

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: 11-26-2012 TIME: 10:32
 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 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL						1
2 SUBPROVIDER - IPF		-433,455	4,595			2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						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		-433,455	4,595			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. & CLINI	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. & CLINI	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: 07/01/2011				TO: 06/30/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	23	1	2
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.		N	N
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

24	25	26	27	35	36	37	38	OUT-OF-STATE MEDICAID						
								IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID HMO PAID DAYS	OTHER MEDICAID PAID DAYS	
IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								1	2	3	4	5	6	24
IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,669											1,217		25
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			26
ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.											1			27
IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.														35
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:		36
IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.														37
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:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

45	46	47	48	V	XVIII	XIX
DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?				1	2	3
IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.				N	N	N
IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	N	N
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	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 2148? 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, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.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	RESPI- RATORY Y 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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
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		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 182,725 PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

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		125
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.			126
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.			127
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.			128
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.			129
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.			130
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.			131
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.			132
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.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

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.	1 Y	2 14H016	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: 00450	141
142	STREET: 26W171 ROOSEVELT ROAD	P.O. BOX: 667		142
143	CITY: WHEATON	STATE: IL	ZIP CODE: 60187	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
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		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

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		167
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.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH			169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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	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)	1 N	2	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.	1 N	2	3 2
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
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
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.	1 N	2	3 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
APPROVED EDUCATIONAL ACTIVITIES				
			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 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	Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	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.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		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	16
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	17
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	18
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	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

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

- | | | | |
|----|--|-----|------|
| | | Y/N | DATE |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | 2 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |
| 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. | N | |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | | | |
|----|---------------|-----------------|--------|--|----|
| 41 | FIRST NAME: | LAST NAME: | TITLE: | | 41 |
| 42 | EMPLOYER: | | | | 42 |
| 43 | PHONE NUMBER: | E-MAIL ADDRESS: | | | 43 |

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	36,393,654		1,257,464.00		1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	1,027,256	40,127			7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	1,582,708		55,453.00		9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,093,222		143,166.00		10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		253,197		3,387.00		11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		12,098,241		67,242.00		14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						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 - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
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		38,779				26
27	ADMINISTRATIVE & GENERAL		5,636,354	-754,130			27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		296,698				30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		682,404				32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,126,756				34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		628,069				38
39	CENTRAL SERVICES AND SUPPLY		159,676				39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		968,310				41
42	SOCIAL SERVICE			503,718			42
43	OTHER GENERAL SERVICE		71,093				43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	35,366,398	-40,127	35,326,271	1,257,464.00	28.09	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	6,675,930		6,675,930	198,619.00	33.61	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	28,690,468	-40,127	28,650,341	1,058,845.00	27.06	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	12,351,438		12,351,438	70,629.00	174.88	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)						5
6	TOTAL (SUM OF LINES 3 THRU 5)	41,041,906	-40,127	41,001,779	1,129,474.00	36.30	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	9,608,139	-250,412	9,357,727			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 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	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 (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	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

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/26/2012 10:32

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 OLTG			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

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX			3
4	RUL			4
5	RVX	132		5
6	RVL			6
7	RHX			7
8	RHL			8
9	RMX			9
10	RML	5		10
11	RLX			11
12	RUC			12
13	RUB	470		13
14	RUA	3,612		14
15	RVC			15
16	RVB	118		16
17	RVA	227		17
18	RHC			18
19	RHB	2		19
20	RHA			20
21	RMC			21
22	RMB	5		22
23	RMA	30		23
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			34
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	1		50
51	CB2			51
52	CB1	5		52
53	CA2			53
54	CA1			54
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

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	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		4,607		4,607 200

