

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 01-27-2012 TIME: 11:31
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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 MARIANJOY REHAB HOSPT. & CLINICS (14-3027) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		547,691	8,262			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		1				7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		547,692	8,262			200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 26W171 ROOSEVELT ROAD
 2 CITY: WHEATON STATE: IL

P.O.BOX:
 ZIP CODE: 60187 COUNTY: DUPAGE

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	MARIANJOY REHAB HOSPT. & CLIN	14-3027	16974	5	01/01/1973	N	P	N	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	MARIANJOY REHAB HOSPT. & CLIN	14-6129	16974		12/18/2008	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010				TO: 06/30/2011				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									3	N 23

		IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,999				1,133	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	

		V	XVIII	XIX
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56	
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57	
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N			58	
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59	
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61	
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)						
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62	
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01	
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS						
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63	
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.						
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)						
PROGRAM NAME	PROGRAM CODE		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2		3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010						
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			Y N 76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL Y Y	SPEECH Y RESPI- RATORY N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1	2	
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		115
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		117
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	1,000,000	3,000,000	118
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	119
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		120

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		121
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			122
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			123
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			124
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			125
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	14H01	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: WHEATON FRANCISCAN HEALTHCARE	CONTRACTOR'S NAME: NGS	CONTRACTOR'S NUMBER: 6309097320141	
142	STREET: 26W171 ROOSEVELT ROAD	P.O. BOX: 667		141
143	CITY: WHEATON	STATE: IL	ZIP CODE: 60187	142
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?			143
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		144
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		145
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		146
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

	PART A	PART B
155	HOSPITAL	1
156	SUBPROVIDER - IPF	2
157	SUBPROVIDER - IRF	N
158	SUBPROVIDER - (OTHER)	N
159	SNF	N
160	HHA	N
161	CMHC	N

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			166
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			167

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N			4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14

BED COMPLEMENT				Y	15
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- 22 HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 36
- 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
- 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
- 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
- 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

Y/N DATE
1 2

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	35,189,078		1,187,243.00		1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A						4
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	933,346				7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	1,504,212		53,477.00		9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,791,309		138,611.00		10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		62,948		983.55		11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		11,210,777		72,089.00		14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)						17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS						19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		43,478	-2,403			26
27	ADMINISTRATIVE & GENERAL		5,747,106	-712,375			27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		300,975				30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		661,873				32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,015,970				34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		476,243				38
39	CENTRAL SERVICES AND SUPPLY		159,315				39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		965,588				41
42	SOCIAL SERVICE			459,577			42
43	OTHER GENERAL SERVICE		66,624				43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	34,255,732		34,255,732	1,187,243.0	28.85	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	6,295,521		6,295,521	192,088.00	32.77	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	27,960,211		27,960,211	995,155.00	28.10	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,273,725		11,273,725	73,072.55	154.28	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)						5
6	TOTAL (SUM OF LINES 3 THRU 5)	39,233,936		39,233,936	1,068,227.5	36.73	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	9,437,172	-255,201	9,181,971			7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3
4 PRIOR YEAR PENSION SERVICE COST	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL (COLS. 2 + 3)
	GROUP				SNF DAYS	SWING BED SNF DAYS	
	1				2	3	4
3	RUX						3
4	RUL				434		434
5	RVX						5
6	RVL				42		42
7	RHX						7
8	RHL						8
9	RMX						9
10	RML				3		3
11	RLX						11
12	RUC				33		33
13	RUB				1,321		1,321
14	RUA				2,847		2,847
15	RVC				14		14
16	RVB				126		126
17	RVA				362		362
18	RHC				4		4
19	RHB				14		14
20	RHA				16		16
21	RMC						21
22	RMB				6		6
23	RMA				36		36
24	RLB						24
25	RLA						25
26	ES3						26
27	ES2						27
28	ES1						28
29	HE2						29
30	HE1						30
31	HD2						31
32	HD1						32
33	HC2						33
34	HC1				2		2
35	HB2						35
36	HB1						36
37	LE2						37
38	LE1						38
39	LD2						39
40	LD1						40
41	LC2						41
42	LC1						42
43	LB2						43
44	LB1						44
45	CE2						45
46	CE1						46
47	CD2						47
48	CD1						48
49	CC2						49
50	CC1						50
51	CB2						51
52	CB1						52
53	CA2						53
54	CA1				2		2
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1						66
67	BA2						67
68	BA1						68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1			74
75	PB2			75
76	PB1			76
77	PA2			77
78	PA1			78
199	AAA			199
200	TOTAL	5,262		5,262 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AFTER OF THE COST REPORTING PERIOD (IF APPLICABLE) 2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	16974	16974	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 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. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES 1	PERCENTAGE 2	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	8,887,168		207

