14-0242) 1.02
1 MEDICAL AND OTHER SERVICES	5329		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	27556703		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	21455505		1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	5329		5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	33916		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	33916		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	33916		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	28587		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	5329		17
17.01 TOTAL PPS PAYMENTS	21455505		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0242) 1	HOSPITAL (14-0242) 1.01	HOSPITAL (14-0242) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4866082		18.01
19 SUBTOTAL	16594752		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	16594752		23
24 PRIMARY PAYER PAYMENTS	1827		24
25 SUBTOTAL	16592925		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	568799		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	398159		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	439757		27.02
28 SUBTOTAL	16991084		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	16991084		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	16593070		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	398014		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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S242) 1	SUB I (14-S242) 1.01	SUB I (14-S242) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S242) 1	SUB I (14-S242) 1.01	SUB I (14-S242) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0242)

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		65304828		16593070
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.		345789	NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 12/18/2009 .02 PROGRAM .03 TO .04 PROVIDER .05 .50 .51 PROVIDER .52 TO .53 PROGRAM .54	34138 NONE	 NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	34138		3.99
4 TOTAL INTERIM PAYMENTS		65684755		16593070
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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	 NONE NONE	 NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	 -24420	398014	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		65660335		16991084
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S242)

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		1096992		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			3.01 3.02 NONE 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1096992		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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	6385		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1103377		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

PROVIDER NO. 14-0242 CENTRAL DUPAGE HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.02
11/12/2010 08:20

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S242)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1103377				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1096992				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	6385				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0242) (OTHER)	SUB I (14-S242) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	11985753	595984				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	11985753	595984				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	11985753	595984				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	11985753	595984				22
23	COST OF COVERED SERVICES	11985753	595984				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	11985753	595984				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	11985753	595984				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0242) (OTHER)	SUB I (14-S242) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST	11985753	595984				34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

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	35814995			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	115620779			4
5 OTHER RECEIVABLES	39931996			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-51750000			6
7 INVENTORY	1569562			7
8 PREPAID EXPENSES	6862166			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	148049498			11
FIXED ASSETS				
12 LAND	1192515			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	21559527			13
13.01 ACCUMULATED DEPRECIATION	-6826906			13.01
14 BUILDINGS	457571350			14
14.01 ACCUMULATED DEPRECIATION	-117762307			14.01
15 LEASEHOLD IMPROVEMENTS	180344			15
15.01 ACCUMULATED AMORTIZATION	-38796			15.01
16 FIXED EQUIPMENT	47900566			16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	186031717			18
18.01 ACCUMULATED DEPRECIATION	-132661806			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	457146204			21
OTHER ASSETS				
22 INVESTMENTS	343291135			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS	343291135			26
27 TOTAL ASSETS	948486837			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	31721733			28
29 SALARIES, WAGES & FEES PAYABLE	56971888			29
30 PAYROLL TAXES PAYABLE	4008759			30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	77692393			35
36 TOTAL CURRENT LIABILITIES	170394773			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES				42
43 TOTAL LIABILITIES	170394773			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	778092064			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	778092064			51
52 TOTAL LIABILITIES AND FUND BALANCES	948486837			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	689986397			1
2 NET INCOME (LOSS)	116468568			2
3 TOTAL	806454965			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	99			4
5 CHANGES IN NET UNREALIZED GAINS	894000			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	894099			10
11 SUBTOTAL	807349064			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET EQUITY TRANSFERS	29257000			13
14 CHANGE IN NET UNREALIZED G & L				14
15 ROUNDING				15
16				16
17				17
18 TOTAL DEDUCTIONS	29257000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	778092064			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	182660243		182660243	1
2 SUBPROVIDER I	12992751		12992751	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	195652994		195652994	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	29902099		29902099	10
11 CORONARY CARE UNIT	22630562		22630562	11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	52532661		52532661	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	248185655		248185655	16
17 ANCILLARY SERVICES	709091666		709091666	17
18 OUTPATIENT SERVICES		796222987	796222987	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
24.01 PROFESSIONAL FEE REVENUE	4849220	11443792	16293012	24.01
25 TOTAL PATIENT REVENUES	962126541	807666779	1769793320	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		475618153	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	40142843		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		40142843	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		515760996	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1769793320	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1167823107	2
3	NET PATIENT REVENUES	601970213	3
4	LESS - TOTAL OPERATING EXPENSES	515760996	4
5	NET INCOME FROM SERVICE TO PATIENTS	86209217	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	135488	6
7	INCOME FROM INVESTMENTS	12836766	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	478612	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	15968	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	2443095	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	16425	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1720	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	108350	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	554020	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PATIENT MEAL REVENUE		24
24.01	DIETARY OP INSTRUCTION		24.01
24.02	OS SERVICE REVENUE	206874	24.02
24.03	RECOVERY LIVING REVENUE		24.03
24.04	CARDIAC REHAB		24.04
24.05	OTHER OPERATING INCOME	13462033	24.05
25	TOTAL OTHER INCOME	30259351	25
26	TOTAL	116468568	26
27	TAX EXPENSE		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	116468568	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0242)	HOSPITAL (14-0242)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	4992990				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.0260				5
5.01	0.1202				5.01
5.02	0.1462				5.02
5.03	0.0300				5.03
5.04	149790				5.04
6	5856576				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

