

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0213		FROM 10/1/2009		-- AUDITED -- DESK REVIEW		/ /
				TO 9/30/2010		-- INITIAL -- REOPENED		INTERMEDIARY NO.
						-- FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2011 TIME 23:53

PART I - 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 BY 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:
 SILVER CROSS HOSPITAL 14-0213

FOR THE COST REPORTING PERIOD BEGINNING 10/1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-399,470	39,861	0	0
2	SUBPROVIDER	0	74,021	0	0	0
2.01	SUBPROVIDER II	0	7,376	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-318,073	39,861	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX IDENTIFIED

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 662 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: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1200 MAPLE STREET P.O. BOX:
 1.01 CITY: JOLIET STATE: IL ZIP CODE: 60432- COUNTY: WILL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XI X
02.00 HOSPITAL	SILVER CROSS HOSPITAL	14-0213	2.01	7/1/1966	4	5	6
03.00 SUBPROVIDER	SCH - MENTAL HEALTH CARE UNIT	14-S213		4/1/1991	N	P	N
03.01 SUBPROVIDER 2	SCH - REHAB	14-T213		10/1/2000	N	P	N
09.00 HOSPITAL-BASED HHA	SCH HOME HEALTH	14-7452		4/1/1994	N	O	N
16.00 RENAL DIALYSIS	SCH RENAL CT - MORRIS	14-3526		5/5/2000			
16.01 RENAL DIALYSIS 2	SCH RENAL - WEST	14-3516		10/8/1991			
16.02 RENAL DIALYSIS 3	SCH - RDF	14-2324		1/1/2004			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/1/2009 TO: 9/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1
20 SUBPROVIDER	4
20.01 SUBPROVIDER 11	5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.		
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PIKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N
21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).		
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDER'S ACTUAL MSA OR CBSA.	1	N
21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL.	1	
21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL.	1	
21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MPPA §147? (SEE INSTRUCT) ENTER "Y" FOR YES, AND "N" FOR NO.	N	
21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)	N	N
21.08 WHICH METHOD IS USED TO DETERMINE MEDICAL DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.		N
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N	
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	N	
23.01 IF THIS IS A MEDICAL CARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /
23.02 IF THIS IS A MEDICAL CARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /
23.03 IF THIS IS A MEDICAL CARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /
23.04 IF THIS IS A MEDICAL CARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /
23.05 IF MEDICAL CARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	/ /	/ /
23.06 IF THIS IS A MEDICAL CARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /
23.07 IF THIS IS A MEDICAL CARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.	/ /	/ /
24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)		/ /
24.01 IF THIS IS A MEDICAL CARE TRANSPLANT CENTER, ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).		/ /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTIAL PATIENT AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GIVE FTE CAP (COLUMN 1) OR TIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GIVE FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWNG BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWNG BED OPTIMAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GIVE 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 N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE X I X 5
				TITLE V 3	TITLE XVI I I 4	
1 ADULTS & PEDI ATRI CS	249	90,885			26,997	6,198
2 HMO						378
2 01 HMO - (I RF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	249	90,885			26,997	6,198
6 INTENSIVE CARE UNIT	18	6,570			2,319	424
11 NURSERY						2,180
12 TOTAL	267	97,455			29,316	8,802
13 RPCH VISITS						
14 SUBPROVIDER	20	7,300			1,204	1,378
14 01 SUBPROVIDER 2	17	6,205			3,341	37
18 HOME HEALTH AGENCY					20,456	
25 TOTAL	304					
26 OBSERVATION BED DAYS						952
26 01 OBSERVATION BED DAYS- SUB I						
26 02 OBSERVATION BED DAYS- SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I RF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS / O/P VISITS /		TOTAL ALL PATS 6	TRIPS		INTERNS & RES. FTES	
	TITLE X I X ADM TTED 5.01	OBSERVATION BEDS NOT ADM TTED 5.02		TOTAL ADM TTED 6.01	OBSERVATION BEDS NOT ADM TTED 6.02	TOTAL 7	LESS I & R REPL NON-PHYS ANES 8
1 ADULTS & PEDI ATRI CS			6				
2 HMO			48,644				
2 01 HMO - (I RF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			48,644				
6 INTENSIVE CARE UNIT			4,267				
11 NURSERY			3,905				
12 TOTAL			56,816				
13 RPCH VISITS							
14 SUBPROVIDER			3,725				
14 01 SUBPROVIDER 2			4,020				
18 HOME HEALTH AGENCY			24,154				
25 TOTAL							
26 OBSERVATION BED DAYS			5,392				
26 01 OBSERVATION BED DAYS- SUB I							
26 02 OBSERVATION BED DAYS- SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS - I RF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES		TOTAL ALL PATIENTS 15
				TITLE V 12	TITLE XVI I I 13	
1 ADULTS & PEDI ATRI CS					6,669	16,213
2 HMO						
2 01 HMO - (I RF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		1,316.34			6,669	16,213
13 RPCH VISITS						
14 SUBPROVIDER		17.33			230	758
14 01 SUBPROVIDER 2		24.88			289	356
18 HOME HEALTH AGENCY		21.28				
25 TOTAL		1,379.83				
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS- SUB I						
26 02 OBSERVATION BED DAYS- SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I RF						
29 LABOR & DELIVERY DAYS						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
	TO 9/30/2010	WORKSHEET S-3
		PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	81,294,339		81,294,339	2,870,025.00	28.33	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,696,885	-268,251	4,428,634	135,646.00	32.65	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	847,826		847,826	17,822.00	47.57	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	287,582		287,582	1,912.00	150.41	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,553,767		5,553,767	19,320.00	287.46	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,921,010		23,921,010			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,378,593		1,378,593			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FGHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	453,774		453,774	13,288.00	34.15	
22 ADMINISTRATIVE & GENERAL	10,668,322	-251,582	10,416,740	361,956.00	28.78	
22.01 A & G UNDER CONTRACT	212,441		212,441	3,373.00	62.98	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,243,338		2,243,338	95,648.00	23.45	
25 LAUNDRY & LINEN SERVICE	82,512		82,512	6,032.00	13.68	
26 HOUSEKEEPING	1,740,644		1,740,644	124,776.00	13.95	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,348,759	-642,759	706,000	48,275.00	14.62	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		642,759	642,759	43,951.00	14.62	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,280,822		1,280,822	35,656.00	35.92	
31 CENTRAL SERVICE AND SUPPLY	891,048	-491,510	399,538	25,264.00	15.81	
32 PHARMACY	2,061,074		2,061,074	53,960.00	38.20	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,809,177		1,809,177	87,350.00	20.71	
34 SOCIAL SERVICE		251,582	251,582	8,492.00	29.63	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	81,506,780		81,506,780	2,873,398.00	28.37	
2 EXCLUDED AREA SALARIES	4,696,885	-268,251	4,428,634	135,646.00	32.65	
3 SUBTOTAL SALARIES	76,809,895	268,251	77,078,146	2,737,752.00	28.15	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,689,175		6,689,175	39,054.00	171.28	
5 SUBTOTAL WAGE-RELATED COSTS	23,921,010		23,921,010		31.03	
6 TOTAL	107,420,080	268,251	107,688,331	2,776,806.00	38.78	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	22,791,911	-491,510	22,300,401	908,021.00	24.56	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0213
HHA NO: 14-7452
COUNTY:
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,144	54	17
2 UNDUPLICATED CENSUS COUNT		924.00	53.00	334.00