		CBSA AT	CBSA ON/AFTER	
		BEGINNING	OCT 1 OF THE	
		OF COST	COST REPORTING	
		REPORTING	PERIOD (IF	
		PERIOD	APPLICABLE)	
		1	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	PERCENTAGE	ASSOCIATED
		1	2	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)	9,273,041		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		2,608,321	2,608,321		1
2	00200		682,598	682,598		2
3	00300					3
4	00400	38,779	52,025	90,804	5,108,563	4
5.01	00590	1,683,324	4,552,941	6,236,265	-756,133	5.01
5.04	00560	287,584	119,103	406,687	-41,968	5.04
5.05	00570	1,503,390	572,487	2,075,877	-542,734	5.05
5.06	00580	630,218	223,794	854,012	-82,091	5.06
5.07	00591	1,531,838	7,660,603	9,192,441	-1,574,908	5.07
6	00600					6
7	00700	296,698	2,628,130	2,924,828	-1,481,400	7
8	00800					8
9	00900	682,404	477,370	1,159,774	-73,717	9
10	01000	1,126,756	1,067,287	2,194,043	-1,244,087	10
11	01100				1,462,157	11
12	01200					12
13	01300	628,069	164,027	792,096	-86,839	13
14	01400	159,676	64,585	224,261	28,157	14
15	01500					15
16	01600	968,310	738,189	1,706,499	-128,025	16
17	01700				503,718	17
18	01850	71,093	17,832	88,925	-4,055	18
19	01900					19
20	02000					20
21	02100	1,027,256		1,027,256	-98,918	21
22	02200		410,011	410,011	86,258	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	9,621,809	3,833,681	13,455,490	277,004	30
44	04400	1,582,708	1,031,641	2,614,349	-764,103	44
ANCILLARY SERVICE COST CENTERS						
54	05400	90,785	72,005	162,790	167,018	54
60	06000		345,679	345,679	407,469	60
62.30	06250					62.30
65	06500	205,165	74,138	279,303	300,340	65
66	06600	2,082,579	460,309	2,542,888	-224,463	66
67	06700	1,650,428	364,369	2,014,797	-176,196	67
68	06800	874,436	201,530	1,075,966	-103,687	68
69	06900					69
71	07100		325,993	325,993	82,096	71
73	07300	947,548	679,380	1,626,928	133,374	73
73.03	03950	43,286	9,152	52,438	-5,989	73.03
73.04	03951					73.04
74	07400		124,167	124,167		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	1,855,821	621,346	2,477,167	-185,413	90.03
90.04	06550	1,710,472	601,966	2,312,438	-275,858	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		31,300,432	30,784,659	62,085,091	705,570	118
NONREIMBURSABLE COST CENTERS						
190	19000		8,525	8,525	4,236	190
191	19100	149,023	51,773	200,796	-19,613	191
191.08	19101	241,280	91,743	333,023	-33,520	191.08
191.10	19110	2,223,090	487,269	2,710,359	-309,084	191.10
191.14	19102	489,423	127,435	616,858	-68,670	191.14
191.15	19103					191.15
191.16	19104	1,870,453	449,225	2,319,678	-262,210	191.16
191.17	19105					191.17
191.18	19106					191.18
191.19	19108	119,953	383,760	503,713	-16,709	191.19
191.20	19109					191.20
200		36,393,654	32,384,389	68,778,043		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	2,608,321		2,608,321	1
2	00200	682,598	3,239	685,837	2
3	00300				3
4	00400	5,199,367	-61	5,199,306	4
5.01	00590	5,480,132	-1,016,893	4,463,239	5.01
5.04	00560	364,719	-5,992	358,727	5.04
5.05	00570	1,533,143		1,533,143	5.05
5.06	00580	771,921	-18,597	753,324	5.06
5.07	00591	7,617,533	744,657	8,362,190	5.07
6	00600				6
7	00700	1,443,428	-291,048	1,152,380	7
8	00800				8
9	00900	1,086,057		1,086,057	9
10	01000	949,956	-666,897	283,059	10
11	01100	1,462,157	-64,992	1,397,165	11
12	01200				12
13	01300	705,257		705,257	13
14	01400	252,418		252,418	14
15	01500				15
16	01600	1,578,474		1,578,474	16
17	01700	503,718		503,718	17
18	01850	84,870		84,870	18
19	01900				19
20	02000				20
21	02100	928,338		928,338	21
22	02200	496,269	-54,939	441,330	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	13,732,494	-389,919	13,342,575	30
44	04400	1,850,246		1,850,246	44
ANCILLARY SERVICE COST CENTERS					
54	05400	329,808	-3,186	326,622	54
60	06000	753,148		753,148	60
62.30	06250				62.30
65	06500	579,643		579,643	65
66	06600	2,318,425		2,318,425	66
67	06700	1,838,601		1,838,601	67
68	06800	972,279		972,279	68
69	06900				69
71	07100	408,089		408,089	71
73	07300	1,760,302	-34,923	1,725,379	73
73.03	03950	46,449		46,449	73.03
73.04	03951				73.04
74	07400	124,167		124,167	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	2,291,754	-133,144	2,158,610	90.03
90.04	06550	2,036,580	-56,854	1,979,726	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		62,790,661	-1,989,549	60,801,112	118
NONREIMBURSABLE COST CENTERS					
190	19000	12,761		12,761	190
191	19100	181,183		181,183	191
191.08	19101	299,503	-30,991	268,512	191.08
191.10	19110	2,401,275		2,401,275	191.10
191.14	19102	548,188		548,188	191.14
191.15	19103				191.15
191.16	19104	2,057,468	-29,101	2,028,367	191.16
191.17	19105				191.17
191.18	19106				191.18
191.19	19108	487,004		487,004	191.19
191.20	19109				191.20
200		68,778,043	-2,049,641	66,728,402	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 BENEFIT ALLOCATION	A	EMPLOYEE BENEFITS	4		5,100,892
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					5,100,892
CODE LETTER - A					500
1 CAFETERIA	B	CAFETERIA	11		1,462,157
500 TOTAL RECLASSIFICATIONS					1,462,157
CODE LETTER - B					500
1 DIRECT SUPPLIES	C	MEDICAL SUPPLIES CHRGD TO PA	71		39,705
2					1
3					2
4					3
5					4
6					5
7					6
8					7
9					8
10					9
11					10
12					11
13					12
500 TOTAL RECLASSIFICATIONS					39,705
CODE LETTER - C					500
1 PATIENT SCHEDULING / TRANSPORT	D	ADULTS & PEDIATRICS	30	302,452	28,619
2 WHEATON OUTPATIENT	D	WHEATON OUTPATIENT	90.03	62,384	5,903
500 TOTAL RECLASSIFICATIONS				364,836	34,522
CODE LETTER - D					500
1 STAFF RECLASS	E	SOCIAL SERVICE	17	503,718	
2					1
3					2
4					3
500 TOTAL RECLASSIFICATIONS				503,718	500
CODE LETTER - E					
1 CROSS DEPARTMENT RECLASS	F	RADIOLOGY-DIAGNOSTIC	54	162,187	
2 LABORATORY			60	377,449	
3 RESPIRATORY THERAPY			65	297,546	
500 TOTAL RECLASSIFICATIONS				837,182	500
CODE LETTER - F					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1		2	3	4	5	
1 SPACE RECLASS	G	EMPLOYEE BENEFITS	4		7,671	1
2		A&G - NON IR	5.01		28,152	2
3		PURCHASING	5.04		2,391	3
4		PATIENT FINANCIAL SERVICES	5.06		5,206	4
5		A&G IR RELATED	5.07		66,384	5
6		OPERATION OF PLANT	7		25,019	6
7		HOUSEKEEPING	9		8,967	7
8		DIETARY	10		22,865	8
9		MEDICAL RECORDS & LIBRARY	16		10,038	9
10		I&R SRVCES-SALARY & FRINGES A	21		3,425	10
11		ADULTS & PEDIATRICS	30		17,722	11
12		RADIOLOGY-DIAGNOSTIC	54		1,644	12
13		OCCUPATIONAL THERAPY	67		436	13
14		SPEECH PATHOLOGY	68		623	14
15		WHEATON OUTPATIENT	90.03		69,167	15
16		RESEARCH	191		996	16
17		SPECIAL PURPOSE FUND	191.19		996	17
500 TOTAL RECLASSIFICATIONS						271,702 500
CODE LETTER - G						
1 SPACE RECLASS NEW HOSPITAL	H	A&G - NON IR	5.01		19,543	1
2		ADMITTING	5.05		15,927	2
3		A&G IR RELATED	5.07		22,234	3
4		OPERATION OF PLANT	7		109,651	4
5		HOUSEKEEPING	9		11,177	5
6		DIETARY	10		46,399	6
7		CENTRAL SERVICES & SUPPLY	14		50,223	7
8		THERAPEUTIC RECREATION	18		5,772	8
9		ADULTS & PEDIATRICS	30		737,475	9
10		SKILLED NURSING FACILITY	44		124,540	10
11		PHYSICAL THERAPY	66		61,943	11
12		OCCUPATIONAL THERAPY	67		54,263	12
13		SPEECH PATHOLOGY	68		16,478	13
14		DRUGS CHARGED TO PATIENTS	73		23,495	14
15		GIFT, FLOWER, COFFEE SHOP & C	190		4,236	15
500 TOTAL RECLASSIFICATIONS						1,303,356 500
CODE LETTER - H						
1 LIBRARY EXPENSE RECLASS	I	I&R SRVCES-OTHER PRGM COSTS A	22		86,258	1
2 LIBRARY EXPENSE RECLASS	I	I&R SRVCES-SALARY & FRINGES A	21	40,127		2
500 TOTAL RECLASSIFICATIONS				40,127	86,258	500
CODE LETTER - I						
1 SNF COST ALLOCATION	J	DIETARY	10		304,748	1
2		LABORATORY	60		30,020	2
3		DRUGS CHARGED TO PATIENTS	73		242,548	3
4		RADIOLOGY-DIAGNOSTIC	54		15,732	4
5		RESPIRATORY THERAPY	65		31,238	5
6		PHYSICAL THERAPY	66		2,013	6
7		MEDICAL SUPPLIES CHRGED TO PA	71		42,391	7
8		ADULTS & PEDIATRICS	30		288	8
500 TOTAL RECLASSIFICATIONS						668,978 500
CODE LETTER - J						
1 INTEREST EXPENSE RECLASS	K	ADULTS & PEDIATRICS	30		1,447,485	1
500 TOTAL RECLASSIFICATIONS					1,447,485	500
CODE LETTER - K						
GRAND TOTAL (INCREASES)					1,745,863	10,415,055