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
6.10 NON PATIENT TELEPHONES					6.10
6.30 PURCHASING AND STORES					6.30
6.40 ADMITTING					6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIE					6.50
6.60 ADMINISTRATION & GENERAL					6.60
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
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
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
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					

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
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96.01 KOFEE KORNER					96.01
97 RESEARCH					97
98.01 WSKF					98.01
99.01 DEVELOPMENT					99.01
99.02 MARKETING					99.02
99.04 PHYSICIAN ANSWERING SERVICE					99.04
99.05 CAR SEAT SAFETY PROGRAM					99.05
99.07 JOINT VENTURE					99.07
99.08 PARKINSONS CENTER					99.08
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	37.45		10.35				47.80 25
26 INTENSIVE CARE UNIT	30.60		10.16				40.76 26
27 CORONARY CARE UNIT	52.58		6.41				58.99 27
33 NURSERY			20.24				20.24 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.49	8.01					25.50 37
38 RECOVERY ROOM	19.17	6.94					26.11 38
39 DELIVERY ROOM & LABOR ROOM		0.31					0.31 39
40 ANESTHESIOLOGY	16.22	5.11					21.33 40
41 RADIOLOGY-DIAGNOSTIC	12.54	13.07					25.61 41
41.01 MRI	11.02	15.30					26.32 41.01
41.02 CT SCAN	12.75	17.39					30.14 41.02
42 RADIOLOGY-THERAPEUTIC	0.01	34.17					34.18 42
43 RADIOISOTOPE	12.09	20.51					32.60 43
44 LABORATORY	10.59	1.42					12.01 44
46 WHOLE BLOOD & PACKED RED BLOOD	30.01	3.84					33.85 46
49 RESPIRATORY THERAPY	38.35	0.65					39.00 49
50 PHYSICAL THERAPY	23.45	0.03					23.48 50
51 OCCUPATIONAL THERAPY	35.84						35.84 51
52 SPEECH PATHOLOGY	27.39						27.39 52
53 ELECTROCARDIOLOGY	25.36	16.68					42.04 53
54 ELECTROENCEPHALOGRAPHY	7.90	10.45					18.35 54
55 MEDICAL SUPPLIES CHARGED TO PAT	27.65	9.07					36.72 55
55.30 IMPL. DEV. CHARGED TO PATIENT	36.79	2.92					39.71 55.30
56 DRUGS CHARGED TO PATIENTS	26.89	8.84					35.73 56
58.01 CARDIAC REHAB		40.29					40.29 58.01
58.03 INPATIENT DIALYSIS	59.46						59.46 58.03
58.04 PAIN MANAGEMENT	1.03	44.89					45.92 58.04
60 CLINIC	0.07	9.85					9.92 60
60.01 PATIENT TREATMENT CENTER	5.56	28.48					34.04 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		0.03					0.03 60.02
60.05 WOMEN'S CLINIC	0.08	28.14					28.22 60.05
61 EMERGENCY	14.15	9.45					23.60 61
62 OBSERVATION BEDS (NON-DISTINCT)	7.02	19.72					26.74 62
101 TOTAL CHARGES	17.62	7.40					25.02 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	30.52		9.15				39.67 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.25						0.25 38
41 RADIOLOGY-DIAGNOSTIC	0.06						0.06 41
41.01 MRI	0.03						0.03 41.01
41.02 CT SCAN	0.10						0.10 41.02
44 LABORATORY	0.13						0.13 44
49 RESPIRATORY THERAPY	0.11						0.11 49
50 PHYSICAL THERAPY	0.07						0.07 50
51 OCCUPATIONAL THERAPY	0.08						0.08 51
52 SPEECH PATHOLOGY	0.16						0.16 52
53 ELECTROCARDIOLOGY	0.03						0.03 53
54 ELECTROENCEPHALOGRAPHY	0.02						0.02 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03						0.03 55
56 DRUGS CHARGED TO PATIENTS	0.54						0.54 56
61 EMERGENCY	0.16						0.16 61
101 TOTAL CHARGES	0.10						0.10 101