	TITLE V 5
1 HOME HEALTH AIDE HOURS	4,215
2 UNDUPLICATED CENSUS COUNT	1,311.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	6.59		6.59
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	12.57		12.57
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		.01	.01
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		.68	.68
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		2.34	2.34
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.06		.06
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.03		2.03
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16974	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	8,548	63	145	591
22 SKILLED NURSING VISIT CHARGES	1,765,796	13,013	29,950	117,733
23 PHYSICAL THERAPY VISITS	5,412	6	27	394
24 PHYSICAL THERAPY VISIT CHARGES	1,048,769	1,163	5,231	72,850
25 OCCUPATIONAL THERAPY VISITS	1,921	0	5	127
26 OCCUPATIONAL THERAPY VISIT CHARGES	372,581	0	969	22,476
27 SPEECH PATHOLOGY VISITS	159	0	0	17
28 SPEECH PATHOLOGY VISIT CHARGES	32,888	0	0	3,494
29 MEDICAL SOCIAL SERVICE VISITS	258	3	1	19
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	73,001	849	283	5,376
31 HOME HEALTH AIDE VISITS	2,547	17	10	186
32 HOME HEALTH AIDE VISIT CHARGES	321,687	2,147	1,263	21,218
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	18,845	89	188	1,334
34 OTHER CHARGES	18,301	226	256	1,315
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,633,023	17,398	37,952	244,462
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	832	0	63	69
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	5
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	20,904	377	870	560

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
HHA NO:	TO 9/30/2010	WORKSHEET S-4
14-7452		
COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCI C WITHIN A PEP 5	SCI C ONLY EPI CODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	9,347
22 SKILLED NURSING VISIT CHARGES	0	0	1,926,492
23 PHYSICAL THERAPY VISITS	0	0	5,839
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,128,013
25 OCCUPATIONAL THERAPY VISITS	0	0	2,053
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	396,026
27 SPEECH PATHOLOGY VISITS	0	0	176
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	36,382
29 MEDICAL SOCIAL SERVICE VISITS	0	0	281
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	79,509
31 HOME HEALTH AIDE VISITS	0	0	2,760
32 HOME HEALTH AIDE VISIT CHARGES	0	0	346,315
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	20,456
34 OTHER CHARGES	0	0	20,098
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,932,835
36 TOTAL NUMBER OF EPI CODES (STANDARD/NON OUTLIER)	0	0	964
37 TOTAL NUMBER OF OUTLIER EPI CODES	0	0	7
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	22,711

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 14-0213	PERIOD: FROM 10/1/2009 TO 9/30/2010	PREPARED 2/23/2011 WORKSHEET S-5
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DESCRPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	52					
7 TREATMENT CAPACITY PER DAY PER STATION	8					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOETIN						
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	2,458,773					
13 . 1 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM	275,817					
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	64,382					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAL REVENUES	22,742,000
18	REVENUES FROM STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22,742,000
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.276199
25	TOTAL STATE AND LOCAL INDEPENDENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAL CHARGES FROM YOUR RECORDS	92,442,000

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	25,532,388
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	13,109,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,620,693
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	25,532,388

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATION	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		34,774,856	34,774,856	-11,577,452	23,197,404
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,715,732	7,715,732
5	0500 EMPLOYEE BENEFITS	453,774	25,713,638	26,167,412		26,167,412
6	0600 ADMIN STRATIVE & GENERAL	10,668,322	32,145,954	42,814,276	1,943,431	44,757,707
8	0800 OPERATION OF PLANT	2,243,338	5,592,902	7,836,240		7,836,240
9	0900 LAUNDRY & LINEN SERVICE	82,512	330,328	412,840		412,840
10	1000 HOUSEKEEPING	1,740,644	960,584	2,701,228		2,701,228
11	1100 DIETARY	1,348,759	1,254,284	2,603,043	-1,240,495	1,362,548
12	1200 CAFETERIA				1,240,495	1,240,495
14	1400 NURSING ADMIN STRATION	1,280,822	24,858	1,305,680		1,305,680
15	1500 CENTRAL SERVICES & SUPPLY	891,048	1,097,330	1,988,378	-1,383,484	604,894
16	1600 PHARMACY	2,061,074	9,681,492	11,742,566	-7,988,935	3,753,631
17	1700 MEDICAL RECORDS & LIBRARY	1,809,177	435,549	2,244,726		2,244,726
18	1800 SOCIAL SERVICE				251,582	251,582
24	2400 PARAMED ED PRGM	241,453	248,478	489,931	-42,107	447,824
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,576,971	1,921,557	16,498,528	2,259,136	18,757,664
26	2600 INTENSIVE CARE UNIT	3,242,494	476,890	3,719,384	-209,306	3,510,078
31	3100 SUBPROVIDER	1,244,206	46,532	1,290,738	-216,540	1,074,198
31.01	3101 SUBPROVIDER 2	1,693,068	458,689	2,151,757	68,286	2,220,043
33	3300 NURSERY	4,179,038	246,149	4,425,187	-3,483,927	941,260
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,113,432	17,513,867	22,627,299	-3,965,526	18,661,773
38	3800 RECOVERY ROOM	996,184	80,718	1,076,902	-18,788	1,058,114
39	3900 DELIVERY ROOM & LABOR ROOM		389,151	389,151	1,607,748	1,996,899
40	4000 ANESTHESIOLOGY	194,515	598,627	793,142	-345,409	447,733
41	4100 RADIOLOGY-DIAGNOSTIC	6,973,408	10,019,592	16,993,000	-1,451,624	15,541,376
41.01	4101 ULTRASOUND	972,623	166,433	1,139,056	-12,657	1,126,399
44	4400 LABORATORY	3,248,133	3,685,416	6,933,549	76,916	7,010,465
47	4700 BLOOD STORAGE, PROCESSING & TRANS.	148,811	1,314,231	1,463,042		1,463,042
49	4900 RESPIRATORY THERAPY	1,065,488	229,002	1,294,490	18,755	1,313,245
50	5000 PHYSICAL THERAPY	1,379,159	535,014	1,914,173	-12,767	1,901,406
51	5100 OCCUPATIONAL THERAPY	314,453	129,595	444,048	-2,126	441,922
52	5200 SPEECH PATHOLOGY	249,658	2,714	252,372	-203	252,169
53	5300 ELECTROCARDIOLOGY	817,510	349,254	1,166,764	75,932	1,242,696
54	5400 ELECTROENCEPHALOGRAPHY	98,140	13,701	111,841	5,244	117,085
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,295,789	8,295,789
56	5600 DRUGS CHARGED TO PATIENTS				7,959,880	7,959,880
57	5700 RENAL DIALYSIS	3,346,669	4,069,217	7,415,886	21,568	7,437,454
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	278,236	203,498	481,734	-2,195	479,539
60.01	6001 HOMER GLEN LAB	272,438	132,033	404,471	-155	404,316
60.02	6002 HOMER GLEN FEC	718,299	680,963	1,399,262	-20,138	1,379,124
60.03	6003 WOMEN'S HEALTH	511,472	307,107	818,579	-24,560	794,019
61	6100 EMERGENCY	4,882,305	740,221	5,622,526	203,687	5,826,213
61.01	6101 OP MENTAL HEALTH	147,795	7,629	155,424	278,283	433,707
61.02	6102 DIABETES CENTER	290,753	9,496	300,249	-36,523	263,726
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS	100,925	633,366	734,291	-290	734,001
71	7100 HOME HEALTH AGENCY	1,409,712	921,943	2,331,655	12,743	2,344,398
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	81,286,818	158,142,858	239,429,676	-0-	239,429,676
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,521		7,521		7,521
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	81,294,339	158,142,858	239,437,197	-0-	239,437,197