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		278,085	1
2 PURCHASING			5.04		44,359	2
3 ADMITTING			5.05		208,501	3
4 PATIENT FINANCIAL SERVICES			5.06		87,297	4
5 A&G IR RELATED			5.07		216,041	5
6 OPERATION OF PLANT			7		41,012	6
7 HOUSEKEEPING			9		93,861	7
8 DIETARY			10		155,942	8
9 NURSING ADMINISTRATION			13		86,839	9
10 CENTRAL SERVICES & SUPPLY			14		22,066	10
11 MEDICAL RECORDS & LIBRARY			16		138,063	11
12 THERAPEUTIC RECREATION			18		9,827	12
13 I&R SRVCES-SALARY & FRINGES A			21		142,470	13
14 ADULTS & PEDIATRICS			30		1,338,464	14
15 SKILLED NURSING FACILITY			44		218,941	15
16 RADIOLOGY-DIAGNOSTIC			54		12,545	16
17 RESPIRATORY THERAPY			65		28,444	17
18 PHYSICAL THERAPY			66		287,969	18
19 OCCUPATIONAL THERAPY			67		229,626	19
20 SPEECH PATHOLOGY			68		120,761	20
21 DRUGS CHARGED TO PATIENTS			73		132,090	21
22 VOCATIONAL SERVICES			73.03		5,989	22
23 WHEATON OUTPATIENT			90.03		256,535	23
24 COMPREHENSIVE OUTPATIENT CENT			90.04		237,688	24
25 RESEARCH			191		20,609	25
26 RESTHAVEN CENTRAL OP			191.08		33,322	26
27 RESTHAVEN CENTRAL SNF			191.10		308,375	27
28 CONTRACTED MGMT			191.14		68,670	28
29 RESTHAVEN WEST SNF			191.16		259,165	29
30 SPECIAL PURPOSE FUND			191.19		17,336	30
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					5,100,892	500
1 CAFETERIA	B	DIETARY	10		1,462,157	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					1,462,157	500
1 DIRECT SUPPLIES	C	ADULTS & PEDIATRICS	30		25,640	1
2 ADMITTING			5.05		993	2
3 SKILLED NURSING FACILITY			44		724	3
4 PHYSICAL THERAPY			66		450	4
5 OCCUPATIONAL THERAPY			67		1,269	5
6 SPEECH PATHOLOGY			68		27	6
7 DRUGS CHARGED TO PATIENTS			73		579	7
8 WHEATON OUTPATIENT			90.03		3,982	8
9 COMPREHENSIVE OUTPATIENT CENT			90.04		1,720	9
10 RESTHAVEN CENTRAL OP			191.08		198	10
11 RESTHAVEN CENTRAL SNF			191.10		709	11
12 RESTHAVEN WEST SNF			191.16		3,045	12
13 SPECIAL PURPOSE FUND			191.19		369	13
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					39,705	500
1 PATIENT SCHEDULING / TRANSPORT	D	A&G - NON IR	5.01	364,836	34,522	1
2 WHEATON OUTPATIENT	D					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				364,836	34,522	500
1 STAFF RECLASS	E	ADMITTING	5.05	349,167		1
2 ADULTS & PEDIATRICS			30	55,751		2
3 COMPREHENSIVE OUTPATIENT CENT			90.04	36,450		3
4 WHEATON OUTPATIENT			90.03	62,350		4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				503,718		500
1 CROSS DEPARTMENT RECLASS	F	ADULTS & PEDIATRICS	30	162,187		1
2 ADULTS & PEDIATRICS			30	377,449		2
3 ADULTS & PEDIATRICS			30	297,546		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				837,182		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		271,702	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					271,702	500
CODE LETTER - G						
1 SPACE RECLASS NEW HOSPITAL	H	OPERATION OF PLANT	7		1,303,356	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					1,303,356	500
CODE LETTER - H						
1 LIBRARY EXPENSE RECLASS	I	A&G - NON IR	5.01		86,258	1
2 LIBRARY EXPENSE RECLASS	I	A&G - NON IR	5.01	40,127		2
500 TOTAL RECLASSIFICATIONS				40,127	86,258	500
CODE LETTER - I						
1 SNF COST ALLOCATION	J	SKILLED NURSING FACILITY	44		304,748	1
2		SKILLED NURSING FACILITY	44		30,020	2
3		SKILLED NURSING FACILITY	44		242,548	3
4		SKILLED NURSING FACILITY	44		15,732	4
5		SKILLED NURSING FACILITY	44		31,238	5
6		SKILLED NURSING FACILITY	44		2,013	6
7		SKILLED NURSING FACILITY	44		42,391	7
8		SKILLED NURSING FACILITY	44		288	8
500 TOTAL RECLASSIFICATIONS					668,978	500
CODE LETTER - J						
1 INTEREST EXPENSE RECLASS	K	A&G IR RELATED	5.07		1,447,485	1
500 TOTAL RECLASSIFICATIONS					1,447,485	500
CODE LETTER - K						
GRAND TOTAL (DECREASES)				1,745,863	10,415,055	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	877,110					877,110	1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	77,517,733	627,957		627,957		78,145,690	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	9,651,013	346,428		346,428		9,997,441	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	88,045,856	974,385		974,385		89,020,241	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	88,045,856	974,385		974,385		89,020,241	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	2,608,321						2,608,321 1
2 CAP REL COSTS-MVBLE EQUIP	682,598						682,598 2
3 TOTAL (SUM OF LINES 1-2)	3,290,919						3,290,919 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	79,022,799		79,022,799	0.887695				1
2 CAP REL COSTS-MVBLE EQUIP	9,997,442		9,997,442	0.112305				2
3 TOTAL (SUM OF LINES 1-2)	89,020,241		89,020,241	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	2,608,321						2,608,321 1
2 CAP REL COSTS-MVBLE EQUIP	682,598					3,239	685,837 2
3 TOTAL	3,290,919					3,239	3,294,158 3

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	-283,642			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	2,858,439			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-666,897	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					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		RESPIRATORY THERAPY	65	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	-93,002	A&G - NON IR	5.01	33.02
33.03 OPERATING REVENUE	B	-18,597	PATIENT FINANCIAL SERVICES	5.06	33.03
33.04 OPERATING REVENUE	B	-1,844,225	A&G IR RELATED	5.07	33.04
33.05 OPERATING REVENUE	B	-168,235	OPERATION OF PLANT	7	33.05
33.06 OPERATING REVENUE	B	-54,939	I&R SRVCES-OTHER PRGM COSTS APP	22	33.06
33.07 OPERATING REVENUE	B	-68,244	ADULTS & PEDIATRICS	30	33.07
33.08 OPERATING REVENUE	B	-20,793	WHEATON OUTPATIENT	90.03	33.08
33.09 OPERATING REVENUE	B	-40	COMPREHENSIVE OUTPATIENT CENTER	90.04	33.09
33.10 OPERATING REVENUE/REFUNDS	B	-5,992	PURCHASING	5.04	33.10
33.11 OPERATING REVENUE/REFUNDS	B	-64,992	CAFETERIA	11	33.11
33.12 OPERATING REVENUE/REFUNDS	B	-34,923	DRUGS CHARGED TO PATIENTS	73	33.12
33.13 OPERATING REVENUE/REFUNDS	B	-872	OPERATION OF PLANT	7	33.13
34					34
34.01 TRANSPORTATION EXPENSES	A	-41,219	ADULTS & PEDIATRICS	30	34.01
34.02 TRANSPORTATION EXPENSES	A	-112,351	WHEATON OUTPATIENT	90.03	34.02
34.03 TRANSPORTATION EXPENSES	A	-56,814	COMPREHENSIVE OUTPATIENT CENTER	90.04	34.03
34.04 TRANSPORTATION EXPENSES	A	-30,991	RESTHAVEN CENTRAL OP	191.08	34.04
34.05 TRANSPORTATION EXPENSES	A	-29,101	RESTHAVEN WEST SNF	191.16	34.05
34.06 TRANSPORTATION EXPENSES	A	-511,768	A&G - NON IR	5.01	34.06
35					35
36 FUND RAISING	A	-286,897	A&G - NON IR	5.01	36
37 MARKETING	A	-261,605	A&G IR RELATED	5.07	37
38 CAPITAL RELATED COST	A	3,239	CAP REL COSTS-MVBLE EQUIP	2	14 38
39 RMC LEASE	A	-121,941	OPERATION OF PLANT	7	39
40					40
40.02 OTHER NON ALLOWABLE COSTS	A	-7,952	A&G IR RELATED	5.07	40.02
41					41