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		2,623,645	2,623,645		1
2	00200		799,827	799,827		2
3	00300					3
4	00400	43,478	-410,246	-366,768	5,212,668	4
5.01	00590	2,139,814	4,631,813	6,771,627	-758,084	5.01
5.04	00560	268,014	106,718	374,732	-37,987	5.04
5.05	00570	1,276,222	529,619	1,805,841	-505,181	5.05
5.06	00580	602,897	248,091	850,988	-85,421	5.06
5.07	00591	1,460,159	7,541,554	9,001,713	-1,591,368	5.07
6	00600					6
7	00700	300,975	2,633,855	2,934,830	-1,471,847	7
8	00800					8
9	00900	661,873	461,340	1,123,213	-78,274	9
10	01000	1,015,970	991,254	2,007,224	-353,825	10
11	01100				655,482	11
12	01200					12
13	01300	476,243	128,707	604,950	-71,341	13
14	01400	159,315	117,212	276,527	26,393	14
15	01500					15
16	01600	965,588	744,195	1,709,783	-138,613	16
17	01700				459,577	17
18	01850	66,624	18,291	84,915	-4,204	18
19	01900					19
20	02000					20
21	02100	933,346		933,346	-136,591	21
22	02200		407,525	407,525	125,031	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	9,569,716	3,505,814	13,075,530	307,669	30
44	04400	1,504,212	1,137,983	2,642,195	-870,576	44
ANCILLARY SERVICE COST CENTERS						
54	05400	90,205	99,564	189,769	174,057	54
60	06000		389,618	389,618	485,697	60
62.30	06250					62.30
65	06500	202,140	92,255	294,395	138,349	65
66	06600	1,928,268	444,280	2,372,548	-222,156	66
67	06700	1,626,715	374,888	2,001,603	-188,970	67
68	06800	779,989	195,954	975,943	-99,767	68
69	06900					69
71	07100		626,270	626,270	101,864	71
73	07300	910,682	772,844	1,683,526	115,114	73
73.03	03950	44,127	10,312	54,439	-6,610	73.03
73.04	03951					73.04
74	07400		64,184	64,184		74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000					90
90.03	09001	1,746,563	606,796	2,353,359	-193,390	90.03
90.04	06550	1,624,634	493,606	2,118,240	-278,349	90.04
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
SPECIAL PURPOSE COST CENTERS						
118		30,397,769	30,387,768	60,785,537	709,347	118
NONREIMBURSABLE COST CENTERS						
190	19000		2,028	2,028	4,242	190
191	19100	181,257	69,184	250,441	-28,381	191
191.08	19101	221,045	69,007	290,052	-33,113	191.08
191.10	19110	1,985,442	456,654	2,442,096	-297,487	191.10
191.14	19102	552,462	123,774	676,236	-78,107	191.14
191.15	19103					191.15
191.16	19104	1,665,241	445,609	2,110,850	-249,543	191.16
191.17	19105					191.17
191.18	19106					191.18
191.19	19108	185,862	383,793	569,655	-26,958	191.19
191.20	19109					191.20
200		35,189,078	31,937,817	67,126,895		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	2,623,645		2,623,645	1
2	00200	799,827	6,478	806,305	2
3	00300				3
4	00400	4,845,900	-61	4,845,839	4
5.01	00590	6,013,543	-914,397	5,099,146	5.01
5.04	00560	336,745	-6,308	330,437	5.04
5.05	00570	1,300,660		1,300,660	5.05
5.06	00580	765,567	-29,326	736,241	5.06
5.07	00591	7,410,345	-1,470,786	5,939,559	5.07
6	00600				6
7	00700	1,462,983	-288,909	1,174,074	7
8	00800				8
9	00900	1,044,939		1,044,939	9
10	01000	1,653,399	-675,871	977,528	10
11	01100	655,482	-47,266	608,216	11
12	01200				12
13	01300	533,609		533,609	13
14	01400	302,920		302,920	14
15	01500				15
16	01600	1,571,170	-180,526	1,390,644	16
17	01700	459,577		459,577	17
18	01850	80,711	-3,552	77,159	18
19	01900				19
20	02000				20
21	02100	796,755		796,755	21
22	02200	532,556	-291,785	240,771	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	13,383,199	-169,541	13,213,658	30
44	04400	1,771,619		1,771,619	44
ANCILLARY SERVICE COST CENTERS					
54	05400	363,826	-2,471	361,355	54
60	06000	875,315		875,315	60
62.30	06250				62.30
65	06500	432,744		432,744	65
66	06600	2,150,392		2,150,392	66
67	06700	1,812,633		1,812,633	67
68	06800	876,176		876,176	68
69	06900				69
71	07100	728,134		728,134	71
73	07300	1,798,640	-43,908	1,754,732	73
73.03	03950	47,829		47,829	73.03
73.04	03951				73.04
74	07400	64,184		64,184	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000				90
90.03	09001	2,159,969	-116,243	2,043,726	90.03
90.04	06550	1,839,891	-50,318	1,789,573	90.04
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
118		61,494,884	-4,284,790	57,210,094	118
NONREIMBURSABLE COST CENTERS					
190	19000	6,270		6,270	190
191	19100	222,060	-14,949	207,111	191
191.08	19101	256,939	-6,579	250,360	191.08
191.10	19110	2,144,609		2,144,609	191.10
191.14	19102	598,129		598,129	191.14
191.15	19103				191.15
191.16	19104	1,861,307	-19,104	1,842,203	191.16
191.17	19105				191.17
191.18	19106				191.18
191.19	19108	542,697		542,697	191.19
191.20	19109				191.20
200		67,126,895	-4,325,422	62,801,473	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 BENEFIT ALLOCATION	A	EMPLOYEE BENEFITS	4		5,207,849
2					1
3					2
4					3
5					4
6					5
7					6
8					7
9					8
10					9
11					10
12					11
13					12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
500 TOTAL RECLASSIFICATIONS					5,207,849
CODE LETTER - A					500
1 CAFETERIA	B	CAFETERIA	11		655,482
500 TOTAL RECLASSIFICATIONS					655,482
CODE LETTER - B					500
1 DIRECT SUPPLIES	C	MEDICAL SUPPLIES CHRGD TO PA	71		9,621
500 TOTAL RECLASSIFICATIONS					9,621
CODE LETTER - C					500
1 PATIENT SCHEDULING / TRANSPORT	D	ADULTS & PEDIATRICS	30	320,568	29,572
2 WHEATON OUTPATIENT	D	WHEATON OUTPATIENT	90.03	61,918	5,712
500 TOTAL RECLASSIFICATIONS				382,486	35,284
CODE LETTER - D					500
1 STAFF RECLASS	E	SOCIAL SERVICE	17	459,577	
2					1
3					2
4					3
5					4
6					5
500 TOTAL RECLASSIFICATIONS				459,577	500
CODE LETTER - E					
1 CROSS DEPARTMENT RECLASS	F	RADIOLOGY-DIAGNOSTIC	54	170,900	
2 LABORATORY			60	455,854	
3 RESPIRATORY THERAPY			65	155,838	
500 TOTAL RECLASSIFICATIONS				782,592	500
CODE LETTER - F					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
1	1	2	3	4	5
1 SPACE RECLASS	G	EMPLOYEE BENEFITS	4		7,222 1
2		A&G - NON IR	5.01		26,501 2
3		PURCHASING	5.04		2,251 3
4		PATIENT FINANCIAL SERVICES	5.06		4,900 4
5		A&G IR RELATED	5.07		62,492 5
6		OPERATION OF PLANT	7		23,552 6
7		HOUSEKEEPING	9		8,441 7
8		DIETARY	10		21,524 8
9		MEDICAL RECORDS & LIBRARY	16		9,449 9
10		I&R SRVCES-SALARY & FRINGES A	21		3,224 10
11		ADULTS & PEDIATRICS	30		16,682 11
12		RADIOLOGY-DIAGNOSTIC	54		1,547 12
13		OCCUPATIONAL THERAPY	67		410 13
14		SPEECH PATHOLOGY	68		586 14
15		WHEATON OUTPATIENT	90.03		65,112 15
16		RESEARCH	191		938 16
17		SPECIAL PURPOSE FUND	191.19		938 17
500 TOTAL RECLASSIFICATIONS					255,769 500
CODE LETTER - G					
1 SPACE RECLASS NEW HOSPITAL	H	A&G - NON IR	5.01		19,557 1
2		ADMITTING	5.05		15,938 2
3		A&G IR RELATED	5.07		22,249 3
4		OPERATION OF PLANT	7		109,728 4
5		HOUSEKEEPING	9		11,184 5
6		DIETARY	10		46,432 6
7		CENTRAL SERVICES & SUPPLY	14		50,258 7
8		THERAPEUTIC RECREATION	18		5,776 8
9		ADULTS & PEDIATRICS	30		737,993 9
10		SKILLED NURSING FACILITY	44		124,627 10
11		PHYSICAL THERAPY	66		61,986 11
12		OCCUPATIONAL THERAPY	67		54,302 12
13		SPEECH PATHOLOGY	68		16,489 13
14		DRUGS CHARGED TO PATIENTS	73		23,511 14
15		GIFT, FLOWER, COFFEE SHOP & C	190		4,242 15
500 TOTAL RECLASSIFICATIONS					1,304,272 500
CODE LETTER - H					
1 LIBRARY EXPENSE RECLASS	I	I&R SRVCES-OTHER PRGM COSTS A	22		125,031 1
500 TOTAL RECLASSIFICATIONS					125,031 500
CODE LETTER - I					
1 SNF COST ALLOCATION	J	DIETARY	10		385,893 1
2		LABORATORY	60		29,843 2
3		DRUGS CHARGED TO PATIENTS	73		228,113 3
4		RADIOLOGY-DIAGNOSTIC	54		15,123 4
5		RESPIRATORY THERAPY	65		13,944 5
6		PHYSICAL THERAPY	66		4,713 6
7		MEDICAL SUPPLIES CHRGED TO PA	71		92,243 7
500 TOTAL RECLASSIFICATIONS					769,872 500
CODE LETTER - J					
1 INTEREST EXPENSE RECLASS	K	ADULTS & PEDIATRICS	30		1,457,417 1
500 TOTAL RECLASSIFICATIONS					1,457,417 500
CODE LETTER - K					
GRAND TOTAL (INCREASES)				1,624,655	9,820,597