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESPROVIDER NO:
14-0213PERIOD:
FROM 10/1/2009
TO 9/30/2010PREPARED 2/23/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	- 5,404,357	17,793,047
4	0400 NEW CAP REL COSTS- MVBLE EQUIP		7,715,732
5	0500 EMPLOYEE BENEFITS	- 11,442	26,155,970
6	0600 ADMIN STRATIVE & GENERAL	- 18,163,682	26,594,025
8	0800 OPERATION OF PLANT	- 733	7,835,507
9	0900 LAUNDRY & LINEN SERVICE		412,840
10	1000 HOUSEKEEPING	- 1,132	2,700,096
11	1100 DIETARY	- 934,383	428,165
12	1200 CAFETERIA		1,240,495
14	1400 NURSING ADMINISTRATION	- 657	1,305,023
15	1500 CENTRAL SERVICES & SUPPLY	- 6,212	598,682
16	1600 PHARMACY		3,753,631
17	1700 MEDICAL RECORDS & LIBRARY	- 18,440	2,226,286
18	1800 SOCIAL SERVICE		251,582
24	2400 PARAMEDICAL PRGM	- 113,118	334,706
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	- 832,010	17,925,654
26	2600 INTENSIVE CARE UNIT	- 8,669	3,501,409
31	3100 SUBPROVIDER	- 57,475	1,016,723
31.01	3101 SUBPROVIDER 2	- 81,250	2,138,793
33	3300 NURSERY	- 3,482	937,778
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	- 3,537	18,658,236
38	3800 RECOVERY ROOM		1,058,114
39	3900 DELIVERY ROOM & LABOR ROOM		1,996,899
40	4000 ANESTHESIOLOGY	- 32	447,701
41	4100 RADIOLOGY- DIAGNOSTIC	- 431,907	15,109,469
41.01	4101 ULTRASOUND		1,126,399
44	4400 LABORATORY	- 15,956	6,994,509
47	4700 BLOOD STORAGE, PROCESSING & TRANS.		1,463,042
49	4900 RESPIRATORY THERAPY	- 22,880	1,290,365
50	5000 PHYSICAL THERAPY	- 17	1,901,389
51	5100 OCCUPATIONAL THERAPY		441,922
52	5200 SPEECH PATHOLOGY	- 16	252,153
53	5300 ELECTROCARDIOLOGY	- 337,438	905,258
54	5400 ELECTROENCEPHALOGRAPHY	- 12,000	105,085
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,295,789
56	5600 DRUGS CHARGED TO PATIENTS		7,959,880
57	5700 RENAL DIALYSIS	- 55,042	7,382,412
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		479,539
60.01	6001 HOMER GLEN LAB		404,316
60.02	6002 HOMER GLEN FEC		1,379,124
60.03	6003 WOMEN'S HEALTH	- 13,735	780,284
61	6100 EMERGENCY	- 327,040	5,499,173
61.01	6101 OP MENTAL HEALTH	- 11,298	422,409
61.02	6102 DIABETES CENTER	- 6,043	257,683
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		734,001
71	7100 HOME HEALTH AGENCY	- 6,818	2,337,580
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	- 26,880,801	212,548,875
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,521
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	- 26,880,801	212,556,396

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
	TO 9/30/2010	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATIVE	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMEDICAL PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORAGE, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HOMER GLEN LAB	6001	CLINIC
60.02	HOMER GLEN FEC	6002	CLINIC
60.03	WOMEN'S HEALTH	6003	CLINIC
61	EMERGENCY	6100	
61.01	OPMENTAL HEALTH	6101	EMERGENCY
61.02	DIABETES CENTER	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 STERILE PROCESSING	A	ADULTS & PEDIATRICS	25	6,881	9,936
2		OPERATING ROOM	37	440,393	635,899
3		DELIVERY ROOM & LABOR ROOM	39	30,965	44,712
4		RADIOLOGY-DIAGNOSTIC	41	3,441	4,968
5		CLINIC	60	1,966	2,839
6		EMERGENCY	61	7,864	11,355
7 OP MHU	B	OP MENTAL HEALTH	61.01	268,251	10,032
8 CAPITAL INSURANCE	C	NEW CAP REL COSTS-M/BLE EQUIP	4		121,579
9		ADMINISTRATIVE & GENERAL	6		133,716
10 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		7,959,880
11 MALPRACTICE INSURANCE	E	ADMINISTRATIVE & GENERAL	6		3,728,004
12 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-M/BLE EQUIP	4		7,594,153
13 PHYSICIAN FEES	G	ADULTS & PEDIATRICS	25		790,883
14		INTENSIVE CARE UNIT	26		22,000
15		SUBPROVIDER	31		62,142
16		SUBPROVIDER 2	31.01		81,250
17		OPERATING ROOM	37		5,000
18		LABORATORY	44		89,000
19		RESPIRATORY THERAPY	49		28,332
20		ELECTROCARDIOLOGY	53		78,000
21		ELECTROENCEPHALOGRAPHY	54		12,000
22		RENAL DIALYSIS	57		87,500
23		EMERGENCY	61		375,600
24		DIABETES CENTER	61.02		5,000
25		HOME HEALTH AGENCY	71		30,000
26 LABOR & DELIVERY	H	ADULTS & PEDIATRICS	25	1,757,515	
27		DELIVERY ROOM & LABOR ROOM	39	1,716,523	
28 SOCIAL SERVICES	I	SOCIAL SERVICE	18	251,582	
29 CHARGEABLE SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,295,789
30					
31					
32					
33					
34					
35					
1 CHARGEABLE SUPPLIES	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 DIABETES MANAGEMENT	L	ADULTS & PEDIATRICS	25	40,315	1,208
24 DIETARY RECLASS	M	CAFETERIA	12	642,759	597,736
36 TOTAL RECLASSIFICATIONS				5,168,455	30,818,513

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET A-6

		----- DECREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 STERILE PROCESSING	A	CENTRAL SERVICES & SUPPLY	15	491,510	709,709	
2						
3						
4						
5						
6						
7 OP MHU	B	SUBPROVIDER	31	268,251	10,032	
8 CAPITAL INSURANCE	C	NEW CAP REL COSTS- BLDG & FI XT	3		255,295	12
9						
10 CHARGEABLE DRUGS	D	PHARMACY	16		7,959,880	
11 MALPRACTICE INSURANCE	E	NEW CAP REL COSTS- BLDG & FI XT	3		3,728,004	12
12 DEPRECIATION RECLASS	F	NEW CAP REL COSTS- BLDG & FI XT	3		7,594,153	9
13 PHYSICIAN FEES	G	ADMINISTRATIVE & GENERAL	6		1,666,707	
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26 LABOR & DELIVERY	H	NURSERY	33	3,474,038		
27						
28 SOCIAL SERVICES	I	ADMINISTRATIVE & GENERAL	6	251,582		
29 CHARGEABLE SUPPLIES	K	CENTRAL SERVICES & SUPPLY	15		182,265	
30		PHARMACY	16		29,055	
31		PARAMEDICAL PRGM	24		42,107	
32		ADULTS & PEDIATRICS	25		347,602	
33		INTENSIVE CARE UNIT	26		231,306	
34		SUBPROVIDER	31		399	
35		SUBPROVIDER 2	31.01		12,964	
1 CHARGEABLE SUPPLIES	K	NURSERY	33		9,889	
2		OPERATING ROOM	37		5,046,818	
3		RECOVERY ROOM	38		18,788	
4		DELIVERY ROOM & LABOR ROOM	39		184,452	
5		ANESTHESIOLOGY	40		345,409	
6		RADIOLOGY- DIAGNOSTIC	41		1,460,033	
7		ULTRASOUND	41.01		12,657	
8		LABORATORY	44		12,084	
9		WOMEN'S HEALTH	60.03		24,560	
10		RESPIRATORY THERAPY	49		9,577	
11		PHYSICAL THERAPY	50		12,767	
12		OCCUPATIONAL THERAPY	51		2,126	
13		ELECTROCARDIOLOGY	53		2,068	
14		ELECTROENCEPHALOGRAPHY	54		6,756	
15		RENAL DIALYSIS	57		65,932	
16		CLINIC	60		7,000	
17		EMERGENCY	61		191,132	
18		HOMER GLEN LAB	60.01		155	
19		HOME PROGRAM DIALYSIS	64		290	
20		HOME HEALTH AGENCY	71		17,257	
21		HOMER GLEN FEC	60.02		20,138	
22		SPEECH PATHOLOGY	52		203	
23 DIABETES MANAGEMENT	L	DIABETES CENTER	61.02	40,315	1,208	
24 DIETARY RECLASS	M	DIETARY	11	642,759	597,736	
36 TOTAL RECLASSIFICATIONS				5,168,455	30,818,513	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: STERILE PROCESSING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	16,817
2.00	OPERATING ROOM	37	1,076,292
3.00	DELIVERY ROOM & LABOR ROOM	39	75,677
4.00	RADIOLOGY-DIAGNOSTIC	41	8,409
5.00	CLINIC	60	4,805
6.00	EMERGENCY	61	19,219
TOTAL RECLASSIFICATIONS FOR CODE A			1,201,219