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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	
42	OBT LEASE	A	-125,226	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)		-2,049,641			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	7	OPERATION OF PLANT	9,474	9,474		1
2	5.07	A&G IR RELATED	17,101,402	14,334,570	2,766,832	2
3	5.07	A&G IR RELATED	315,262	223,655	91,607	3
4						4
5		TOTALS (SUM OF LINES 1-4)	17,426,138	14,567,699	2,858,439	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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
7	B WPH		WHEATON FRANCISCAN HEALTHCARE		HOME OFFICE
8	B WPH SE WISCONSIN		WPH SE WISCONSIN		LAUNDRY SVCS
9					
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	3,186							3
4	69 ELECTROCARDIOLOGY									4
5	30 ADULTS & PEDIATRICS	RMC - MEDICAL M	661,923		661,923	177,200	4,782	407,390	20,370	5
6	90 CLINIC	RMC - CMG								6
7	90.04 COMPREHENSIVE OUTPATIENT	RMC - COMPREHEN								7
200	TOTAL		725,109		721,923		5,182	441,467	22,074	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							3,186	3
4	69 ELECTROCARDIOLOGY								4
5	30 ADULTS & PEDIATRICS					407,390	254,533	254,533	5
6	90 CLINIC								6
7	90.04 COMPREHENSIVE OUTPATIENT								7
200	TOTAL					441,467	280,456	283,642	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	2,608,321	2,608,321				1
2 CAP REL COSTS-MVBLE EQUIP	685,837		685,837			2
4 EMPLOYEE BENEFITS	5,199,306		4,714	5,204,020		4
5.01 A&G - NON IR	4,463,239	39,110	49,971	240,959	4,793,279	5.01
5.04 PURCHASING	358,727		934	41,166		5.04
5.05 ADMITTING	1,533,143	31,873	2,292	215,203		5.05
5.06 PATIENT FINANCIAL SERVICES	753,324		2,792	90,213		5.06
5.07 A&G IR RELATED	8,362,190	44,495	25,293	219,275		5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,152,380	219,437	213,373	42,471		7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,086,057	22,367	5,341	97,683		9
10 DIETARY	283,059	92,855		161,289		10
11 CAFETERIA	1,397,165		13,373			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	705,257		547	89,905		13
14 CENTRAL SERVICES & SUPPLY	252,418	100,508	7,869	22,857		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,578,474		4,924	138,609		16
17 SOCIAL SERVICE	503,718					17
18 THERAPEUTIC RECREATION	84,870	11,551	1,512	10,177		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	928,338		240	147,047		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	441,330					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,342,575	1,475,860	133,413	1,377,314	1,697,528	30
44 SKILLED NURSING FACILITY	1,850,246	249,233	448	226,557	608,469	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	326,622		25,751	12,995	63,609	54
60 LABORATORY	753,148				169,042	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	579,643		2,046	29,368	245,977	65
66 PHYSICAL THERAPY	2,318,425	123,962	10,809	298,111	582,325	66
67 OCCUPATIONAL THERAPY	1,838,601	108,592	1,445	236,251	543,316	67
68 SPEECH PATHOLOGY	972,279	32,975	6,175	125,171	444,221	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	408,089		1,020		123,368	71
73 DRUGS CHARGED TO PATIENTS	1,725,379	47,019	10,988	135,637	308,321	73
73.03 VOCATIONAL SERVICES	46,449		224	6,196	89	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	124,167				7,014	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	2,158,610		55,935	265,651		90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	1,979,726		25,174	244,846		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)	60,801,112	2,599,837	606,603	4,474,951	4,793,279	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,761	8,484				190
191 RESEARCH	181,183		96	21,332		191
191.08 RESTHAVEN CENTRAL OP	268,512		10,041	34,538		191.08
191.10 RESTHAVEN CENTRAL SNF	2,401,275		2,530	318,224		191.10
191.14 CONTRACTED MGMT	548,188		2,879	70,058		191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	2,028,367		3,327	267,746		191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	487,004		60,361	17,171		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)	66,728,402	2,608,321	685,837	5,204,020	4,793,279	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	400,827					5.04
5.05 ADMITTING	2,433	1,784,944				5.05
5.06 PATIENT FINANCIAL SERVICES	1,482		847,811			5.06
5.07 A&G IR RELATED	19,785			8,671,038	8,671,038	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	33,957			1,661,618	248,168	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	51,125			1,262,573	188,569	9
10 DIETARY	5,263			542,466	81,019	10
11 CAFETERIA				1,410,538	210,668	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	193			795,902	118,870	13
14 CENTRAL SERVICES & SUPPLY	18,914			402,566	60,124	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	6,082			1,728,089	258,095	16
17 SOCIAL SERVICE				503,718	75,232	17
18 THERAPEUTIC RECREATION	16			108,126	16,149	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				1,075,625	160,648	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	4,254			445,584	66,549	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,023	571,613	271,344	18,954,670	2,830,934	30
44 SKILLED NURSING FACILITY	3,387	187,844	89,225	3,215,409	480,231	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	4,791	19,637	9,328	462,733	69,111	54
60 LABORATORY		52,186	24,788	999,164	149,228	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,795	75,937	36,070	978,836	146,192	65
66 PHYSICAL THERAPY	6,997	183,149	86,995	3,610,773	539,280	66
67 OCCUPATIONAL THERAPY	3,663	167,730	79,671	2,979,269	444,963	67
68 SPEECH PATHOLOGY	4,488	138,661	65,864	1,789,834	267,317	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	82,281	38,086	18,090	670,934	100,206	71
73 DRUGS CHARGED TO PATIENTS	2,674	95,183	45,212	2,370,413	354,028	73
73.03 VOCATIONAL SERVICES		27	13	52,998	7,915	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS		2,165	1,029	134,375	20,069	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	10,489	134,930	64,091	2,689,706	401,716	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	17,163	117,796	55,953	2,440,658	364,520	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)	374,255	1,784,944	847,673	59,957,615	7,659,801	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				21,245	3,173	190
191 RESEARCH				202,611	30,261	191
191.08 RESTHAVEN CENTRAL OP	341			313,432	46,812	191.08
191.10 RESTHAVEN CENTRAL SNF	2,999			2,725,028	406,991	191.10
191.14 CONTRACTED MGMT	7,543			628,668	93,893	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	7,259			2,306,699	344,512	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	8,430		138	573,104	85,595	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)	400,827	1,784,944	847,811	66,728,402	8,671,038	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	1,909,786					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	18,790	1,469,932				9
10 DIETARY	78,004	60,635	762,124			10
11 CAFETERIA				1,621,206		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					914,772	13
14 CENTRAL SERVICES & SUPPLY	84,432	65,632				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	9,703	7,543				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	1,239,803	963,738	762,124	1,621,206	914,772	30
44 SKILLED NURSING FACILITY	209,370	162,750				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	104,135	80,947				66
67 OCCUPATIONAL THERAPY	91,223	70,911				67
68 SPEECH PATHOLOGY	27,701	21,533				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	39,498	30,703				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)	1,902,659	1,464,392	762,124	1,621,206	914,772	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,127	5,540				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)	1,909,786	1,469,932	762,124	1,621,206	914,772	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	612,754					14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,420	1,989,604				16
17 SOCIAL SERVICE			578,950			17
18 THERAPEUTIC RECREATION	28			141,549		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					1,236,273	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	859					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	378,294	637,191	578,950	141,549	1,236,273	30
44 SKILLED NURSING FACILITY	5	209,376				44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	46	21,888				54
60 LABORATORY	211	58,168				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	29	84,641				65
66 PHYSICAL THERAPY	3,793	204,143				66
67 OCCUPATIONAL THERAPY	3,056	186,956				67
68 SPEECH PATHOLOGY	762	154,556				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	207,474	42,451				71
73 DRUGS CHARGED TO PATIENTS	5,114	106,094				73
73.03 VOCATIONAL SERVICES		31				73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	994	2,414				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	7,900	150,397				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	576	131,298				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)	612,561	1,989,604	578,950	141,549	1,236,273	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	5					191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	110					191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	78					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)	612,754	1,989,604	578,950	141,549	1,236,273	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	512,992				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	512,992	30,772,496	-1,749,265	29,023,231	30
44 SKILLED NURSING FACILITY		4,277,141		4,277,141	44
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC		553,778		553,778	54
60 LABORATORY		1,206,771		1,206,771	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,209,698		1,209,698	65
66 PHYSICAL THERAPY		4,543,071		4,543,071	66
67 OCCUPATIONAL THERAPY		3,776,378		3,776,378	67
68 SPEECH PATHOLOGY		2,261,703		2,261,703	68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,021,065		1,021,065	71
73 DRUGS CHARGED TO PATIENTS		2,905,850		2,905,850	73
73.03 VOCATIONAL SERVICES		60,944		60,944	73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS		157,852		157,852	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		3,249,719		3,249,719	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		2,937,052		2,937,052	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)	512,992	58,933,518	-1,749,265	57,184,253	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		37,085		37,085	190
191 RESEARCH		232,872		232,872	191
191.08 RESTHAVEN CENTRAL OP		360,244		360,244	191.08
191.10 RESTHAVEN CENTRAL SNF		3,132,019		3,132,019	191.10
191.14 CONTRACTED MGMT		722,566		722,566	191.14
191.15 RESTHAVEN SOUTH					191.15
191.16 RESTHAVEN WEST SNF		2,651,321		2,651,321	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR					191.17
191.18 MRH SNF					191.18
191.19 SPECIAL PURPOSE FUND		658,777		658,777	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)	512,992	66,728,402	-1,749,265	64,979,137	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	7,671		4,714	12,385	12,385	4
5.01 A&G - NON IR	28,152	39,110	49,971	117,233	574	5.01
5.04 PURCHASING	2,391		934	3,325	98	5.04
5.05 ADMITTING		31,873	2,292	34,165	513	5.05