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 BENEFIT ALLOCATION	A	A&G - NON IR	5.01		261,221	1
2 PURCHASING			5.04		40,238	2
3 ADMITTING			5.05		191,350	3
4 PATIENT FINANCIAL SERVICES			5.06		90,321	4
5 A&G IR RELATED			5.07		218,692	5
6 OPERATION OF PLANT			7		45,086	6
7 HOUSEKEEPING			9		97,899	7
8 DIETARY			10		152,192	8
9 NURSING ADMINISTRATION			13		71,341	9
10 CENTRAL SERVICES & SUPPLY			14		23,865	10
11 MEDICAL RECORDS & LIBRARY			16		148,062	11
12 THERAPEUTIC RECREATION			18		9,980	12
13 I&R SRVCES-SALARY & FRINGES A			21		139,815	13
14 ADULTS & PEDIATRICS			30		1,434,487	14
15 SKILLED NURSING FACILITY			44		225,331	15
16 RADIOLOGY-DIAGNOSTIC			54		13,513	16
17 RESPIRATORY THERAPY			65		31,433	17
18 PHYSICAL THERAPY			66		288,855	18
19 OCCUPATIONAL THERAPY			67		243,682	19
20 SPEECH PATHOLOGY			68		116,842	20
21 DRUGS CHARGED TO PATIENTS			73		136,510	21
22 VOCATIONAL SERVICES			73.03		6,610	22
23 WHEATON OUTPATIENT			90.03		261,635	23
24 COMPREHENSIVE OUTPATIENT CENT			90.04		243,424	24
25 RESEARCH			191		29,319	25
26 RESTHAVEN CENTRAL OP			191.08		33,113	26
27 RESTHAVEN CENTRAL SNF			191.10		297,487	27
28 CONTRACTED MGMT			191.14		78,107	28
29 RESTHAVEN WEST SNF			191.16		249,543	29
30 SPECIAL PURPOSE FUND			191.19		27,896	30
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					5,207,849	500
1 CAFETERIA	B	DIETARY	10		655,482	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					655,482	500
1 DIRECT SUPPLIES	C	ADULTS & PEDIATRICS	30		9,621	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					9,621	500
1 PATIENT SCHEDULING / TRANSPORT	D	A&G - NON IR	5.01	382,486	35,284	1
2 WHEATON OUTPATIENT	D					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				382,486	35,284	500
1 STAFF RECLASS	E	EMPLOYEE BENEFITS	4	2,403		1
2 A&G - NON IR			5.01	120		2
3 ADMITTING			5.05	329,769		3
4 ADULTS & PEDIATRICS			30	27,863		4
5 COMPREHENSIVE OUTPATIENT CENT			90.04	34,925		5
6 WHEATON OUTPATIENT			90.03	64,497		6
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				459,577		500
1 CROSS DEPARTMENT RECLASS	F	ADULTS & PEDIATRICS	30	170,900		1
2 ADULTS & PEDIATRICS			30	455,854		2
3 ADULTS & PEDIATRICS			30	155,838		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				782,592		500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SPACE RECLASS	G	OPERATION OF PLANT	7		255,769	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
500 TOTAL RECLASSIFICATIONS					255,769	500
CODE LETTER - G						
1 SPACE RECLASS NEW HOSPITAL	H	OPERATION OF PLANT	7		1,304,272	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
500 TOTAL RECLASSIFICATIONS					1,304,272	500
CODE LETTER - H						
1 LIBRARY EXPENSE RECLASS	I	A&G - NON IR	5.01		125,031	1
500 TOTAL RECLASSIFICATIONS					125,031	500
CODE LETTER - I						
1 SNF COST ALLOCATION	J	SKILLED NURSING FACILITY	44		385,893	1
2		SKILLED NURSING FACILITY	44		29,843	2
3		SKILLED NURSING FACILITY	44		228,113	3
4		SKILLED NURSING FACILITY	44		15,123	4
5		SKILLED NURSING FACILITY	44		13,944	5
6		SKILLED NURSING FACILITY	44		4,713	6
7		SKILLED NURSING FACILITY	44		92,243	7
500 TOTAL RECLASSIFICATIONS					769,872	500
CODE LETTER - J						
1 INTEREST EXPENSE RECLASS	K	A&G IR RELATED	5.07		1,457,417	1
500 TOTAL RECLASSIFICATIONS					1,457,417	500
CODE LETTER - K						
GRAND TOTAL (DECREASES)				1,624,655	9,820,597	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	877,110					877,110	
2 LAND IMPROVEMENTS							
3 BUILDINGS AND FIXTURES	76,935,899	49,581,834		49,581,834		126,517,733	
4 BUILDING IMPROVEMENTS							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	11,324,499	598,520		598,520	2,272,006	9,651,013	
7 HIT DESIGNATED ASSETS							
8 SUBTOTAL (SUM OF LINES 1-7)	89,137,508	50,180,354		50,180,354	2,272,006	137,045,856	
9 RECONCILING ITEMS							
10 TOTAL (LINE 7 MINUS LINE 9)	89,137,508	50,180,354		50,180,354	2,272,006	137,045,856	

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	2,623,645						2,623,645
2 CAP REL COSTS-MVBLE EQUIP	799,827						799,827
3 TOTAL (SUM OF LINES 1-2)	3,423,472						3,423,472

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	2,623,645		2,623,645	0.766370				
2 CAP REL COSTS-MVBLE EQUIP	799,827		799,827	0.233630				
3 TOTAL (SUM OF LINES 1-2)	3,423,472		3,423,472	1.000000				

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	2,623,645						2,623,645
2 CAP REL COSTS-MVBLE EQUIP	799,827					6,478	806,305
3 TOTAL	3,423,472					6,478	3,429,950

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-65,487			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	584,601			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-675,871	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-180,526	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.01 OPERATING REVENUE	B	-61	EMPLOYEE BENEFITS	4	33.01
33.02 OPERATING REVENUE	B	-55,553	A&G - NON IR	5.01	33.02
33.03 OPERATING REVENUE	B	-29,326	PATIENT FINANCIAL SERVICES	5.06	33.03
33.04 OPERATING REVENUE	B	-1,774,479	A&G IR RELATED	5.07	33.04
33.05 OPERATING REVENUE	B	-166,968	OPERATION OF PLANT	7	33.05
33.06 OPERATING REVENUE	B	-291,785	I&R SRVCES-OTHER PRGM COSTS APP	22	33.06
33.07 OPERATING REVENUE	B	-53,924	ADULTS & PEDIATRICS	30	33.07
33.08 OPERATING REVENUE	B	-17,588	WHEATON OUTPATIENT	90.03	33.08
33.09 OPERATING REVENUE	B	-439	COMPREHENSIVE OUTPATIENT CENTER	90.04	33.09
33.10 OPERATING REVENUE/REFUNDS	B	-6,308	PURCHASING	5.04	33.10
33.11 OPERATING REVENUE/REFUNDS	B	-47,266	CAFETERIA	11	33.11
33.12 OPERATING REVENUE/REFUNDS	B	-43,908	DRUGS CHARGED TO PATIENTS	73	33.12
34					34
34.01 TRANSPORTATION EXPENSES	A	-52,601	ADULTS & PEDIATRICS	30	34.01
34.02 TRANSPORTATION EXPENSES	A	-98,655	WHEATON OUTPATIENT	90.03	34.02
34.03 TRANSPORTATION EXPENSES	A	-49,879	COMPREHENSIVE OUTPATIENT CENTER	90.04	34.03
34.04 TRANSPORTATION EXPENSES	A	-6,579	RESTHAVEN CENTRAL OP	191.08	34.04
34.05 TRANSPORTATION EXPENSES	A	-19,104	RESTHAVEN WEST SNF	191.16	34.05
34.06 TRANSPORTATION EXPENSES	A	-466,840	A&G - NON IR	5.01	34.06
35					35
36 FUND RAISING	A	-238,749	A&G - NON IR	5.01	36
37 MARKETING	A	-276,076	A&G IR RELATED	5.07	37
38 CAPITAL RELATED COST	A	6,478	CAP REL COSTS-MVBLE EQUIP	2	38
39 RMC LEASE	A	-121,941	OPERATION OF PLANT	7	39
40					40
40.01 OTHER NON ALLOWABLE COSTS	A	-3,552	THERAPEUTIC RECREATION	18	40.01
40.02 OTHER NON ALLOWABLE COSTS	A	-4,832	A&G IR RELATED	5.07	40.02
40.03 OTHER NON ALLOWABLE COSTS	A	-14,949	RESEARCH	191	40.03

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
41						41
42	OBT LEASE	A	-153,255	A&G - NON IR	5.01	42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-4,325,422			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
4.02	7	OPERATION OF PLANT	OLA - RENT	6,474	6,474	4.02
4.04	5.07	A&G IR RELATED	HOME OFFICE ASSESSMENT	14,858,203	14,389,126	4.04
4.05	5.07	A&G IR RELATED	WFH SE WISCONSIN	323,366	207,842	4.05
5		TOTALS (SUM OF LINES 1-4)		15,188,043	14,603,442	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.			584,601	