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	1,201,219	
		0	
		0	
		0	
		0	
		0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,201,219

RECLASS CODE: B
EXPLANATION: OP MHU

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OP MENTAL HEALTH	61.01	278,283
TOTAL RECLASSIFICATIONS FOR CODE B			278,283

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	278,283	
		278,283	

RECLASS CODE: C
EXPLANATION: CAPITAL INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MMBLE EQUIP	4	121,579
2.00	ADMINISTRATIVE & GENERAL	6	133,716
TOTAL RECLASSIFICATIONS FOR CODE C			255,295

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	255,295	
		0	
TOTAL RECLASSIFICATIONS FOR CODE C			255,295

RECLASS CODE: D
EXPLANATION: CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	7,959,880
TOTAL RECLASSIFICATIONS FOR CODE D			7,959,880

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	7,959,880	
		7,959,880	

RECLASS CODE: E
EXPLANATION: MALPRACTICE INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	3,728,004
TOTAL RECLASSIFICATIONS FOR CODE E			3,728,004

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	3,728,004	
		3,728,004	

RECLASS CODE: F
EXPLANATION: DEPRECIATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MMBLE EQUIP	4	7,594,153
TOTAL RECLASSIFICATIONS FOR CODE F			7,594,153

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	7,594,153	
		7,594,153	

RECLASS CODE: G
EXPLANATION: PHYSICIAN FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	790,883
2.00	INTENSIVE CARE UNIT	26	22,000
3.00	SUBPROVIDER	31	62,142
4.00	SUBPROVIDER 2	31.01	81,250
5.00	OPERATING ROOM	37	5,000
6.00	LABORATORY	44	89,000
7.00	RESPIRATORY THERAPY	49	28,332
8.00	ELECTROCARDIOLOGY	53	78,000
9.00	ELECTROENCEPHALOGRAPHY	54	12,000
10.00	RENAL DIALYSIS	57	87,500
11.00	EMERGENCY	61	375,600
12.00	DIABETES CENTER	61.02	5,000
13.00	HOME HEALTH AGENCY	71	30,000
TOTAL RECLASSIFICATIONS FOR CODE G			1,666,707

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,666,707	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,666,707

RECLASS CODE: H
EXPLANATION: LABOR & DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,757,515

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSERY	33	3,474,038	

RECLASSIFICATIONS

PROVIDER NO:
140213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION: LABOR & DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	DELIVERY ROOM & LABOR ROOM	39	1,716,523
TOTAL RECLASSIFICATIONS FOR CODE H			3,474,038

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			3,474,038

RECLASS CODE: I
EXPLANATION: SOCIAL SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SOCIAL SERVICES	18	251,582
TOTAL RECLASSIFICATIONS FOR CODE I			251,582

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADM INISTRATIVE & GENERAL	6		251,582
			251,582

RECLASS CODE: K
EXPLANATION: CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,295,789
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			8,295,789

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15		182,265
PHARMACY	16		29,055
PARAMEDICAL PRGM	24		42,107
ADULTS & PEDIATRICS	25		347,602
INTENSIVE CARE UNIT	26		231,306
SUBPROVIDER	31		399
SUBPROVIDER 2	31.01		12,964
NURSERY	33		9,889
OPERATING ROOM	37		5,046,818
RECOVERY ROOM	38		18,788
DELIVERY ROOM & LABOR ROOM	39		184,452
ANESTHESIOLOGY	40		345,409
RADIOLOGY-DIAGNOSTIC	41		1,460,033
ULTRASOUND	41.01		12,657
LABORATORY	44		12,084
WOMEN'S HEALTH	60.03		24,560
RESPIRATORY THERAPY	49		9,577
PHYSICAL THERAPY	50		12,767
OCCUPATIONAL THERAPY	51		2,126
ELECTROCARDIOLOGY	53		2,068
ELECTROENCEPHALOGRAPHY	54		6,756
RENAL DIALYSIS	57		65,932
CLINIC	60		7,000
EMERGENCY	61		191,132
HOMER GLEN LAB	60.01		155
HOMER PROGRAM DIALYSIS	64		290
HOMER HEALTH AGENCY	71		17,257
HOMER GLEN FEC	60.02		20,138
SPEECH PATHOLOGY	52		203
			8,295,789

RECLASS CODE: L
EXPLANATION: DIABETES MANAGEMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	41,523
TOTAL RECLASSIFICATIONS FOR CODE L			41,523

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIABETES CENTER	61.02		41,523
			41,523

RECLASS CODE: M
EXPLANATION: DIETARY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,240,495
TOTAL RECLASSIFICATIONS FOR CODE M			1,240,495

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11		1,240,495
			1,240,495

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	32,518,000					32,518,000	
2 LAND IMPROVEMENTS	5,385,000	95,000		95,000		5,480,000	
3 BUILDINGS & FIXTURE	183,399,000	2,191,000		2,191,000		185,590,000	
4 BUILDING IMPROVEMENT	78,378,000	133,106,000		133,106,000		211,484,000	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	102,898,000	7,390,000		7,390,000		110,288,000	
7 SUBTOTAL	402,578,000	142,782,000		142,782,000		545,360,000	
8 RECONCILING ITEMS							
9 TOTAL	402,578,000	142,782,000		142,782,000		545,360,000	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS- BL	435,072,000		435,072,000	.797769				
4	NEW CAP REL COSTS- IM	110,288,999		110,288,999	.202231				
5	TOTAL	545,360,999		545,360,999	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS- BL	16,668,485		986,141	105,405	33,016		17,793,047
4	NEW CAP REL COSTS- IM	7,594,153			121,579			7,715,732
5	TOTAL	24,262,638		986,141	226,984	33,016		25,508,779

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS- BL	23,692,964		6,960,172	4,088,704	33,016		34,774,856
4	NEW CAP REL COSTS- IM							
5	TOTAL	23,692,964		6,960,172	4,088,704	33,016		34,774,856