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	18816180	4.28	-18816180	-8.98		3
4	NEW CAP REL COSTS-MVBLE EQUIP	24552427	5.58	-24552427	-11.72		4
5	EMPLOYEE BENEFITS	34853650	7.93	-34853650	-16.64		5
6.10	NON PATIENT TELEPHONES	1959218	.45	-1959218	-.94		6.10
6.30	PURCHASING AND STORES	1974571	.45	-1974571	-.94		6.30
6.40	ADMITTING	2212710	.50	-2212710	-1.06		6.40
6.50	ACCOUNTS RECEIVABLE AND CASHIER	5389863	1.23	-5389863	-2.57		6.50
6.60	ADMINISTRATION & GENERAL	77475646	17.62	-77475646	-36.98		6.60
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	19793403	4.50	-19793403	-9.45		8
9	LAUNDRY & LINEN SERVICE	212281	.05	-212281	-.10		9
10	HOUSEKEEPING	4063243	.92	-4063243	-1.94		10
11	DIETARY	1473138	.34	-1473138	-.70		11
12	CAFETERIA	1201564	.27	-1201564	-.57		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	4063650	.92	-4063650	-1.94		14
15	CENTRAL SERVICES & SUPPLY	2368925	.54	-2368925	-1.13		15
16	PHARMACY	5511732	1.25	-5511732	-2.63		16
17	MEDICAL RECORDS & LIBRARY	3591494	.82	-3591494	-1.71		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	32148245	7.31	46255059	22.08	78403304	17.83
26	INTENSIVE CARE UNIT	6473992	1.47	6279385	3.00	12753377	2.90
27	CORONARY CARE UNIT	4111121	.94	4727103	2.26	8838224	2.01
31	SUBPROVIDER I	2271501	.52	4241456	2.02	6512957	1.48
33	NURSERY	5740795	1.31	4200483	2.00	9941278	2.26
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	14045997	3.19	19526012	9.32	33572009	7.64
38	RECOVERY ROOM	3210942	.73	3031759	1.45	6242701	1.42
39	DELIVERY ROOM & LABOR ROOM	5896651	1.34	8219712	3.92	14116363	3.21
40	ANESTHESIOLOGY	307417	.07	583791	.28	891208	.20
41	RADIOLOGY-DIAGNOSTIC	7031907	1.60	9889274	4.72	16921181	3.85
41.01	MRI	1286356	.29	1484551	.71	2770907	.63
41.02	CT SCAN	1648313	.37	2760483	1.32	4408796	1.00
42	RADIOLOGY-THERAPEUTIC	2331041	.53	869888	.42	3200929	.73
43	RADIOISOTOPE	985107	.22	1075602	.51	2060709	.47
44	LABORATORY	12322994	2.80	13244133	6.32	25567127	5.82
46	WHOLE BLOOD & PACKED RED BLOOD	3297020	.75	2475248	1.18	5772268	1.31
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	2797598	.64	2587235	1.23	5384833	1.22	49
50 PHYSICAL THERAPY	2668015	.61	3531809	1.69	6199824	1.41	50
51 OCCUPATIONAL THERAPY	684893	.16	443339	.21	1128232	.26	51
52 SPEECH PATHOLOGY	585111	.13	355101	.17	940212	.21	52
53 ELECTROCARDIOLOGY	9725983	2.21	10036997	4.79	19762980	4.50	53
54 ELECTROENCEPHALOGRAPHY	1177863	.27	1737983	.83	2915846	.66	54
55 MEDICAL SUPPLIES CHARGED TO PAT	38220933	8.69	14688753	7.01	52909686	12.04	55
55.30 IMPL. DEV. CHARGED TO PATIENT	28929263	6.58	10693525	5.10	39622788	9.01	55.30
56 DRUGS CHARGED TO PATIENTS	14365117	3.27	13369168	6.38	27734285	6.31	56
58.01 CARDIAC REHAB	583525	.13	261614	.12	845139	.19	58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS			73297	.03	73297	.02	58.03
58.04 PAIN MANAGEMENT	301358	.07	696946	.33	998304	.23	58.04
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	15032187	3.42	7513313	3.59	22545500	5.13	60
60.01 PATIENT TREATMENT CENTER	1395801	.32	1314680	.63	2710481	.62	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	498581	.11	256595	.12	755176	.17	60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P	1669285	.38	810171	.39	2479456	.56	60.04
60.05 WOMEN'S CLINIC	401409	.09	177258	.08	578667	.13	60.05
61 EMERGENCY	7623133	1.73	11846895	5.65	19470028	4.43	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER	19		4		23		96.01
97 RESEARCH	399856	.09	195738	.09	595594	.14	97
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE							99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
99.07 JOINT VENTURE	-120382	-.03			-120382	-.03	99.07
99.08 PARKINSONS CENTER	64827	.01	59335	.03	124162	.03	99.08