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	
6	B OLA		OUR LADY OF ANGELS		MOTHERHOUSE	6
7	B WFH		WHEATON FRANCISCAN HEALTHCARE		HOME OFFICE	7
8	B RMC		REHAB MEDICINE CLINIC		PHYSICIAN GROUP	8
9	B WFH SE WISCONSIN		WFH SE WISCONSIN			9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
2	30 ADULTS & PEDIATRICS	INFECTION CONTR	60,000		60,000	177,200	400	34,077	1,704	2
3	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY/EKG	2,471							3
4	69 ELECTROCARDIOLOGY									4
5	30 ADULTS & PEDIATRICS	RMC - MEDICAL M	592,717		592,717	177,200	6,522	555,624	27,781	5
6	90 CLINIC	RMC - CMG								6
7	90.04 COMPREHENSIVE OUTPATIENT	RMC - COMPREHEN								7
200	TOTAL		655,188		652,717		6,922	589,701	29,485	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
2	30 ADULTS & PEDIATRICS					34,077	25,923	25,923	2
3	54 RADIOLOGY-DIAGNOSTIC							2,471	3
4	69 ELECTROCARDIOLOGY								4
5	30 ADULTS & PEDIATRICS					555,624	37,093	37,093	5
6	90 CLINIC								6
7	90.04 COMPREHENSIVE OUTPATIENT								7
200	TOTAL					589,701	63,016	65,487	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	A + G NON INTERE 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,623,645	2,623,645				1
2 CAP REL COSTS-MVBLE EQUIP	806,305		806,305			2
4 EMPLOYEE BENEFITS	4,845,839			4,845,839		4
5.01 A&G - NON IR	5,099,146	39,340	84,469	295,035	5,517,990	5.01
5.04 PURCHASING	330,437		1,112	36,954		5.04
5.05 ADMITTING	1,300,660	32,060	1,731	175,964		5.05
5.06 PATIENT FINANCIAL SERVICES	736,241		3,373	83,127		5.06
5.07 A&G IR RELATED	5,939,559	44,756	46,460	201,325		5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,174,074	220,726	130,505	41,498		7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,044,939	22,498	6,517	91,258		9
10 DIETARY	977,528	93,401		140,081		10
11 CAFETERIA	608,216		18,193			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	533,609		652	65,664		13
14 CENTRAL SERVICES & SUPPLY	302,920	101,099	11,820	21,966		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,390,644		6,364	133,134		16
17 SOCIAL SERVICE	459,577					17
18 THERAPEUTIC RECREATION	77,159	11,619	1,630	9,186		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	796,755		184	128,689		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	240,771					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,213,658	1,484,532	185,047	1,319,463	2,015,653	30
44 SKILLED NURSING FACILITY	1,771,619	250,697	443	207,399	656,922	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	361,355		43,257	12,437	81,047	54
60 LABORATORY	875,315				223,576	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	432,744		2,779	27,871	217,051	65
66 PHYSICAL THERAPY	2,150,392	124,690	17,011	265,868	639,450	66
67 OCCUPATIONAL THERAPY	1,812,633	109,230	3,148	224,290	624,781	67
68 SPEECH PATHOLOGY	876,176	33,169	11,260	107,544	494,769	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	728,134				142,044	71
73 DRUGS CHARGED TO PATIENTS	1,754,732	47,295	16,460	125,564	413,497	73
73.03 VOCATIONAL SERVICES	47,829		752	6,084	197	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	64,184				9,003	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	2,043,726		85,288	240,814		90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	1,789,573		31,263	224,003		90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	57,210,094	2,615,112	709,718	4,185,218	5,517,990	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,270	8,533				190
191 RESEARCH	207,111			24,992		191
191.08 RESTHAVEN CENTRAL OP	250,360		10,213	30,477		191.08
191.10 RESTHAVEN CENTRAL SNF	2,144,609		2,409	273,751		191.10
191.14 CONTRACTED MGMT	598,129		616	76,173		191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	1,842,203		4,002	229,602		191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	542,697		79,347	25,626		191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	62,801,473	2,623,645	806,305	4,845,839	5,517,990	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	PATIENT FINANCIAL SERVICES	SUBTOTAL (COLS.0-4)	A + G INTEREHAB RELATED	
	5.04	5.05	5.06	4A	5.07	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING	368,503					5.04
5.05 ADMITTING	7,597	1,518,012				5.05
5.06 PATIENT FINANCIAL SERVICES	402		823,143			5.06
5.07 A&G IR RELATED	24,181			6,256,281	6,256,281	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	26,343			1,593,146	176,269	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	45,439			1,210,651	133,949	9
10 DIETARY	4,754			1,215,764	134,515	10
11 CAFETERIA				626,409	69,307	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,344			602,269	66,636	13
14 CENTRAL SERVICES & SUPPLY	32,583			470,388	52,045	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	7,946			1,538,088	170,177	16
17 SOCIAL SERVICE				459,577	50,849	17
18 THERAPEUTIC RECREATION	7			99,601	11,020	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				925,628	102,413	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	4,676			245,447	27,157	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	71,918	501,241	271,805	19,063,317	2,109,212	30
44 SKILLED NURSING FACILITY	1,748	151,469	82,133	3,122,430	345,472	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	2,975	18,687	10,133	529,891	58,628	54
60 LABORATORY		51,551	27,953	1,178,395	130,380	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,135	50,046	27,137	763,763	84,504	65
66 PHYSICAL THERAPY	2,727	150,490	81,602	3,432,230	379,749	66
67 OCCUPATIONAL THERAPY	2,147	144,058	78,114	2,998,401	331,749	67
68 SPEECH PATHOLOGY	4,562	115,383	62,566	1,705,429	188,692	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	93,041	32,752	17,759	1,013,730	112,161	71
73 DRUGS CHARGED TO PATIENTS	2,747	95,341	51,698	2,507,334	277,416	73
73.03 VOCATIONAL SERVICES	162	45	25	55,094	6,096	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS		2,076	1,126	76,389	8,452	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	6,686	107,927	58,523	2,542,964	281,359	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	5,527	96,946	52,569	2,199,881	243,399	90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	356,647	1,518,012	823,143	56,432,497	5,551,606	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	189			14,992	1,659	190
191 RESEARCH				232,103	25,680	191
191.08 RESTHAVEN CENTRAL OP	849			291,899	32,296	191.08
191.10 RESTHAVEN CENTRAL SNF	1,145			2,421,914	267,965	191.10
191.14 CONTRACTED MGMT	35			674,953	74,678	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	4,289			2,080,096	230,146	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	5,349			653,019	72,251	191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	368,503	1,518,012	823,143	62,801,473	6,256,281	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING						5.05
5.06 PATIENT FINANCIAL SERVICES						5.06
5.07 A&G IR RELATED						5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,769,415					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	17,409	1,362,009				9
10 DIETARY	72,270	56,183	1,478,732			10
11 CAFETERIA				695,716		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					668,905	13
14 CENTRAL SERVICES & SUPPLY	78,226	60,813				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	8,990	6,989				18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,148,677	892,980	1,478,732	695,716	668,905	30
44 SKILLED NURSING FACILITY	193,981	150,801				44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY	96,481	75,004				66
67 OCCUPATIONAL THERAPY	84,518	65,705				67
68 SPEECH PATHOLOGY	25,665	19,952				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	36,595	28,449				73
73.03 VOCATIONAL SERVICES						73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT						90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER						90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,762,812	1,356,876	1,478,732	695,716	668,905	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,603	5,133				190
191 RESEARCH						191
191.08 RESTHAVEN CENTRAL OP						191.08
191.10 RESTHAVEN CENTRAL SNF						191.10
191.14 CONTRACTED MGMT						191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF						191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND						191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,769,415	1,362,009	1,478,732	695,716	668,905	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	THERAPEUTI RECREATION 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING						5.05
5.06 PATIENT FINANCIAL SERVICES						5.06
5.07 A&G IR RELATED						5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	661,472					14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,251	1,713,516				16
17 SOCIAL SERVICE			510,426			17
18 THERAPEUTIC RECREATION				126,600		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					1,028,041	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	933					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	92,788	565,799	510,426	126,600	1,028,041	30
44 SKILLED NURSING FACILITY	1,272	170,976				44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	38	21,094				54
60 LABORATORY	308	58,190				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	62	56,491				65
66 PHYSICAL THERAPY	4,892	169,871				66
67 OCCUPATIONAL THERAPY	3,758	162,610				67
68 SPEECH PATHOLOGY	2,023	130,243				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	525,537	36,970				71
73 DRUGS CHARGED TO PATIENTS	8,096	107,620				73
73.03 VOCATIONAL SERVICES		51				73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	1,460	2,343				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	12,983	121,827				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	1,291	109,431				90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	660,692	1,713,516	510,426	126,600	1,028,041	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	19					191
191.08 RESTHAVEN CENTRAL OP	128					191.08
191.10 RESTHAVEN CENTRAL SNF	120					191.10