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVESTMENT INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVESTMENT INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS- MMBLE E	4	
5 INVESTMENT INCOME- OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRIVATE SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,744,439			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	468,617			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA- EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INITIAL EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/ A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/ A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW PHYSICIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS- BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS- MMBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 1996 DSR INTEXP. ADD ON	B	14,351	NEW CAP REL COSTS- BLDG &	3	11
39 OTHER REVENUE - CENTRAL SUPPLY	B	-6,212	CENTRAL SERVICES & SUPPLY	15	
40 TELEPHONE BENEFITS	B	-11,442	EMPLOYEE BENEFITS	5	
41 PHYSICIANS	B	-598,721	ADMINISTRATIVE & GENERAL	6	
42 CONTRIBUTIONS EXPENSE	A	-32,701	ADMINISTRATIVE & GENERAL	6	
43 BAD DEBTS	B	-12,953,192	ADMINISTRATIVE & GENERAL	6	
44 AHA & IHA DUES - POLITICAL LOBBY	A	-31,279	ADMINISTRATIVE & GENERAL	6	
45 OTHER REVENUE - A&G	B	-2,120,403	ADMINISTRATIVE & GENERAL	6	
46 TELEPHONE COST	A	-59,043	ADMINISTRATIVE & GENERAL	6	
47 LIFE LINE COST	A	-28,081	ADMINISTRATIVE & GENERAL	6	
48 COMMUNITY RELATIONS	A	-1,130,247	ADMINISTRATIVE & GENERAL	6	
49 ADVERTISING ADMIN (EXPENSE ACCT# 510)	A	-565	ADMINISTRATIVE & GENERAL	6	
49.01 OTHER REVENUE - OPERATION & PLANT	B	-733	OPERATION OF PLANT	8	
49.02 OTHER REVENUE - CAFE - EMP & GUESTS	B	-923,301	DIETARY	11	
49.03 OTHER REVENUE - VENDING MACHINES	B	-11,082	DIETARY	11	
49.04 OTHER REVENUE - NURSING ADMIN	B	-657	NURSING ADMINISTRATION	14	
49.05 OTHER REVENUE - PARAMEDIC PROGRAM	B	-113,118	PARAMEDIC PRGM	24	
49.06 OTHER REVENUE - A&P	B	-147	ADULTS & PEDIATRICS	25	
49.07 OTHER REVENUE - SUBPROVIDER	B	-11,298	OPMENTAL HEALTH	61.01	
49.08 OTHER REVENUE - NURSERY	B	-3,482	NURSERY	33	
49.09 OTHER REVENUE - RADIOLOGY	B	-52,950	RADIOLOGY- DIAGNOSTIC	41	
49.11 OTHER REVENUE - LAB	B	-2,140	LABORATORY	44	
49.12 OTHER REVENUE - PHYSICAL THERAPY	B	-17	PHYSICAL THERAPY	50	
49.13 OTHER REVENUE - CARDIAC LAB	B	-33,755	ELECTROCARDIOLOGY	53	
49.15 OTHER REVENUE - MEDICAL RECORDS	B	-18,440	MEDICAL RECORDS & LIBRARY	17	
49.16 OTHER REVENUE - DIABETES	B	-1,043	DIABETES CENTER	61.02	
49.18 HHA BAD DEBTS	B	-6,798	HOME HEALTH AGENCY	71	
49.19 INVESTMENT INCOME	B	-5,988,382	NEW CAP REL COSTS- BLDG &	3	11
49.20 OTHER REVENUE - OPERATING ROOM	B	-37	OPERATING ROOM	37	
49.22 OTHER REVENUE - HHA	B	-20	HOME HEALTH AGENCY	71	
49.24 WELLNESS PROGRAM EXPENSES	A	-214,254	ADMINISTRATIVE & GENERAL	6	
49.25 OTHER REV- ENVIRONMENTAL SERVICES	B	-1,132	HOUSEKEEPING	10	
49.27 OTHER REV- ICU	B	-129	INTENSIVE CARE UNIT	26	
49.32 ADMIN MISC SERVICES	A	-250,746	ADMINISTRATIVE & GENERAL	6	
49.33 OTHER REV- ANESTHESIOLOGY	B	-32	ANESTHESIOLOGY	40	
49.34 OTHER REV- SPEECH PATH	B	-16	SPEECH PATHOLOGY	52	
49.35 OTHER REV- WOMEN'S HEALTH	B	-13,735	WOMEN'S HEALTH	60.03	
50 TOTAL (SUM OF LINES 1 THRU 49)		-26,880,801			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	6,264,279	5,678,052	586,227	
2	3	NEW CAP REL COSTS-BLDG & DEPRECIATION	569,674		569,674	9
3	41	RADIOLOGY-DIAGNOSTIC		378,957	-378,957	
4	53	ELECTROCARDIOLOGY		225,683	-225,683	
4.01	6	ADMINISTRATIVE & GENERAL		41,664	-41,664	
4.02	25	ADULTS & PEDIATRICS		40,980	-40,980	
5		TOTALS	6,833,953	6,365,336	468,617	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUESTS THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	SILVER CROSS HOSPITAL	0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	790,883	790,883					
2 6	ADMIN & GENERAL	1,289,013	1,289,013					
3 31	SUBPROVIDER	62,142	4,167	57,975	154,100	63	4,667	233
4 31	SUBPROVIDER 2	81,250	81,250		154,100			
5 37	OPERATING ROOM	5,000		5,000	208,000	15	1,500	75
6								
7 49	RESPIRATORY THERAPY	28,332	10,000	18,332	177,200	64	5,452	273
8 53	ELECTROCARDIOLOGY	78,000	78,000		177,200			
9								
10 61	EMERGENCY	375,600	309,850	65,750	177,200	570	48,560	2,428
11								
12 44	LABORATORY	89,000		89,000	215,700	725	75,184	3,759
13 61	DIABETES CENTER	5,000	5,000		177,200			
14 6	ANESTHESIA							
15 26	INTENSIVE CARE UNIT	22,000		22,000	177,200	158	13,460	673
16 54	ELECTROENCEPHALOGRAPHY	12,000	12,000		177,200			
17 57	RENAL DIALYSIS	87,500		87,500	177,200	381	32,458	1,623
18 50	PHYSICAL THERAPY				177,200			
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,925,720	2,580,163	345,557		1,976	181,281	9,064

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							790,883
2 6	ADM N & GENERAL							1,289,013
3 31	SUBPROVIDER					4,667	53,308	57,475
4 31 1	SUBPROVIDER 2							81,250
5 37	OPERATING ROOM					1,500	3,500	3,500
6								
7 49	RESPIRATORY THERAPY					5,452	12,880	22,880
8 53	ELECTROCARDIOLOGY							78,000
9								
10 61	EMERGENCY					48,560	17,190	327,040
11								
12 44	LABORATORY					75,184	13,816	13,816
13 61 2	DIABETES CENTER							5,000
14 6	ANESTHESIA							
15 26	INTENSIVE CARE UNIT					13,460	8,540	8,540
16 54	ELECTROENCEPHALOGRAPHY							12,000
17 57	RENAL DIALYSIS					32,458	55,042	55,042
18 50	PHYSICAL THERAPY							
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					181,281	164,276	2,744,439