5.06 PATIENT FINANCIAL SERVICES	5,206		2,792	7,998	215	5.06
5.07 A&G IR RELATED	66,384	44,495	25,293	136,172	522	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	25,019	219,437	213,373	457,829	101	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	8,967	22,367	5,341	36,675	233	9
10 DIETARY	22,865	92,855		115,720	384	10
11 CAFETERIA			13,373	13,373		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			547	547	214	13
14 CENTRAL SERVICES & SUPPLY		100,508	7,869	108,377	54	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	10,038		4,924	14,962	330	16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION		11,551	1,512	13,063	24	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,425		240	3,665	350	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,722	1,475,860	133,413	1,626,995	3,270	30
44 SKILLED NURSING FACILITY		249,233	448	249,681	540	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	1,644		25,751	27,395	31	54
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			2,046	2,046	70	65
66 PHYSICAL THERAPY		123,962	10,809	134,771	710	66
67 OCCUPATIONAL THERAPY	436	108,592	1,445	110,473	563	67
68 SPEECH PATHOLOGY	623	32,975	6,175	39,773	298	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,020	1,020		71
73 DRUGS CHARGED TO PATIENTS		47,019	10,988	58,007	323	73
73.03 VOCATIONAL SERVICES			224	224	15	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	69,167		55,935	125,102	633	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER			25,174	25,174	583	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)	269,710	2,599,837	606,603	3,476,150	10,648	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,484		8,484		190
191 RESEARCH	996		96	1,092	51	191
191.08 RESTHAVEN CENTRAL OP			10,041	10,041	82	191.08
191.10 RESTHAVEN CENTRAL SNF			2,530	2,530	758	191.10
191.14 CONTRACTED MGMT			2,879	2,879	167	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF			3,327	3,327	638	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	996		60,361	61,357	41	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)	271,702	2,608,321	685,837	3,565,860	12,385	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	117,807					5.01
5.04 PURCHASING		3,423				5.04
5.05 ADMITTING		21	34,699			5.05
5.06 PATIENT FINANCIAL SERVICES		13		8,226		5.06
5.07 A&G IR RELATED		169			136,863	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		290			3,916	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		437			2,976	9
10 DIETARY		45			1,279	10
11 CAFETERIA					3,325	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2			1,876	13
14 CENTRAL SERVICES & SUPPLY		162			949	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		52			4,073	16
17 SOCIAL SERVICE					1,187	17
18 THERAPEUTIC RECREATION					255	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					2,535	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		36			1,050	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,707	723	11,100	2,654	44,695	30
44 SKILLED NURSING FACILITY	14,957	29	3,654	862	7,579	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	1,564	41	382	90	1,091	54
60 LABORATORY	4,155		1,015	240	2,355	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,047	84	1,477	349	2,307	65
66 PHYSICAL THERAPY	14,315	60	3,562	841	8,511	66
67 OCCUPATIONAL THERAPY	13,356	31	3,262	770	7,022	67
68 SPEECH PATHOLOGY	10,920	38	2,697	637	4,219	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,033	703	741	175	1,581	71
73 DRUGS CHARGED TO PATIENTS	7,579	23	1,851	437	5,587	73
73.03 VOCATIONAL SERVICES	2		1		125	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	172		42	10	317	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	2,624	619	6,340	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		147	2,291	541	5,753	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)	117,807	3,196	34,699	8,225	120,903	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					50	190
191 RESEARCH					478	191
191.08 RESTHAVEN CENTRAL OP		3			739	191.08
191.10 RESTHAVEN CENTRAL SNF		26			6,423	191.10
191.14 CONTRACTED MGMT		64			1,482	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF		62			5,437	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND		72		1	1,351	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)	117,807	3,423	34,699	8,226	136,863	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	462,136					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,547	44,868				9
10 DIETARY	18,876	1,851	138,155			10
11 CAFETERIA				16,698		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					2,639	13
14 CENTRAL SERVICES & SUPPLY	20,431	2,003				14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	2,348	230				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	300,010	29,418	138,155	16,698	2,639	30
44 SKILLED NURSING FACILITY	50,664	4,968				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	25,199	2,471				66
67 OCCUPATIONAL THERAPY	22,075	2,164				67
68 SPEECH PATHOLOGY	6,703	657				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	9,558	937				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)	460,411	44,699	138,155	16,698	2,639	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,725	169				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)	462,136	44,868	138,155	16,698	2,639	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	131,976					14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	737	20,154				16
17 SOCIAL SERVICE			1,187			17
18 THERAPEUTIC RECREATION	6			15,926		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					6,550	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	185					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	81,477	6,438	1,187	15,926		30
44 SKILLED NURSING FACILITY	1	2,124				44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	10	222				54
60 LABORATORY	45	590				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6	858				65
66 PHYSICAL THERAPY	817	2,070				66
67 OCCUPATIONAL THERAPY	658	1,896				67
68 SPEECH PATHOLOGY	164	1,568				68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	44,686	431				71
73 DRUGS CHARGED TO PATIENTS	1,102	1,076				73
73.03 VOCATIONAL SERVICES						73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	214	24				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	1,702	1,525				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	124	1,332				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)	131,934	20,154	1,187	15,926		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	1					191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF	24					191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND	17					191.19
191.20 OTHER NON ALLOWABLE						191.20
200 CROSS FOOT ADJUSTMENTS					6,550	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	131,976	20,154	1,187	15,926	6,550	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	1,271				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		2,323,092		2,323,092	30
44 SKILLED NURSING FACILITY		335,059		335,059	44
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC		30,826		30,826	54
60 LABORATORY		8,400		8,400	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		13,244		13,244	65
66 PHYSICAL THERAPY		193,327		193,327	66
67 OCCUPATIONAL THERAPY		162,270		162,270	67
68 SPEECH PATHOLOGY		67,674		67,674	68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		52,370		52,370	71
73 DRUGS CHARGED TO PATIENTS		86,480		86,480	73
73.03 VOCATIONAL SERVICES		367		367	73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS		779		779	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		138,635		138,635	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		35,945		35,945	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)		3,448,468		3,448,468	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,428		10,428	190
191 RESEARCH		1,621		1,621	191
191.08 RESTHAVEN CENTRAL OP		10,865		10,865	191.08
191.10 RESTHAVEN CENTRAL SNF		9,737		9,737	191.10
191.14 CONTRACTED MGMT		4,593		4,593	191.14
191.15 RESTHAVEN SOUTH					191.15
191.16 RESTHAVEN WEST SNF		9,488		9,488	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR					191.17
191.18 MRH SNF					191.18
191.19 SPECIAL PURPOSE FUND		62,839		62,839	191.19
191.20 OTHER NON ALLOWABLE					191.20
200 CROSS FOOT ADJUSTMENTS	1,271	7,821		7,821	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,271	3,565,860		3,565,860	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	A + G	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	NON INTERE INPATIENT REVENUE	REQUISITI COST	
	1	2	4	5.01	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	163,260					1
2 CAP REL COSTS-MVBLE EQUIP		682,599				2
4 EMPLOYEE BENEFITS		4,692	36,354,875			4
5.01 A&G - NON IR	2,448	49,735	1,683,324	73,049,041		5.01
5.04 PURCHASING		930	287,584		602,990	5.04
5.05 ADMITTING	1,995	2,281	1,503,390		3,660	5.05
5.06 PATIENT FINANCIAL SERVICES		2,779	630,218		2,230	5.06
5.07 A&G IR RELATED	2,785	25,174	1,531,838		29,764	5.07
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,735	212,365	296,698		51,084	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	1,400	5,316	682,404		76,911	9
10 DIETARY	5,812		1,126,756		7,918	10
11 CAFETERIA		13,310				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		544	628,069		291	13
14 CENTRAL SERVICES & SUPPLY	6,291	7,832	159,676		28,454	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		4,901	968,310		9,150	16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	723	1,505	71,093		24	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		239	1,027,256			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					6,399	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	92,377	132,783	9,621,809	25,869,961	127,904	30
44 SKILLED NURSING FACILITY	15,600	446	1,582,708	9,273,041	5,096	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC		25,629	90,785	969,397	7,207	54
60 LABORATORY				2,576,194		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,036	205,165	3,748,678	14,735	65
66 PHYSICAL THERAPY	7,759	10,758	2,082,579	8,874,601	10,526	66
67 OCCUPATIONAL THERAPY	6,797	1,438	1,650,428	8,280,103	5,511	67
68 SPEECH PATHOLOGY	2,064	6,146	874,436	6,769,905	6,751	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,015		1,880,117	123,780	71
73 DRUGS CHARGED TO PATIENTS	2,943	10,936	947,548	4,698,793	4,023	73
73.03 VOCATIONAL SERVICES		223	43,286	1,355		73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS				106,896		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		55,671	1,855,821		15,780	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER		25,055	1,710,472		25,819	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)	162,729	603,739	31,261,653	73,049,041	563,017	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	531					190
191 RESEARCH		96	149,023			191
191.08 RESTHAVEN CENTRAL OP		9,994	241,280		513	191.08
191.10 RESTHAVEN CENTRAL SNF		2,518	2,223,090		4,511	191.10
191.14 CONTRACTED MGMT		2,865	489,423		11,347	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF		3,311	1,870,453		10,920	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND		60,076	119,953		12,682	191.19
191.20 OTHER NON ALLOWABLE						191.20