191.14 CONTRACTED MGMT						191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	269					191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	244					191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	661,472	1,713,516	510,426	126,600	1,028,041	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 A&G - NON IR					5.01
5.04 PURCHASING					5.04
5.05 ADMITTING					5.05
5.06 PATIENT FINANCIAL SERVICES					5.06
5.07 A&G IR RELATED					5.07
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 THERAPEUTIC RECREATION					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	273,537				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	273,537	28,654,730	-1,301,578	27,353,152	30
44 SKILLED NURSING FACILITY		3,984,932		3,984,932	44
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC		609,651		609,651	54
60 LABORATORY		1,367,273		1,367,273	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		904,820		904,820	65
66 PHYSICAL THERAPY		4,158,227		4,158,227	66
67 OCCUPATIONAL THERAPY		3,646,741		3,646,741	67
68 SPEECH PATHOLOGY		2,072,004		2,072,004	68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,688,398		1,688,398	71
73 DRUGS CHARGED TO PATIENTS		2,965,510		2,965,510	73
73.03 VOCATIONAL SERVICES		61,241		61,241	73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS		88,644		88,644	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.03 WHEATON OUTPATIENT		2,959,133		2,959,133	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		2,554,002		2,554,002	90.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	273,537	55,715,306	-1,301,578	54,413,728	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,387		28,387	190
191 RESEARCH		257,802		257,802	191
191.08 RESTHAVEN CENTRAL OP		324,323		324,323	191.08
191.10 RESTHAVEN CENTRAL SNF		2,689,999		2,689,999	191.10
191.14 CONTRACTED MGMT		749,631		749,631	191.14
191.15 RESTHAVEN SOUTH					191.15
191.16 RESTHAVEN WEST SNF		2,310,511		2,310,511	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR					191.17
191.18 MRH SNF					191.18
191.19 SPECIAL PURPOSE FUND		725,514		725,514	191.19
191.20 OTHER NON ALLOWABLE					191.20
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	273,537	62,801,473	-1,301,578	61,499,895	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	7,222			7,222	7,222	4
5.01 A&G - NON IR	26,501	39,340	84,469	150,310	439	5.01
5.04 PURCHASING	2,251		1,112	3,363	55	5.04
5.05 ADMITTING		32,060	1,731	33,791	262	5.05
5.06 PATIENT FINANCIAL SERVICES	4,900		3,373	8,273	124	5.06
5.07 A&G IR RELATED	62,492	44,756	46,460	153,708	299	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	23,552	220,726	130,505	374,783	62	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	8,441	22,498	6,517	37,456	136	9
10 DIETARY	21,524	93,401		114,925	208	10
11 CAFETERIA			18,193	18,193		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			652	652	98	13
14 CENTRAL SERVICES & SUPPLY		101,099	11,820	112,919	33	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,449		6,364	15,813	198	16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION		11,619	1,630	13,249	14	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,224		184	3,408	191	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,682	1,484,532	185,047	1,686,261	1,980	30
44 SKILLED NURSING FACILITY		250,697	443	251,140	308	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	1,547		43,257	44,804	18	54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			2,779	2,779	41	65
66 PHYSICAL THERAPY		124,690	17,011	141,701	395	66
67 OCCUPATIONAL THERAPY	410	109,230	3,148	112,788	333	67
68 SPEECH PATHOLOGY	586	33,169	11,260	45,015	160	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS		47,295	16,460	63,755	187	73
73.03 VOCATIONAL SERVICES			752	752	9	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	65,112		85,288	150,400	358	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER			31,263	31,263	333	90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	253,893	2,615,112	709,718	3,578,723	6,241	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,533		8,533		190
191 RESEARCH	938			938	37	191
191.08 RESTHAVEN CENTRAL OP			10,213	10,213	45	191.08
191.10 RESTHAVEN CENTRAL SNF			2,409	2,409	407	191.10
191.14 CONTRACTED MGMT			616	616	113	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF			4,002	4,002	341	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	938		79,347	80,285	38	191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	255,769	2,623,645	806,305	3,685,719	7,222	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	A + G NON INTERE 5.01	PURCHASING 5.04	ADMITTING 5.05	PATIENT FINANCIAL SERVICES 5.06	A + G INTEREHAB RELATED 5.07	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR	150,749					5.01
5.04 PURCHASING		3,418				5.04
5.05 ADMITTING		70	34,123			5.05
5.06 PATIENT FINANCIAL SERVICES		4		8,401		5.06
5.07 A&G IR RELATED		224			154,231	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		244			4,346	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		421			3,303	9
10 DIETARY		44			3,317	10
11 CAFETERIA					1,709	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		22			1,643	13
14 CENTRAL SERVICES & SUPPLY		302			1,283	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		74			4,196	16
17 SOCIAL SERVICE					1,254	17
18 THERAPEUTIC RECREATION					272	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					2,525	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		43			670	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,088	667	11,274	2,795	51,980	30
44 SKILLED NURSING FACILITY	17,943	16	3,404	835	8,518	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	2,214	28	420	103	1,446	54
60 LABORATORY	6,107		1,158	284	3,215	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,928	57	1,125	276	2,084	65
66 PHYSICAL THERAPY	17,465	25	3,382	830	9,363	66
67 OCCUPATIONAL THERAPY	17,065	20	3,237	794	8,180	67
68 SPEECH PATHOLOGY	13,514	42	2,593	636	4,652	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,880	865	736	181	2,765	71
73 DRUGS CHARGED TO PATIENTS	11,294	25	2,142	526	6,840	73
73.03 VOCATIONAL SERVICES	5	1	1		150	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	246		47	11	208	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT		62	2,425	595	6,937	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		51	2,179	535	6,001	90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	150,749	3,307	34,123	8,401	136,857	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2			41	190
191 RESEARCH					633	191
191.08 RESTHAVEN CENTRAL OP		8			796	191.08
191.10 RESTHAVEN CENTRAL SNF		11			6,607	191.10
191.14 CONTRACTED MGMT					1,841	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF		40			5,675	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND		50			1,781	191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	150,749	3,418	34,123	8,401	154,231	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	HOUSE-	DIETARY	CAFETERIA	NURSING	
	OF PLANT	KEEPING			ADMINIS-	
	7	9	10	11	TRATION	
					13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING						5.05
5.06 PATIENT FINANCIAL SERVICES						5.06
5.07 A&G IR RELATED						5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	379,435					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	3,733	45,049				9
10 DIETARY	15,498	1,858	135,850			10
11 CAFETERIA				19,902		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					2,415	13
14 CENTRAL SERVICES & SUPPLY	16,775	2,011				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	1,928	231				18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	246,323	29,536	135,850	19,902	2,415	30
44 SKILLED NURSING FACILITY	41,597	4,988				44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC						54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY	20,689	2,481				66
67 OCCUPATIONAL THERAPY	18,124	2,173				67
68 SPEECH PATHOLOGY	5,504	660				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	7,848	941				73
73.03 VOCATIONAL SERVICES						73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT						90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER						90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	378,019	44,879	135,850	19,902	2,415	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,416	170				190
191 RESEARCH						191
191.08 RESTHAVEN CENTRAL OP						191.08
191.10 RESTHAVEN CENTRAL SNF						191.10
191.14 CONTRACTED MGMT						191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF						191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND						191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	379,435	45,049	135,850	19,902	2,415	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	THERAPEUTI RECREATION 18	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING						5.05
5.06 PATIENT FINANCIAL SERVICES						5.06
5.07 A&G IR RELATED						5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	133,323					14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,058	21,339				16
17 SOCIAL SERVICE			1,254			17
18 THERAPEUTIC RECREATION				15,694		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					6,124	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	188					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,702	7,020	1,254	15,694		30
44 SKILLED NURSING FACILITY	256	2,133				44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	8	263				54
60 LABORATORY	62	726				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	12	705				65
66 PHYSICAL THERAPY	986	2,119				66
67 OCCUPATIONAL THERAPY	757	2,029				67
68 SPEECH PATHOLOGY	408	1,625				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	105,926	461				71
73 DRUGS CHARGED TO PATIENTS	1,632	1,343				73
73.03 VOCATIONAL SERVICES		1				73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	294	29				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	2,617	1,520				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	260	1,365				90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	133,166	21,339	1,254	15,694		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH		4				191