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS- MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM COST	NOT ENTERED
8	OPERATION OF PLANT	5	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	NUMBER HOUSED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT NURSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	ENTERED
16	PHARMACY	12	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	TIME SPENT	ENTERED
18	SOCIAL SERVICE	14	TIME SPENT	ENTERED
24	PARAMEDICAL PRGM	15	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C COSTS- BLDG &	NEW CAP REL C COSTS- M/BL E	EMPLOYEE BENE FI TS	SUBTOTAL 5a.00	ADM NI STRATI V E & GENERAL	OPERATI ON OF PLANT	8
	0	3	4	5				
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS- BLDG &	17,793,047	17,793,047						
005 NEW CAP REL COSTS- M/BL E	7,715,732		7,715,732					
006 EMPLOYEE BENEFITS	26,155,970	91,764	4,829	26,252,563				
008 ADM NI STRATI VE & GENERAL	26,594,025	2,909,711	2,739,412	3,404,326	35,647,474	35,647,474		
009 OPERATI ON OF PLANT	7,835,507	232,326	273,979	733,152	9,074,964	1,828,623	10,903,587	
010 LAUNDRY & LI NEN SERVICE	412,840	106,151		26,966	545,957	110,011	79,497	
011 HOUSEKEEPING	2,700,096	124,766	14,869	568,865	3,408,596	686,839	93,439	
012 DI ETARY	428,165	487,252	25,453	230,730	1,171,600	236,080	364,909	
014 CAFETERIA	1,240,495	497,459	23,173	210,062	1,971,189	397,199	372,553	
015 NURSING ADM NI STRATI ON	1,305,023	59,005	41,485	418,589	1,824,102	367,560	44,189	
016 CENTRAL SERVICES & SUPPLY	598,682	554,666	44,171	130,574	1,328,093	267,613	415,396	
017 PHARMACY	3,753,631	148,970		673,586	4,576,187	922,111	111,566	
018 MEDICAL RECORDS & LIBRARY	2,226,286	316,459	61,735	591,263	3,195,743	643,949	237,000	
024 SOCIAL SERVICE	251,582			82,220	333,802	67,262		
025 PARAMED PRGM	334,706	53,464	7,080	78,910	474,160	95,544	40,040	
026 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDI ATRIC	17,925,654	3,471,374	373,847	5,353,720	27,124,595	5,465,633	2,599,750	
031 INTENSIVE CARE UNIT	3,501,409	613,136	87,171	1,059,689	5,261,405	1,060,184	459,185	
031 SUBPROVIDER	1,016,723	324,624	14,016	318,955	1,674,318	337,378	243,115	
031 01 SUBPROVIDER 2	2,138,793	469,561	29,420	553,317	3,191,091	643,011	351,659	
033 NURSERY	937,778	135,653	41,703	230,403	1,345,537	271,128	101,592	
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	18,658,236	1,284,645	687,760	1,815,062	22,445,703	4,522,854	962,085	
039 RECOVERY ROOM	1,058,114	107,803	29,274	325,566	1,520,757	306,436	80,735	
040 DELIVERY ROOM & LABOR ROO	1,996,899	612,893	171,334	571,102	3,352,228	675,481	459,003	
041 ANESTHESIOLOGY	447,701	78,932	42,736	63,570	632,939	127,538	59,113	
041 01 RADIOLOGY- DIAGNOSTIC	15,109,469	1,166,781	1,842,001	2,280,125	20,398,376	4,110,314	873,816	
044 ULTRASOUND	1,126,399	267,223	118,789	317,866	1,830,277	368,804	200,127	
047 LABORATORY	6,994,509	475,344	67,108	1,061,532	8,598,493	1,732,614	355,991	
049 BLOOD STORAGE, PROCESSING	1,463,042	19,441	2,854	48,633	1,533,970	309,098	14,560	
050 RESPIRATORY THERAPY	1,290,365	30,329	39,846	348,215	1,708,755	344,318	22,714	
051 PHYSICAL THERAPY	1,901,389	187,659	27,352	450,727	2,567,127	517,281	140,540	
052 OCCUPATIONAL THERAPY	441,922	120,586	2,158	102,767	667,433	134,489	90,308	
053 SPEECH PATHOLOGY	252,153	40,195	5,339	81,591	379,278	76,425	30,103	
054 ELECTROCARDIOLOGY	905,258	48,604	131,415	267,173	1,352,450	272,521	36,400	
055 ELECTROENCEPHALOGRAPHY	105,085	80,974	6,343	32,073	224,475	45,232	60,642	
056 MEDICAL SUPPLIES CHARGED	8,295,789				8,295,789	1,671,618		
057 DRUGS CHARGED TO PATIENTS	7,959,880		133,004		8,092,884	1,630,732		
060 RENAL DIALYSIS	7,382,412	312,036	107,674	1,093,735	8,895,857	1,792,533	233,687	
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	479,539	72,663	949	91,574	644,725	129,913	54,418	
060 02 HOMER GLEN LAB	404,316	304,843	1,902	89,036	800,097	161,221		
060 03 HOMER GLEN FEC	1,379,124		22,456	234,749	1,636,329	329,724	228,300	
061 WOMEN'S HEALTH	780,284		127,370		907,654	182,894		
061 01 EMERGENCY	5,499,173	1,380,346	357,521	1,598,171	8,835,211	1,780,313	1,033,757	
061 02 OP MENTAL HEALTH	422,409	203,893	2,786	135,969	765,057	154,161	152,698	
062 DIABETES CENTER	257,683	60,512	1,784	81,846	401,825	80,969	45,318	
064 OBSERVATION BEDS (NON-DI S								
071 OTHER REIMBURS COST CNTRS								
071 HOME PROGRAM DIALYSIS	734,001			32,984	766,985	154,549		
095 HOME HEALTH AGENCY	2,337,580		2,898	460,712	2,801,190	564,445		
095 SPEC PURPOSE COST CENTERS								
096 SUBTOTALS	212,548,875	17,452,043	7,714,996	26,250,105	212,204,677	35,576,602	10,648,205	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP	7,521	266,154		2,458	276,133	55,641	199,326	
101 PHYSICIANS' PRIVATE OFFICE		74,850	736		75,586	15,231	56,056	
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
TOTAL	212,556,396	17,793,047	7,715,732	26,252,563	212,556,396	35,647,474	10,903,587	

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- MMBLE E								
006 EMPLOYEE BENEFITS								
008 ADMIN STRATIVE & GENERAL								
009 OPERATI ON OF PLANT								
010 LAUNDRY & LINEN SERVICE	735,465							
011 HOUSEKEEPING		4,188,874						
012 DIETARY	6,971	142,448	1,922,008					
014 CAFETERIA		145,432		2,886,373				
015 NURSING ADMINISTRATION		17,250		47,305	2,300,406			
016 CENTRAL SERVICES & SUPPLY	4,682	162,156		33,533		2,211,473		
017 PHARMACY		43,551		71,593				5,725,008
018 MEDICAL RECORDS & LIBRARY		92,516		115,917		3,271		
024 SOCIAL SERVICE				11,261				
025 PARAMED PRGM	18,657	15,630		67,977		10,872		9,720
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS	374,116	1,014,852	1,428,745	774,302	1,400,711	114,250		8,998
031 INTENSIVE CARE UNIT	29,622	179,250	246,865	115,669	209,235	23,043		2,472
033 SUBPROVIDER	5,803	94,904	132,054	37,508		2,889		3
037 SUBPROVIDER 2	23,052	137,276	114,344	68,667	124,205	6,606		73
038 NURSERY	15,446	39,658		28,510	51,560	11,220		1,398
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	70,542	375,565		236,527		130,859		1,512
041 RECOVERY ROOM	15,853	31,516		30,691		3,813		4,748
044 DELIVERY ROOM & LABOR ROO	24,593	179,179		70,930	128,317	16,054		497
047 ANESTHESIOLOGY		23,076		9,770		17,684		56,138
049 RADIOLOGY- DIAGNOSTIC	22,197	341,107		324,210		130,963		15,332
050 ULTRASOUND	17,756	78,122		35,272		6,153		139
051 LABORATORY	1,109	138,967		177,050		304,944		
052 BLOOD STORING, PROCESSING		5,684		6,817		16,128		
053 RESPIRATORY THERAPY		8,867		50,535		21,019		
054 PHYSICAL THERAPY	14,680	54,862		63,037		4,153		652
055 OCCUPATIONAL THERAPY		35,253		12,365		543		
056 SPEECH PATHOLOGY		11,751		9,881		113		
057 ELECTROCARDIOLOGY	17,686	14,209		36,486		3,934		30
060 ELECTROENCEPHALOGRAPHY	497	23,673		5,630		606		
061 MEDICAL SUPPLIES CHARGED						1,075,385		
062 DRUGS CHARGED TO PATIENTS						21,991		4,293,238
064 RENAL DIALYSIS	19,493	91,223		144,676	261,698	153,326		1,177,399
066 OUTPAT SERVICE COST CNTRS								
067 CLINIC		21,243		9,549		2,185		
068 HOPER GLEN LAB				13,248		14,157		
069 HOPER GLEN FEC		89,120		28,207		6,605		661
070 WOMEN'S HEALTH						9,371		139
071 EMERGENCY	52,710	403,543		215,689		50,319		3,094
072 OP MENTAL HEALTH		59,608		18,657		761		
073 DIABETES CENTER		17,691		10,212	18,449	645		
074 OBSERVATION BEDS (NON-DIS								
075 OTHER REIMBURS COST CNTRS								
076 HOME PROGRAM DIALYSIS				3,643		41,957		148,765
077 HOME HEALTH AGENCY					106,231	5,654		
078 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	735,465	4,089,182	1,922,008	2,885,324	2,300,406	2,211,473		5,725,008
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP		77,810		1,049				
098 PHYSICIANS' PRIVATE OFFICE		21,882						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	735,465	4,188,874	1,922,008	2,886,373	2,300,406	2,211,473		5,725,008