PROVIDER NO. 14-0242 CENTRAL DUPAGE HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	439627469	100.00	0	.00	439627469	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	5796999	104358495	.055549	18250948	1013822	37
38 RECOVERY ROOM	569149	18862340	.030174	3616775	109133	38
39 DELIVERY ROOM & LABOR ROOM	2466243	29761313	.082867	1246	103	39
40 ANESTHESIOLOGY	36386	24737199	.001471	4013347	5904	40
41 RADIOLOGY-DIAGNOSTIC	2679907	64854332	.041322	8131143	335995	41
41.01 MRI	305497	38952918	.007843	4292307	33665	41.01
41.02 CT SCAN	627057	94818806	.006613	12093479	79974	41.02
42 RADIOLOGY-THERAPEUTIC	30350	3402193	.008921	209	2	42
43 RADIOISOTOPE	172462	16557935	.010416	2001351	20846	43
44 LABORATORY	2138214	235948757	.009062	24994934	226504	44
46 WHOLE BLOOD & PACKED RED BLOOD	146935	15481208	.009491	4645265	44088	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	413564	26201272	.015784	10049351	158619	49
50 PHYSICAL THERAPY	1013565	13264220	.076413	3110245	237663	50
51 OCCUPATIONAL THERAPY	13433	5026193	.002673	1801234	4815	51
52 SPEECH PATHOLOGY	7584	3996466	.001898	1094795	2078	52
53 ELECTROCARDIOLOGY	2120149	110677397	.019156	28070111	537711	53
54 ELECTROENCEPHALOGRAPHY	533578	11640990	.045836	919057	42126	54
55 MEDICAL SUPPLIES CHARGED TO PAT	908650	240702437	.003775	66545721	251210	55
55.30 IMPL. DEV. CHARGED TO PATIENT	665251	140475753	.004736	51676001	244738	55.30
56 DRUGS CHARGED TO PATIENTS	655390	176527229	.003713	47460017	176219	56
58.01 CARDIAC REHAB	2545	1844018	.001380			58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	9397	3215254	.002923	1911806	5588	58.03
58.04 PAIN MANAGEMENT	270898	2956567	.091626	30328	2779	58.04
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	99508	33874227	.002938	22272	65	60
60.01 PATIENT TREATMENT CENTER	328032	4258477	.077030	236827	18243	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	2884	2907310	.000992			60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	15703	4128545	.003804	39		60.04
60.05 WOMEN'S CLINIC	1134	340429	.003331	275	1	60.05
61 EMERGENCY	3475632	93366092	.037226	13207829	491675	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	876568	12384754	.070778	869400	61534	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	26382664	1535523126		309046312	4105100	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	13411320		13411320	68617	195.45	25694	5021892 25
26	INTENSIVE CARE UNIT	1282718		1282718	5896	217.56	1804	392478 26
27	CORONARY CARE UNIT	1176853		1176853	4260	276.26	2240	618822 27
101	TOTAL	15870891		15870891			29738	6033192 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							6033192	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							4105100	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							10138292	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							7234	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							29738	
PER DISCHARGE CAPITAL COSTS							1401.48	
PER DIEM CAPITAL COSTS							340.92	

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)	92169329
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	377479641
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.244

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2275392
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	6009463
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.379

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)	10138292
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.027

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	27554585
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	129832717
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.212