191.08 RESTHAVEN CENTRAL OP		26				191.08
191.10 RESTHAVEN CENTRAL SNF		24				191.10
191.14 CONTRACTED MGMT						191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF		54				191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND		49				191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS					6,124	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	133,323	21,339	1,254	15,694	6,124	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 A&G - NON IR					5.01
5.04 PURCHASING					5.04
5.05 ADMITTING					5.05
5.06 PATIENT FINANCIAL SERVICES					5.06
5.07 A&G IR RELATED					5.07
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 THERAPEUTIC RECREATION					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	901				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		2,286,741		2,286,741	30
44 SKILLED NURSING FACILITY		331,138		331,138	44
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC		49,304		49,304	54
60 LABORATORY		11,552		11,552	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		13,007		13,007	65
66 PHYSICAL THERAPY		199,436		199,436	66
67 OCCUPATIONAL THERAPY		165,500		165,500	67
68 SPEECH PATHOLOGY		74,809		74,809	68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		114,814		114,814	71
73 DRUGS CHARGED TO PATIENTS		96,533		96,533	73
73.03 VOCATIONAL SERVICES		919		919	73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS		835		835	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.03 WHEATON OUTPATIENT		164,914		164,914	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		41,987		41,987	90.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
118 SUBTOTALS (SUM OF LINES 1-117)		3,551,489		3,551,489	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,162		10,162	190
191 RESEARCH		1,612		1,612	191
191.08 RESTHAVEN CENTRAL OP		11,088		11,088	191.08
191.10 RESTHAVEN CENTRAL SNF		9,458		9,458	191.10
191.14 CONTRACTED MGMT		2,570		2,570	191.14
191.15 RESTHAVEN SOUTH					191.15
191.16 RESTHAVEN WEST SNF		10,112		10,112	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR					191.17
191.18 MRH SNF					191.18
191.19 SPECIAL PURPOSE FUND		82,203		82,203	191.19
191.20 OTHER NON ALLOWABLE					191.20
200 CROSS FOOT ADJUSTMENTS	901	7,025		7,025	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	901	3,685,719		3,685,719	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	A + G NON INTERE INPATIENT REVENUE 5.01	PURCHASING REQUISITI COST 5.04	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,623,645	806,305	4,845,839	5,517,990	368,503	202
203	UNIT COST MULT-WS B PT I	16.070348	1.196858	0.137879	0.073920	0.591866	203
204	COST TO BE ALLOC PER B PT II			7,222	150,749	3,418	204
205	UNIT COST MULT-WS B PT II			0.000205	0.002019	0.005490	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON- CILIATION	A + G	OPERATION	
	TOTAL CHARGES 5.05	FINANCIAL SERVICES TOTAL CHARGES 5.06		INTEREHAB RELATED ACCUM COST 5.07	OF PLANT	
			5A.07		SQUARE FEET 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING	89,066,890					5.05
5.06 PATIENT FINANCIAL SERVICES		89,066,890				5.06
5.07 A&G IR RELATED			-6,256,281	56,545,192		5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT				1,593,146	142,297	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING				1,210,651	1,400	9
10 DIETARY				1,215,764	5,812	10
11 CAFETERIA				626,409		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				602,269		13
14 CENTRAL SERVICES & SUPPLY				470,388	6,291	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY				1,538,088		16
17 SOCIAL SERVICE				459,577		17
18 THERAPEUTIC RECREATION				99,601	723	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				925,628		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				245,447		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,411,141	29,411,141		19,063,317	92,377	30
44 SKILLED NURSING FACILITY	8,886,927	8,886,927		3,122,430	15,600	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	1,096,409	1,096,409		529,891		54
60 LABORATORY	3,024,571	3,024,571		1,178,395		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,936,301	2,936,301		763,763		65
66 PHYSICAL THERAPY	8,829,513	8,829,513		3,432,230	7,759	66
67 OCCUPATIONAL THERAPY	8,452,120	8,452,120		2,998,401	6,797	67
68 SPEECH PATHOLOGY	6,769,740	6,769,740		1,705,429	2,064	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,921,592	1,921,592		1,013,730		71
73 DRUGS CHARGED TO PATIENTS	5,593,843	5,593,843		2,507,334	2,943	73
73.03 VOCATIONAL SERVICES	2,668	2,668		55,094		73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	121,794	121,794		76,389		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	6,332,270	6,332,270		2,542,964		90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	5,688,001	5,688,001		2,199,881		90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	89,066,890	89,066,890	-6,256,281	50,176,216	141,766	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				14,992	531	190
191 RESEARCH				232,103		191
191.08 RESTHAVEN CENTRAL OP				291,899		191.08
191.10 RESTHAVEN CENTRAL SNF				2,421,914		191.10
191.14 CONTRACTED MGMT				674,953		191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF				2,080,096		191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND				653,019		191.19
191.20 OTHER NON ALLOWABLE						191.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMITTING	PATIENT FINANCIAL SERVICES TOTAL CHARGES	RECON- CILIATION	A + G INTEREHAB RELATED ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		5.05	5.06	5A.07	5.07	7	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,518,012	823,143		6,256,281	1,769,415	202
203	UNIT COST MULT-WS B PT I	0.017044	0.009242		0.110642	12.434661	203
204	COST TO BE ALLOC PER B PT II	34,123	8,401		154,231	379,435	204
205	UNIT COST MULT-WS B PT II	0.000383	0.000094		0.002728	2.666500	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	SQUARE FEET	MEALS SERVED	MEALS SERVED			
	9	10	11	13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING						5.05
5.06 PATIENT FINANCIAL SERVICES						5.06
5.07 A&G IR RELATED						5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	140,897					9
10 DIETARY	5,812	100				10
11 CAFETERIA			100			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				100		13
14 CENTRAL SERVICES & SUPPLY	6,291				418,244	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY					3,320	16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	723					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					590	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	92,377	100	100	100	58,669	30
44 SKILLED NURSING FACILITY	15,600				804	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC					24	54
60 LABORATORY					195	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					39	65
66 PHYSICAL THERAPY	7,759				3,093	66
67 OCCUPATIONAL THERAPY	6,797				2,376	67
68 SPEECH PATHOLOGY	2,064				1,279	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					332,295	71
73 DRUGS CHARGED TO PATIENTS	2,943				5,119	73
73.03 VOCATIONAL SERVICES						73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS					923	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT					8,209	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER					816	90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	140,366	100	100	100	417,751	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	531					190
191 RESEARCH					12	191
191.08 RESTHAVEN CENTRAL OP					81	191.08
191.10 RESTHAVEN CENTRAL SNF					76	191.10
191.14 CONTRACTED MGMT						191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF					170	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND					154	191.19
191.20 OTHER NON ALLOWABLE						191.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		SQUARE FEET	MEALS SERVED	MEALS SERVED	NRSING HRS		
200	CROSS FOOT ADJUSTMENTS	9	10	11	13	14	200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,362,009	1,478,732	695,716	668,905	661,472	202
203	UNIT COST MULT-WS B PT I	9.666700	14,787.320000	6,957.160000	6,689.050000	1.581546	203
204	COST TO BE ALLOC PER B PT II	45,049	135,850	19,902	2,415	133,323	204
205	UNIT COST MULT-WS B PT II	0.319730	1,358.500000	199.020000	24.150000	0.318768	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	THERAPEUTI RECREATION TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
	16	17	18	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 A&G - NON IR						5.01
5.04 PURCHASING						5.04
5.05 ADMITTING						5.05
5.06 PATIENT FINANCIAL SERVICES						5.06
5.07 A&G IR RELATED						5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	89,066,890					16
17 SOCIAL SERVICE		100				17
18 THERAPEUTIC RECREATION			100			18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				100		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					100	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,411,141	100	100	100	100	30
44 SKILLED NURSING FACILITY	8,886,927					44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	1,096,409					54
60 LABORATORY	3,024,571					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,936,301					65
66 PHYSICAL THERAPY	8,829,513					66
67 OCCUPATIONAL THERAPY	8,452,120					67
68 SPEECH PATHOLOGY	6,769,740					68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,921,592					71
73 DRUGS CHARGED TO PATIENTS	5,593,843					73
73.03 VOCATIONAL SERVICES	2,668					73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	121,794					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	6,332,270					90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	5,688,001					90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	89,066,890	100	100	100	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
191.08 RESTHAVEN CENTRAL OP						191.08
191.10 RESTHAVEN CENTRAL SNF						191.10
191.14 CONTRACTED MGMT						191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF						191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND						191.19
191.20 OTHER NON ALLOWABLE						191.20