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIRECT ASSIGNED NEW CAPITAL RELATED COSTS	NEW CAPITAL COSTS- BLDG &	NEW CAPITAL COSTS- MULTIPLE	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CENTER							
004 NEW CAPITAL COSTS- BLDG &							
005 NEW CAPITAL COSTS- MULTIPLE							
005 EMPLOYEE BENEFITS		91,764	4,829	96,593	96,593		
006 ADMIN STRATIVE & GENERAL	540,438	2,909,711	2,739,412	6,189,561	12,521	6,202,082	
008 OPERATION OF PLANT	18,499	232,326	273,979	524,804	2,696	318,150	845,650
009 LAUNDRY & LINEN SERVICE		106,151		106,151	99	19,140	6,166
010 HOUSEKEEPING		124,766	14,869	139,635	2,092	119,499	7,247
011 DIETARY	14,504	487,252	25,453	527,209	849	41,074	28,301
012 CAFETERIA		497,459	23,173	520,632	773	69,106	28,894
014 NURSING ADMINISTRATION	1,728	59,005	41,485	102,218	1,540	63,949	3,427
015 CENTRAL SERVICES & SUPPLY	357,884	554,666	44,171	956,721	480	46,560	32,217
016 PHARMACY	458	148,970		149,428	2,477	160,432	8,653
017 MEDICAL RECORDS & LIBRARY		316,459	61,735	378,194	2,175	112,036	18,381
018 SOCIAL SERVICE					302	11,702	
024 PARAMEDICAL PRGM	218	53,464	7,080	60,762	290	16,623	3,105
025 INPATIENT ROUTINE SERVICE CENTERS							
025 ADULTS & PEDIATRICS	42,414	3,471,374	373,847	3,887,635	19,731	950,944	201,627
026 INTENSIVE CARE UNIT	856	613,136	87,171	701,163	3,897	184,454	35,613
031 SUBPROVIDER		324,624	14,016	338,640	1,173	58,698	18,855
031 01 SUBPROVIDER 2	7,552	469,561	29,420	506,533	2,035	111,873	27,274
033 NURSERY		135,653	41,703	177,356	847	47,172	7,879
037 ANCILLARY SERVICE COST CENTERS							
037 OPERATING ROOM	232,587	1,284,645	687,760	2,204,992	6,676	786,901	74,617
038 RECOVERY ROOM		107,803	29,274	137,077	1,197	53,315	6,262
039 DELIVERY ROOM & LABOR ROOM		612,893	171,334	784,227	2,100	117,522	35,599
040 ANESTHESIOLOGY		78,932	42,736	121,668	234	22,190	4,585
041 RADIOLOGY- DIAGNOSTIC	1,143,599	1,166,781	1,842,001	4,152,381	8,386	715,126	67,771
041 01 ULTRASOUND		267,223	118,789	386,012	1,169	64,166	15,521
044 LABORATORY	93,006	475,344	67,108	635,458	3,904	301,446	27,610
047 BLOOD STORAGE PROCESSING		19,441	2,854	22,295	179	53,778	1,129
049 RESPIRATORY THERAPY	56,879	30,329	39,846	127,054	1,281	59,906	1,762
050 PHYSICAL THERAPY	117,152	187,659	27,352	332,163	1,658	89,998	10,900
051 OCCUPATIONAL THERAPY		120,586	2,158	122,744	378	23,399	7,004
052 SPEECH PATHOLOGY		40,195	5,339	45,534	300	13,297	2,335
053 ELECTROCARDIOLOGY	225,683	48,604	131,415	405,702	983	47,414	2,823
054 ELECTROENCEPHALOGRAPHY		80,974	6,343	87,317	118	7,870	4,703
055 MEDICAL SUPPLIES CHARGED						290,834	
056 DRUGS CHARGED TO PATIENTS			133,004	133,004		283,720	
057 RENAL DIALYSIS	280,470	312,036	107,674	700,180	4,023	311,871	18,124
060 OUTPATIENT SERVICE COST CENTERS							
060 CLINIC	177,551	72,663	949	251,163	337	22,603	4,220
060 01 HOMER GLEN LAB		304,843	1,902	306,745	327	28,050	
060 02 HOMER GLEN FEC	177,191		22,456	199,647	863	57,366	17,706
060 03 WOMEN'S HEALTH			127,370	127,370		31,821	
061 EMERGENCY	722	1,380,346	357,521	1,738,589	5,878	309,745	80,175
061 01 OP MENTAL HEALTH		203,893	2,786	206,679	500	26,821	11,843
061 02 DIABETES CENTER		60,512	1,784	62,296	301	14,087	3,515
062 OBSERVATION BEDS (NON-DIAGNOSTIC)							
064 OTHER REIMBURSEMENT COST CENTERS							
064 HOME PROGRAM DIALYSIS	33,357			33,357	121	26,889	
071 HOME HEALTH AGENCY	38,072		2,898	40,970	1,694	98,204	
095 SPECIAL PURPOSE COST CENTERS							
095 SUBTOTALS	3,560,820	17,452,043	7,714,996	28,727,859	96,584	6,189,751	825,843
096 NONREIMBURSEMENT COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		266,154		266,154	9	9,681	15,459
098 PHYSICIANS' PRIVATE OFFICE		74,850	736	75,586		2,650	4,348
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,560,820	17,793,047	7,715,732	29,069,599	96,593	6,202,082	845,650