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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	2,608,321	685,837	5,204,020	4,793,279	400,827	202
203	UNIT COST MULT-WS B PT I	15.976485	1.004744	0.143145	0.065617	0.664732	203
204	COST TO BE ALLOC PER B PT II			12,385	117,807	3,423	204
205	UNIT COST MULT-WS B PT II			0.000341	0.001613	0.005677	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON-	A + G	OPERATION
	TOTAL CHARGES	FINANCIAL SERVICES TOTAL CHARGES	CILATION	INTEREHAB RELATED ACCUM COST	OF PLANT SQUARE FEET
	5.05	5.06	5A.07	5.07	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	88,116,197				5.05
5.06 PATIENT FINANCIAL SERVICES		88,116,197			5.06
5.07 A&G IR RELATED			-8,671,038	58,057,364	5.07
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT				1,661,618	142,297
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING				1,262,573	1,400
10 DIETARY				542,466	5,812
11 CAFETERIA				1,410,538	
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION				795,902	
14 CENTRAL SERVICES & SUPPLY				402,566	6,291
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY				1,728,089	
17 SOCIAL SERVICE				503,718	
18 THERAPEUTIC RECREATION				108,126	723
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD				1,075,625	
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				445,584	
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	28,219,257	28,204,891		18,954,670	92,377
44 SKILLED NURSING FACILITY	9,273,041	9,273,041		3,215,409	15,600
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC	969,397	969,397		462,733	
60 LABORATORY	2,576,194	2,576,194		999,164	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	3,748,678	3,748,678		978,836	
66 PHYSICAL THERAPY	9,041,278	9,041,278		3,610,773	7,759
67 OCCUPATIONAL THERAPY	8,280,103	8,280,103		2,979,269	6,797
68 SPEECH PATHOLOGY	6,845,108	6,845,108		1,789,834	2,064
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,880,117	1,880,117		670,934	
73 DRUGS CHARGED TO PATIENTS	4,698,793	4,698,793		2,370,413	2,943
73.03 VOCATIONAL SERVICES	1,355	1,355		52,998	
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS	106,896	106,896		134,375	
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	6,660,909	6,660,909		2,689,706	
90.04 COMPREHENSIVE OUTPATIENT CENTER	5,815,071	5,815,071		2,440,658	
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)	88,116,197	88,101,831	-8,671,038	51,286,577	141,766
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				21,245	531
191 RESEARCH				202,611	
191.08 RESTHAVEN CENTRAL OP				313,432	
191.10 RESTHAVEN CENTRAL SNF				2,725,028	
191.14 CONTRACTED MGMT				628,668	
191.15 RESTHAVEN SOUTH					191.15
191.16 RESTHAVEN WEST SNF				2,306,699	
191.17 DUPAGE CONVALESCENT CENTER - IR					191.17
191.18 MRH SNF					191.18
191.19 SPECIAL PURPOSE FUND		14,366		573,104	
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	1,784,944	847,811		8,671,038	1,909,786	202
203	UNIT COST MULT-WS B PT I	0.020257	0.009622		0.149353	13.421126	203
204	COST TO BE ALLOC PER B PT II	34,699	8,226		136,863	462,136	204
205	UNIT COST MULT-WS B PT II	0.000394	0.000093		0.002357	3.247686	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				668,566	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY					3,732	16
17 SOCIAL SERVICE						17
18 THERAPEUTIC RECREATION	723				31	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					937	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	92,377	100	100	100	412,749	30
44 SKILLED NURSING FACILITY	15,600				5	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC					50	54
60 LABORATORY					230	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					32	65
66 PHYSICAL THERAPY	7,759				4,139	66
67 OCCUPATIONAL THERAPY	6,797				3,334	67
68 SPEECH PATHOLOGY	2,064				831	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					226,372	71
73 DRUGS CHARGED TO PATIENTS	2,943				5,580	73
73.03 VOCATIONAL SERVICES						73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS					1,084	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					8,620	90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER					629	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	668,355	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	531					190
191 RESEARCH						191
191.08 RESTHAVEN CENTRAL OP						191.08
191.10 RESTHAVEN CENTRAL SNF						191.10
191.14 CONTRACTED MGMT					6	191.14
191.15 RESTHAVEN SOUTH						191.15
191.16 RESTHAVEN WEST SNF					120	191.16
191.17 DUPAGE CONVALESCENT CENTER - IR						191.17
191.18 MRH SNF						191.18
191.19 SPECIAL PURPOSE FUND					85	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 NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		SQUARE FEET	MEALS SERVED	MEALS SERVED			
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,469,932	762,124	1,621,206	914,772	612,754	202
203	UNIT COST MULT-WS B PT I	10.432671	7,621.240000	16,212.060000	9,147.720000	0.916520	203
204	COST TO BE ALLOC PER B PT II	44,868	138,155	16,698	2,639	131,976	204
205	UNIT COST MULT-WS B PT II	0.318445	1,381.550000	166.980000	26.390000	0.197402	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	88,116,197					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	28,219,257	100	100	100	100	30
44 SKILLED NURSING FACILITY	9,273,041					44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	969,397					54
60 LABORATORY	2,576,194					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,748,678					65
66 PHYSICAL THERAPY	9,041,278					66
67 OCCUPATIONAL THERAPY	8,280,103					67
68 SPEECH PATHOLOGY	6,845,108					68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,880,117					71
73 DRUGS CHARGED TO PATIENTS	4,698,793					73
73.03 VOCATIONAL SERVICES	1,355					73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	106,896					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	6,660,909					90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	5,815,071					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)	88,116,197	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