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WORKSHEET B-1

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	THERAPEUTI RECREATION TIME 18	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,713,516	510,426	126,600	1,028,041	273,537	202
203	UNIT COST MULT-WS B PT I	0.019239	5,104.260000	1,266.000000	10,280.410000	2,735.370000	203
204	COST TO BE ALLOC PER B PT II	21,339	1,254	15,694	6,124	901	204
205	UNIT COST MULT-WS B PT II	0.000240	12.540000	156.940000	61.240000	9.010000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 CAP REL COSTS-BLDG & FIXT	1
2 CAP REL COSTS-MVBLE EQUIP	2
4 EMPLOYEE BENEFITS	4
5.01 A&G - NON IR	5.01
5.04 PURCHASING	5.04
5.05 ADMITTING	5.05
5.06 PATIENT FINANCIAL SERVICES	5.06
5.07 A&G IR RELATED	5.07
6 MAINTENANCE & REPAIRS	6
7 OPERATION OF PLANT	7
8 LAUNDRY & LINEN SERVICE	8
9 HOUSEKEEPING	9
10 DIETARY	10
11 CAFETERIA	11
12 MAINTENANCE OF PERSONNEL	12
13 NURSING ADMINISTRATION	13
14 CENTRAL SERVICES & SUPPLY	14
15 PHARMACY	15
16 MEDICAL RECORDS & LIBRARY	16
17 SOCIAL SERVICE	17
18 THERAPEUTIC RECREATION	18
19 NONPHYSICIAN ANESTHETISTS	19
20 NURSING SCHOOL	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23 PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS	
30 ADULTS & PEDIATRICS	30
44 SKILLED NURSING FACILITY	44
ANCILLARY SERVICE COST CENTERS	
54 RADIOLOGY-DIAGNOSTIC	54
60 LABORATORY	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65 RESPIRATORY THERAPY	65
66 PHYSICAL THERAPY	66
67 OCCUPATIONAL THERAPY	67
68 SPEECH PATHOLOGY	68
69 ELECTROCARDIOLOGY	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71
73 DRUGS CHARGED TO PATIENTS	73
73.03 VOCATIONAL SERVICES	73.03
73.04 OTHER OUTSIDE SERVICES	73.04
74 RENAL DIALYSIS	74
76.97 CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	76.98
76.99 LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS	
90 CLINIC	90
90.03 WHEATON OUTPATIENT	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	90.04
92 OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS	
99.10 CORF	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	99.40
SPECIAL PURPOSE COST CENTERS	
118 SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS	
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
191 RESEARCH	191
191.08 RESTHAVEN CENTRAL OP	191.08
191.10 RESTHAVEN CENTRAL SNF	191.10
191.14 CONTRACTED MGMT	191.14
191.15 RESTHAVEN SOUTH	191.15
191.16 RESTHAVEN WEST SNF	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR	191.17
191.18 MRH SNF	191.18
191.19 SPECIAL PURPOSE FUND	191.19
191.20 OTHER NON ALLOWABLE	191.20

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,353,152		27,353,152	63,016	27,416,168	30
44 SKILLED NURSING FACILITY	3,984,932		3,984,932		3,984,932	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	609,651		609,651		609,651	54
60 LABORATORY	1,367,273		1,367,273		1,367,273	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	904,820		904,820		904,820	65
66 PHYSICAL THERAPY	4,158,227		4,158,227		4,158,227	66
67 OCCUPATIONAL THERAPY	3,646,741		3,646,741		3,646,741	67
68 SPEECH PATHOLOGY	2,072,004		2,072,004		2,072,004	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO	1,688,398		1,688,398		1,688,398	71
73 DRUGS CHARGED TO PATIENTS	2,965,510		2,965,510		2,965,510	73
73.03 VOCATIONAL SERVICES	61,241		61,241		61,241	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	88,644		88,644		88,644	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	2,959,133		2,959,133		2,959,133	90.03
90.04 COMPREHENSIVE OUTPATIENT CE	2,554,002		2,554,002		2,554,002	90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	54,413,728		54,413,728	63,016	54,476,744	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	54,413,728		54,413,728	63,016	54,476,744	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,268,279		27,268,279			30
44 SKILLED NURSING FACILITY	8,886,927		8,886,927			44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	1,096,409		1,096,409	0.556043	0.556043	0.556043 54
60 LABORATORY	3,024,571		3,024,571	0.452055	0.452055	0.452055 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,936,301		2,936,301	0.308150	0.308150	0.308150 65
66 PHYSICAL THERAPY	8,650,565	178,948	8,829,513	0.470946	0.470946	0.470946 66
67 OCCUPATIONAL THERAPY	8,452,120		8,452,120	0.431459	0.431459	0.431459 67
68 SPEECH PATHOLOGY	6,693,308	76,432	6,769,740	0.306068	0.306068	0.306068 68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO	1,921,592		1,921,592	0.878645	0.878645	0.878645 71
73 DRUGS CHARGED TO PATIENTS	5,593,843		5,593,843	0.530138	0.530138	0.530138 73
73.03 VOCATIONAL SERVICES	2,668		2,668	22.953898	22.953898	22.953898 73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	121,794		121,794	0.727819	0.727819	0.727819 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT		8,475,132	8,475,132	0.349155	0.349155	0.349155 90.03
90.04 COMPREHENSIVE OUTPATIENT CE		5,688,001	5,688,001	0.449016	0.449016	0.449016 90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	74,648,377	14,418,513	89,066,890			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	74,648,377	14,418,513	89,066,890			202

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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3					
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	2,286,741		2,286,741	35,184	64.99	21,238	1,380,258	30
32 INTENSIVE CARE UNIT								31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT								34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY								43
45 SKILLED NURSING FACILITY	331,138		331,138	6,875	48.17	5,262	253,471	44
200 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,617,879		2,617,879	42,059		26,500	1,633,729	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-3027) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	49,304	1,096,409	0.044969	722,248	32,479	54
60 LABORATORY	11,552	3,024,571	0.003819	1,926,659	7,358	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	13,007	2,936,301	0.004430	1,898,732	8,411	65
66 PHYSICAL THERAPY	199,436	8,829,513	0.022587	5,266,517	118,955	66
67 OCCUPATIONAL THERAPY	165,500	8,452,120	0.019581	5,208,603	101,990	67
68 SPEECH PATHOLOGY	74,809	6,769,740	0.011050	4,082,024	45,106	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO PA	114,814	1,921,592	0.059749	1,126,568	67,311	71
73 DRUGS CHARGED TO PATIENTS	96,533	5,593,843	0.017257	3,212,678	55,441	73
73.03 VOCATIONAL SERVICES	919	2,668	0.344453			73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	835	121,794	0.006856	90,505	621	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.03 WHEATON OUTPATIENT	164,914	8,475,132	0.019459			90.03
90.04 COMPREHENSIVE OUTPATIENT CENT	41,987	5,688,001	0.007382			90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	933,610	52,911,684	52,911,684	23,534,534	437,672	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	35,184		21,238		30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY	6,875		5,262		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	42,059		26,500		200

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
 PERIOD FROM 07/01/2010 TO 06/30/2011

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-3027)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS										
54	RADIOLOGY-DIAGNOSTIC					54				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
67	OCCUPATIONAL THERAPY					67				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
71	MEDICAL SUPPLIES CHRGED TO PA					71				
73	DRUGS CHARGED TO PATIENTS					73				
73.03	VOCATIONAL SERVICES					73.03				
73.04	OTHER OUTSIDE SERVICES					73.04				
74	RENAL DIALYSIS					74				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC					90				
90.03	WHEATON OUTPATIENT					90.03				
90.04	COMPREHENSIVE OUTPATIENT CENT					90.04				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX]	HOSPITAL (14-3027)	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[] TITLE XIX	[]	IRF	[]	NF	[]		[]	
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS		
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	PGM COL. 10	(COL. 8 x COL. 10)	COL. 12	(COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
54 RADIOLOGY-DIAGNOSTIC	1,096,409			722,248			54		
60 LABORATORY	3,024,571			1,926,659			60		
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30		
65 RESPIRATORY THERAPY	2,936,301			1,898,732			65		
66 PHYSICAL THERAPY	8,829,513			5,266,517		3,839	66		
67 OCCUPATIONAL THERAPY	8,452,120			5,208,603			67		
68 SPEECH PATHOLOGY	6,769,740			4,082,024			68		
69 ELECTROCARDIOLOGY							69		
71 MEDICAL SUPPLIES CHRGD TO P	1,921,592			1,126,568			71		
73 DRUGS CHARGED TO PATIENTS	5,593,843			3,212,678			73		
73.03 VOCATIONAL SERVICES	2,668						73.03		
73.04 OTHER OUTSIDE SERVICES							73.04		
74 RENAL DIALYSIS	121,794			90,505			74		
76.97 CARDIAC REHABILITATION							76.97		
76.98 HYPERBARIC OXYGEN THERAPY							76.98		
76.99 LITHOTRIPSY							76.99		
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC							90		
90.03 WHEATON OUTPATIENT	8,475,132						90.03		
90.04 COMPREHENSIVE OUTPATIENT CEN	5,688,001					38,228	90.04		
92 OBSERVATION BEDS							92		
OTHER REIMBURSABLE COST CENTERS									
200 TOTAL (SUM OF LINES 50-199)	52,911,684			23,534,534		42,067	200		