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

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	1,989,604	578,950	141,549	1,236,273	512,992	202
203	UNIT COST MULT-WS B PT I	0.022579	5,789.500000	1,415.490000	12,362.730000	5,129.920000	203
204	COST TO BE ALLOC PER B PT II	20,154	1,187	15,926	6,550	1,271	204
205	UNIT COST MULT-WS B PT II	0.000229	11.870000	159.260000	65.500000	12.710000	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

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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	29,023,231		29,023,231	280,456	29,303,687	30
44 SKILLED NURSING FACILITY	4,277,141		4,277,141		4,277,141	44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	553,778		553,778		553,778	54
60 LABORATORY	1,206,771		1,206,771		1,206,771	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,209,698		1,209,698		1,209,698	65
66 PHYSICAL THERAPY	4,543,071		4,543,071		4,543,071	66
67 OCCUPATIONAL THERAPY	3,776,378		3,776,378		3,776,378	67
68 SPEECH PATHOLOGY	2,261,703		2,261,703		2,261,703	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO	1,021,065		1,021,065		1,021,065	71
73 DRUGS CHARGED TO PATIENTS	2,905,850		2,905,850		2,905,850	73
73.03 VOCATIONAL SERVICES	60,944		60,944		60,944	73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	157,852		157,852		157,852	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	3,249,719		3,249,719		3,249,719	90.03
90.04 COMPREHENSIVE OUTPATIENT CE	2,937,052		2,937,052		2,937,052	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)	57,184,253		57,184,253	280,456	57,464,709	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	57,184,253		57,184,253		57,464,709	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	25,869,961		25,869,961			30
44 SKILLED NURSING FACILITY	9,273,041		9,273,041			44
ANCILLARY SERVICE COST CENTERS						
54 RADIOLOGY-DIAGNOSTIC	969,397		969,397	0.571260	0.571260	0.571260 54
60 LABORATORY	2,576,194		2,576,194	0.468432	0.468432	0.468432 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,748,678		3,748,678	0.322700	0.322700	0.322700 65
66 PHYSICAL THERAPY	8,874,601	166,677	9,041,278	0.502481	0.502481	0.502481 66
67 OCCUPATIONAL THERAPY	8,280,103		8,280,103	0.456079	0.456079	0.456079 67
68 SPEECH PATHOLOGY	6,769,905	75,203	6,845,108	0.330412	0.330412	0.330412 68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO	1,880,117		1,880,117	0.543086	0.543086	0.543086 71
73 DRUGS CHARGED TO PATIENTS	4,698,793		4,698,793	0.618425	0.618425	0.618425 73
73.03 VOCATIONAL SERVICES	1,355		1,355	44.977122	44.977122	44.977122 73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	106,896		106,896	1.476688	1.476688	1.476688 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		9,010,205	9,010,205	0.360671	0.360671	0.360671 90.03
90.04 COMPREHENSIVE OUTPATIENT CE		5,815,071	5,815,071	0.505076	0.505076	0.505076 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)	73,049,041	15,067,156	88,116,197			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	73,049,041	15,067,156	88,116,197			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	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,323,092		2,323,092	33,447	69.46	20,478	1,422,402	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	335,059		335,059	6,862	48.83	4,607	224,960	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,658,151		2,658,151	40,309		25,085	1,647,362	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	30,826	969,397	0.031799	616,883	19,616	54
60 LABORATORY	8,400	2,576,194	0.003261	1,618,917	5,279	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	13,244	3,748,678	0.003533	2,330,484	8,234	65
66 PHYSICAL THERAPY	193,327	9,041,278	0.021383	5,518,002	117,991	66
67 OCCUPATIONAL THERAPY	162,270	8,280,103	0.019598	5,160,994	101,145	67
68 SPEECH PATHOLOGY	67,674	6,845,108	0.009886	4,116,519	40,696	68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO PA	52,370	1,880,117	0.027855	1,102,580	30,712	71
73 DRUGS CHARGED TO PATIENTS	86,480	4,698,793	0.018405	2,696,833	49,635	73
73.03 VOCATIONAL SERVICES	367	1,355	0.270849			73.03
73.04 OTHER OUTSIDE SERVICES						73.04
74 RENAL DIALYSIS	779	106,896	0.007287	36,919	269	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	138,635	9,010,205	0.015386			90.03
90.04 COMPREHENSIVE OUTPATIENT CENT	35,945	5,815,071	0.006181			90.04
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	790,317	52,973,195		23,198,131	373,577	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
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	33,447		20,478	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	6,862		4,607	44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	40,309		25,085	200

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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					
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	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
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 (COL. 10)	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)	O/P PGM PASS-THRU COSTS (COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
54	RADIOLOGY-DIAGNOSTIC	969,397		616,883			54
60	LABORATORY	2,576,194		1,618,917			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	3,748,678		2,330,484			65
66	PHYSICAL THERAPY	9,041,278		5,518,002		2,443	66
67	OCCUPATIONAL THERAPY	8,280,103		5,160,994			67
68	SPEECH PATHOLOGY	6,845,108		4,116,519			68
69	ELECTROCARDIOLOGY						69
71	MEDICAL SUPPLIES CHRGED TO P	1,880,117		1,102,580			71
73	DRUGS CHARGED TO PATIENTS	4,698,793		2,696,833			73
73.03	VOCATIONAL SERVICES	1,355					73.03
73.04	OTHER OUTSIDE SERVICES						73.04
74	RENAL DIALYSIS	106,896		36,919			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	9,010,205					90.03
90.04	COMPREHENSIVE OUTPATIENT CEN	5,815,071				59,940	90.04
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	52,973,195		23,198,131		62,383	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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
54 RADIOLOGY-DIAGNOSTIC	0.571260						54
60 LABORATORY	0.468432						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.322700						65
66 PHYSICAL THERAPY	0.502481	2,443			1,228		66
67 OCCUPATIONAL THERAPY	0.456079						67
68 SPEECH PATHOLOGY	0.330412						68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.543086						71
73 DRUGS CHARGED TO PATIENTS	0.618425						73
73.03 VOCATIONAL SERVICES	44.977122						73.03
73.04 OTHER OUTSIDE SERVICES							73.04
74 RENAL DIALYSIS	1.476688						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	0.360671						90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.505076	59,940			30,274		90.04
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		62,383			31,502		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		62,383			31,502		202

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSPT. & CLINI
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-6129)			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6				
ANCILLARY SERVICE COST CENTERS										
54						54				
60						60				
62.30						62.30				
65						65				
66						66				
67						67				
68						68				
69						69				
71						71				
73						73				
73.03						73.03				
73.04						73.04				
74						74				
76.97						76.97				
76.98						76.98				
76.99						76.99				
OUTPATIENT SERVICE COST CENTERS										
90						90				
90.03						90.03				
90.04						90.04				
92						92				
OTHER REIMBURSABLE COST CENTERS										
200						200				
TOTAL (SUM OF LINES 50-199)										

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-6129)		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
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	969,397		46,080			54
60	LABORATORY	2,576,194		159,913			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	3,748,678		302,602			65
66	PHYSICAL THERAPY	9,041,278		1,196,897			66
67	OCCUPATIONAL THERAPY	8,280,103		1,044,387			67
68	SPEECH PATHOLOGY	6,845,108		150,692			68
69	ELECTROCARDIOLOGY						69
71	MEDICAL SUPPLIES CHRGED TO P	1,880,117		197,437			71
73	DRUGS CHARGED TO PATIENTS	4,698,793		541,681			73
73.03	VOCATIONAL SERVICES	1,355					73.03
73.04	OTHER OUTSIDE SERVICES						73.04
74	RENAL DIALYSIS	106,896					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	9,010,205					90.03
90.04	COMPREHENSIVE OUTPATIENT CEN	5,815,071					90.04
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	52,973,195		3,639,689			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. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
54 RADIOLOGY-DIAGNOSTIC	0.571260						54
60 LABORATORY	0.468432						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.322700						65
66 PHYSICAL THERAPY	0.502481						66
67 OCCUPATIONAL THERAPY	0.456079						67
68 SPEECH PATHOLOGY	0.330412						68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.543086						71
73 DRUGS CHARGED TO PATIENTS	0.618425						73
73.03 VOCATIONAL SERVICES	44.977122						73.03
73.04 OTHER OUTSIDE SERVICES							73.04
74 RENAL DIALYSIS	1.476688						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	0.360671						90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.505076						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 HOSPITAL (14-3027) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	33,447	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	33,447	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33,447	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)	20,478	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)	29,303,687	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	29,303,687	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	25,869,961	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,869,961	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.132730	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)	773.46	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)	29,303,687	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) 876.12 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 17,941,185 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) 17,941,185 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)					10,670,563	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					28,611,748	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,422,402 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 373,577 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,795,979 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 26,815,769 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 876.12 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	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	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
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)	6,862	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,862	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,862	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)	4,607	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)	4,277,141	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	4,277,141	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)	4,277,141	37

PROVIDER CCN: 14-3027 MARIANJOY REHAB HOSP. & CLINI
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/26/2012 10:32

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)	4,277,141	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	623.31	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,871,589	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)	2,871,589	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)	2,871,589	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,768,627	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,640,216	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	
30 INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS		15,029,510			30
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC	0.571260	616,883	352,401		54
60 LABORATORY	0.468432	1,618,917	758,353		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.322700	2,330,484	752,047		65
66 PHYSICAL THERAPY	0.502481	5,518,002	2,772,691		66
67 OCCUPATIONAL THERAPY	0.456079	5,160,994	2,353,821		67
68 SPEECH PATHOLOGY	0.330412	4,116,519	1,360,147		68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.543086	1,102,580	598,796		71
73 DRUGS CHARGED TO PATIENTS	0.618425	2,696,833	1,667,789		73
73.03 VOCATIONAL SERVICES	44.977122				73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS	1.476688	36,919	54,518		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	0.360671				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.505076				90.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		23,198,131	10,670,563		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		23,198,131			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		
30 INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS					30
ANCILLARY SERVICE COST CENTERS					
54 RADIOLOGY-DIAGNOSTIC	0.571260	46,080	26,324		54
60 LABORATORY	0.468432	159,913	74,908		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.322700	302,602	97,650		65
66 PHYSICAL THERAPY	0.502481	1,196,897	601,418		66
67 OCCUPATIONAL THERAPY	0.456079	1,044,387	476,323		67
68 SPEECH PATHOLOGY	0.330412	150,692	49,790		68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.543086	197,437	107,225		71
73 DRUGS CHARGED TO PATIENTS	0.618425	541,681	334,989		73
73.03 VOCATIONAL SERVICES	44.977122				73.03
73.04 OTHER OUTSIDE SERVICES					73.04
74 RENAL DIALYSIS	1.476688				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	0.360671				90.03
90.04 COMPREHENSIVE OUTPATIENT CENTER	0.505076				90.04
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,639,689	1,768,627		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,639,689			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF
 SUB (OTHER) SNF (14-6129)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK 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		29,167,806		10,684
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	.01 04/25/2012	510,071	04/25/2012	254
	.02 06/26/2012	91,881	06/26/2012	52
	.03			3.01
	.04			3.02
	.05			3.03
	.06			3.04
	.07			3.05
	.08			3.06
	.09			3.07
	.50	NONE		3.08
	.51			3.09
	.52			3.50
	.53			3.51
	.54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		601,952		306
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		29,769,758		10,990

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.				
	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			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				
	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			6.03
	PROVIDER .04			6.04
	TO .05			6.05
	PROGRAM .06			6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

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)	25,315,695	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.011600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	1,114,422	3
4	OUTLIER PAYMENTS	156,855	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	16.67	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)	12.75	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	91.385246	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.093961	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	2,378,688	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	28,965,660	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)	28,965,660	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	28,965,660	19
20	DEDUCTIBLES	155,296	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	28,810,364	21
22	COINSURANCE	162,130	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	28,648,234	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	8,477	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	5,934	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	28,654,168	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)	699,663	28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
31.50	MSP/LLC ADJUSTMENT	-17,528	31.50
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	29,336,303	32
33	INTERIM PAYMENTS	29,769,758	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-433,455	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	2,234,397 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	2,234,397 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	-129,076 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)	2,363,473 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,363,473 15
16	INTERIM PAYMENTS	2,363,473 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	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 ADJUSTED 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)			16.67 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			13.88 7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR		13.33	13.33 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		11.10	11.10 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT		11.10	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		9.71	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13.33	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)		11.38	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		11.38	17
18	PER RESIDENT AMOUNT		99,182.07	18
19	APPROVED AMOUNT FOR RESIDENT COSTS		1,128,692	1,128,692 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 UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			2.79 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)			1,128,692 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	20,478	320	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	33,447	33,447	27
29	PROGRAM DIRECT GME AMOUNT	0.612252	0.009567	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE	691,044	10,798	29
31	NET PROGRAM DIRECT GME AMOUNT		1,526	30
				700,316 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)			106,896 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)			33,717,734 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)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			33,717,734 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			31,502 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			31,502 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			33,749,236 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.999067 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.000933 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			700,316 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			699,663 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			653 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	17,885,448			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	10,924,961			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	196,458			7
8	PREPAID EXPENSES	415,461			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	134,250			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	29,556,578			11
FIXED ASSETS					
12	LAND	887,110			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	77,256,814			15
16	ACCUMULATED DEPRECIATION	-19,212,568			16
17	LEASEHOLD IMPROVEMENTS	878,875			17
18	ACCUMULATED AMORTIZATION	-640,689			18
19	FIXED EQUIPMENT	9,997,442			19
20	ACCUMULATED DEPRECIATION	-6,583,408			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)	62,583,576			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)				35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	92,140,154			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	4,476,607			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	720,542			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	2,192,280			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	7,389,429			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	33,216,078			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	370,770			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	33,586,848			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	40,976,277			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	51,163,877			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)	51,163,877			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	92,140,154			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		53,317,542							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		3,843,682							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		57,161,224							3
4 ADDITIONS (CREDIT ADJUSTMENTS)	2,653								4
5 INVESTMENT INCOME									5
6 DONATION INCOME									6
7 CONTRIBUTION EXPENSE									7
8 RETAINED EARNING ADJUSTMENTS									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,653							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		57,163,877							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	6,000,000								12
13 CONTRIBUTION EXPENSE									13
14 RETAINED EARNING ADJUSTMENTS									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		6,000,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		51,163,877							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	63,775,999		63,775,999	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	9,273,041		9,273,041	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	73,049,040		73,049,040	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)	73,049,040		73,049,040	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES		15,067,156	15,067,156	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	73,049,040	15,067,156	88,116,196	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		68,778,043	29
30 **ADD (SPECIFY) BAD DEBT EXPENSE			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)	-80,317		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-80,317	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		68,697,726	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	88,116,196	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	26,639,119	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	61,477,077	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	68,697,726	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-7,220,649	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	606,595	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)	6,674,901	24
24.01	OTHER (GRANT AND OTHER REVENUE)	2,636,007	24.01
24.02	OTHER (CONTRACT MANAGEMENT SERVICES)	905,761	24.02
24.03	OTHER (NET ASSETS RELEASED)	369,617	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	11,192,881	25
26	TOTAL (LINE 5 PLUS LINE 25)	3,972,232	26
27	OTHER EXPENSES (CONTRIBUTION EXPENSE)	128,550	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	128,550	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	3,843,682	29