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-3027) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
54 RADIOLOGY-DIAGNOSTIC	0.556043						54
60 LABORATORY	0.452055						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.308150						65
66 PHYSICAL THERAPY	0.470946	3,839			1,808		66
67 OCCUPATIONAL THERAPY	0.431459						67
68 SPEECH PATHOLOGY	0.306068						68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.878645						71
73 DRUGS CHARGED TO PATIENTS	0.530138						73
73.03 VOCATIONAL SERVICES	22.953898						73.03
73.04 OTHER OUTSIDE SERVICES							73.04
74 RENAL DIALYSIS	0.727819						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.03 WHEATON OUTPATIENT	0.349155						90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.449016	38,228			17,165		90.04
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		42,067			18,973		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		42,067			18,973		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [] IRF	[] SUB (OTHER) [XX] SNF (14-6129) [] NF	[] ICF/MR	[] PPS [] TEFRA				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
54	RADIOLOGY-DIAGNOSTIC	1,096,409			65,623				54
60	LABORATORY	3,024,571			235,417				60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
65	RESPIRATORY THERAPY	2,936,301			117,706				65
66	PHYSICAL THERAPY	8,829,513			1,255,547				66
67	OCCUPATIONAL THERAPY	8,452,120			1,135,472				67
68	SPEECH PATHOLOGY	6,769,740			189,109				68
69	ELECTROCARDIOLOGY								69
71	MEDICAL SUPPLIES CHRGED TO P	1,921,592			210,801				71
73	DRUGS CHARGED TO PATIENTS	5,593,843			628,569				73
73.03	VOCATIONAL SERVICES	2,668							73.03
73.04	OTHER OUTSIDE SERVICES								73.04
74	RENAL DIALYSIS	121,794							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC								90
90.03	WHEATON OUTPATIENT	8,475,132							90.03
90.04	COMPREHENSIVE OUTPATIENT CEN	5,688,001							90.04
92	OBSERVATION BEDS								92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	52,911,684			3,838,244				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-6129) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
54 RADIOLOGY-DIAGNOSTIC	0.556043						54
60 LABORATORY	0.452055						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.308150						65
66 PHYSICAL THERAPY	0.470946						66
67 OCCUPATIONAL THERAPY	0.431459						67
68 SPEECH PATHOLOGY	0.306068						68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.878645						71
73 DRUGS CHARGED TO PATIENTS	0.530138						73
73.03 VOCATIONAL SERVICES	22.953898						73.03
73.04 OTHER OUTSIDE SERVICES							73.04
74 RENAL DIALYSIS	0.727819						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.03 WHEATON OUTPATIENT	0.349155						90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.449016						90.04
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-3027) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	35,184	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	35,184	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,184	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	21,238	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	27,416,168	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27,416,168	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	27,268,279	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,268,279	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.005423	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	775.02	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	27,416,168	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-3027) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 779.22 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 16,549,074 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 16,549,074 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					10,593,459	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					27,142,533	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,380,258 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 437,672 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,817,930 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 25,324,603 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 779.22 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST							90
91 NURSING SCHOOL COST							91
92 ALLIED HEALTH COST							92
93 ALL OTHER MEDICAL EDUCATION							93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-6129) [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,875	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,875	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,875	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,262	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	3,984,932	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,984,932	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,984,932	37

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSP. & CLINI
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/27/2012 11:31

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-6129) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	3,984,932	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	579.63	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	3,050,013	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,050,013	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,050,013	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,836,713	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,886,726	86

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-3027) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		15,784,879			30
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC	0.556043	722,248	401,601		54
60 LABORATORY	0.452055	1,926,659	870,956		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.308150	1,898,732	585,094		65
66 PHYSICAL THERAPY	0.470946	5,266,517	2,480,245		66
67 OCCUPATIONAL THERAPY	0.431459	5,208,603	2,247,299		67
68 SPEECH PATHOLOGY	0.306068	4,082,024	1,249,377		68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.878645	1,126,568	989,853		71
73 DRUGS CHARGED TO PATIENTS	0.530138	3,212,678	1,703,163		73
73.03 VOCATIONAL SERVICES	22.953898				73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS	0.727819	90,505	65,871		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.03 WHEATON OUTPATIENT	0.349155				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.449016				90.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		23,534,534	10,593,459		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		23,534,534			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-6129) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC	0.556043	65,623	36,489		54
60 LABORATORY	0.452055	235,417	106,421		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.308150	117,706	36,271		65
66 PHYSICAL THERAPY	0.470946	1,255,547	591,295		66
67 OCCUPATIONAL THERAPY	0.431459	1,135,472	489,910		67
68 SPEECH PATHOLOGY	0.306068	189,109	57,880		68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.878645	210,801	185,219		71
73 DRUGS CHARGED TO PATIENTS	0.530138	628,569	333,228		73
73.03 VOCATIONAL SERVICES	22.953898				73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS	0.727819				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.03 WHEATON OUTPATIENT	0.349155				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.449016				90.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,838,244	1,836,713		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,838,244			202

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-3027) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

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		27,855,993		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		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.				
			NONE	3.01
				3.02
	06/13/2011	1,073,418		3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
				3.50
	02/08/2011	177,723		3.51
				3.52
				3.53
				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		895,695		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		28,751,688		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
				5.01
				5.02
				5.03
				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
				5.50
				5.51
				5.52
				5.53
				5.54
				5.55
				5.56
				5.57
				5.58
				5.59
				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [XX] HOSPITAL (14-3027)
APPLICABLE BOX: [] IRF

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	25,534,414	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.009800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	1,134,468	3
4	OUTLIER PAYMENTS	98,408	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	12.75	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	12.59	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	12.59	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	96.394521	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.088072	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	2,248,867	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	29,016,157	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	29,016,157	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	29,016,157	19
20	DEDUCTIBLES	160,320	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	28,855,837	21
22	COINSURANCE	151,861	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	28,703,976	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	28,703,976	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)	595,403	28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	29,299,379	32
33	INTERIM PAYMENTS	28,751,688	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	547,691	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	-168,573 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	168,573 12
13	INPATIENT PRIMARY PAYER PAYMENTS	-2,691,698 13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,860,271 15
16	INTERIM PAYMENTS	2,860,270 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	1 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		13.88 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		13.88 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		12.59 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		12.59 7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	9.71	9.71 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	9.71	9.71 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10
11	TOTAL WEIGHTED FTE COUNT	9.71	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	10.59	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	9.71	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	10.00	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	10.00	17
18	PER RESIDENT AMOUNT	96,349.40	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	963,494	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		963,494 25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	21,238	602
27	TOTAL INPATIENT DAYS	35,184	35,184
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.603627	0.017110
29	PROGRAM DIRECT GME AMOUNT	581,591	16,485
30	REDUCTION FOR NURSING/ALLIED HEALTH		2,329
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
31	NET PROGRAM DIRECT GME AMOUNT		595,747 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		121,794 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		30,192,546 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		-2,691,698 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		32,884,244 41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		18,973 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		18,973 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		32,903,217 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		0.999423 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		0.000577 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		595,747 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		595,403 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		344 50

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	18,387,033			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	9,199,293			4
5	OTHER RECEIVABLES	230,252			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	198,946			7
8	PREPAID EXPENSES	408,171			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	796,416			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	29,220,111			11
FIXED ASSETS					
12	LAND	877,110			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	76,718,746			15
16	ACCUMULATED DEPRECIATION	-16,648,796			16
17	LEASEHOLD IMPROVEMENTS	798,987			17
18	ACCUMULATED AMORTIZATION	-596,141			18
19	FIXED EQUIPMENT	9,651,013			19
20	ACCUMULATED DEPRECIATION	-5,900,810			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	64,900,109			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,500			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	7,500			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	94,127,720			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	4,671,291			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	685,472			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,163,681			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	6,520,444			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	33,936,620			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	353,114			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	34,289,734			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	40,810,178			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	53,317,542			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	53,317,542			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	94,127,720			60

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	65,772,296		65,772,296	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	8,887,168		8,887,168	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	74,659,464		74,659,464	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	74,659,464		74,659,464	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES		14,407,427	14,407,427	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	74,659,464	14,407,427	89,066,891	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		67,126,895	29
30 **ADD (SPECIFY) BAD DEBT EXPENSE	84,628		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		84,628	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		67,211,523	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	89,066,891	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	28,361,359	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	60,705,532	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	67,211,523	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-6,505,991	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	542,151	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (INTEREHAB REVENUE)	5,315,052	24
24.01	OTHER (GRANT AND OTHER REVENUE)	3,037,804	24.01
24.02	OTHER (CONTRACT MANAGEMENT SERVICES)	1,187,236	24.02
24.03	OTHER (NET ASSETS RELEASED)	294,770	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	10,377,013	25
26	TOTAL (LINE 5 PLUS LINE 25)	3,871,022	26
27	OTHER EXPENSES (CONTRIBUTION EXPENSE)	63,600	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	63,600	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	3,807,422	29