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MMBLE E							
006 EMPLOYEE BENEFITS							
008 ADMNISTRATIVE & GENERAL							
009 OPERATI ON OF PLANT							
010 LAUNDRY & LINEN SERVICE	131,556						
011 HOUSEKEEPING		268,473					
012 DIETARY	1,247	9,130	607,810				
014 CAFETERIA		9,321		628,726			
015 NURSING ADMINISTRATION		1,106		10,304	182,544		
016 CENTRAL SERVICES & SUPPLY	838	10,393		7,304		1,054,513	
017 PHARMACY		2,791		15,595			339,376
018 MEDICAL RECORDS & LIBRARY		5,930		25,250		1,560	
024 SOCIAL SERVICE				2,453			
025 PARAMEDICAL PRGM	3,337	1,002		14,807		5,184	576
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	66,919	65,044	451,822	168,664	111,152	54,479	533
026 INTENSIVE CARE UNIT	5,299	11,488	78,068	25,196	16,603	10,988	147
031 SUBPROVIDER	1,038	6,083	41,760	8,170		1,378	
031 01 SUBPROVIDER 2	4,124	8,798	36,160	14,958	9,856	3,150	4
033 NURSERY	2,763	2,542		6,210	4,091	5,350	83
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	12,618	24,071		51,522		62,399	90
039 RECOVERY ROOM	2,836	2,020		6,685		1,818	281
040 DELIVERY ROOM & LABOR ROO	4,399	11,484		15,450	10,182	7,655	29
041 ANESTHESIOLOGY		1,479		2,128		8,432	3,328
041 01 RADIOLOGY- DIAGNOSTIC	3,970	21,862		70,621		62,448	909
044 ULTRASOUND	3,176	5,007		7,683		2,934	8
047 LABORATORY	198	8,907		38,566		145,409	
049 BLOOD STORING, PROCESSING		364		1,485		7,690	
050 RESPIRATORY THERAPY		568		11,008		10,023	
051 PHYSICAL THERAPY	2,626	3,516		13,731		1,980	39
052 OCCUPATIONAL THERAPY		2,259		2,693		259	
053 SPEECH PATHOLOGY		753		2,152		54	
054 ELECTROCARDIOLOGY	3,164	911		7,948		1,876	2
055 ELECTROENCEPHALOGRAPHY	89	1,517		1,226		289	
056 MEDICAL SUPPLIES CHARGED						512,783	
057 DRUGS CHARGED TO PATIENTS						10,486	254,502
060 RENAL DIALYSIS	3,487	5,847		31,514	20,766	73,112	69,796
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC		1,361		2,080		1,042	
060 03 HOMER GLEN LAB				2,886		6,751	
061 HOMER GLEN FEC		5,712		6,144		3,149	39
061 01 WOMEN'S HEALTH						4,468	8
061 02 EMERGENCY	9,428	25,864		46,983		23,994	183
062 01 OP MENTAL HEALTH		3,820		4,064		363	
062 02 DIABETES CENTER		1,134		2,224	1,464	307	
064 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME PROGRAM DIALYSIS				794		20,007	8,819
096 HOME HEALTH AGENCY					8,430	2,696	
098 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	131,556	262,084	607,810	628,498	182,544	1,054,513	339,376
102 NONREIMBURS COST CENTERS							
103 GI FT, FLOWER, COFFEE SHOP		4,987		228			
104 PHYSICIANS' PRIVATE OFFICE		1,402					
105 CROSS FOOT ADJUSTMENTS							
106 NEGATIVE COST CENTER							
107 TOTAL	131,556	268,473	607,810	628,726	182,544	1,054,513	339,376

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	PARAMEDICAL PROGRAM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18		24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MBL E							
006 EMPLOYEE BENEFITS							
008 ADMNISTRATIVE & GENERAL							
009 OPERATI ON OF PLANT							
010 LAUNDRY & LI NEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMNISTRATI ON							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	543,526						
024 SOCIAL SERVICE		14,457					
025 PARAMEDICAL PRGM				105,686			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	215,100		12,557		6,206,207		6,206,207
033 INTENSIVE CARE UNIT	66,210		770		1,139,896		1,139,896
037 SUBPROVIDER	17,279				493,074		493,074
031 01 SUBPROVIDER 2	16,804				741,569		741,569
033 NURSERY	23,230				277,523		277,523
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					3,223,886		3,223,886
039 RECOVERY ROOM					211,491		211,491
040 DELIVERY ROOM & LABOR ROOM					988,647		988,647
041 ANESTHESIOLOGY					164,044		164,044
041 01 RADIOLOGY- DIAGNOSTIC					5,103,474		5,103,474
044 ULTRASOUND					485,676		485,676
047 LABORATORY					1,161,498		1,161,498
049 BLOOD STORING, PROCESSING					86,920		86,920
050 RESPIRATORY THERAPY					211,602		211,602
051 PHYSICAL THERAPY	50,035				506,646		506,646
052 OCCUPATIONAL THERAPY					158,736		158,736
053 SPEECH PATHOLOGY					64,425		64,425
054 ELECTROCARDIOLOGY					470,823		470,823
055 ELECTROENCEPHALOGRAPHY	11,622				114,751		114,751
056 MEDICAL SUPPLIES CHARGED					803,617		803,617
057 DRUGS CHARGED TO PATIENTS					681,712		681,712
060 RENAL DIALYSIS					1,238,720		1,238,720
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC	2,193		180		285,179		285,179
060 03 HOMER GLEN LAB					344,759		344,759
061 02 HOMER GLEN FEC					290,626		290,626
061 03 WOMEN'S HEALTH					163,667		163,667
061 01 EMERGENCY	141,053		950		2,382,842		2,382,842
062 02 OP MENTAL HEALTH					254,090		254,090
062 01 DIABETES CENTER					85,328		85,328
064 OBSERVATION BEDS (NON-DIS)							
071 OTHER REIMBURS COST CNTRS							
095 HOME PROGRAM DIALYSIS					89,987		89,987
096 HOME HEALTH AGENCY					151,994		151,994
098 SPEC PURPOSE COST CENTERS							
099 SUBTOTALS	543,526	14,457			28,583,409		28,583,409
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP					296,518		296,518
103 PHYSICIANS' PRIVATE OFFICE					83,986		83,986
101 CROSS FOOT ADJUSTMENTS				105,686	105,686		105,686
102 NEGATIVE COST CENTER							
103 TOTAL	543,526	14,457		105,686	29,069,599		29,069,599

COST CENTER DESCRIPTION	NEW CAP REL COSTS- BLDG & (SQUARE FEET)	NEW CAP REL COSTS- MMBLE (DOLLAR VALUE)	EMPLOYEE BENE FITTS (GROSS SALARIES)	RECONCI L- IATION	ADM NI STRATI V E & GENERAL (ACCUM COST)	OPERATI ON OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS- BLD	366,084					
005 NEW CAP REL COSTS- MMB		7,620,581				
006 EMPLOYEE BENEFITS	1,888	4,769	80,329,094			
008 ADM NI STRATI VE & GENE	59,866	2,705,630	10,416,740	-35,647,474	176,908,922	
009 OPERATI ON OF PLANT	4,780	270,600	2,243,338		9,074,964	299,550
010 LAUNDRY & LI NEN SERVI	2,184		82,512		545,957	2,184
011 HOUSEKEEPING	2,567	14,686	1,740,644		3,408,596	2,567
012 DI ETARY	10,025	25,139	706,001		1,171,600	10,025
014 CAFETERIA	10,235	22,887	642,759		1,971,189	10,235
015 NURSING ADM NI STRATI O	1,214	40,973	1,280,822		1,824,102	1,214
016 CENTRAL SERVICES & SU	11,412	43,626	399,538		1,328,093	11,412
017 PHARMACY	3,065		2,061,074		4,576,187	3,065
018 MEDICAL RECORDS & LI B	6,511	60,974	1,809,177		3,195,743	6,511
024 SOCIAL SERVICE			251,582		333,802	
025 PARAMED PRGM	1,100	6,993	241,453		474,160	1,100
026 INPAT ROUTINE SRVC ON						
025 ADULTS & PEDI ATRICS	71,422	369,237	16,381,681		27,124,595	71,422
026 INTENSIVE CARE UNIT	12,615	86,096	3,242,494		5,261,405	12,615
031 SUBPROVIDER	6,679	13,843	975,955		1,674,318	6,679
031 01 SUBPROVIDER 2	9,661	29,057	1,693,068		3,191,091	9,661
033 NURSERY	2,791	41,189	705,000		1,345,537	2,791
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	26,431	679,279	5,553,825		22,445,703	26,431
039 RECOVERY ROOM	2,218	28,913	996,184		1,520,757	2,218
040 DELIVERY ROOM & LABOR	12,610	169,221	1,747,489		3,352,228	12,610
041 ANESTHESIOLOGY	1,624	42,209	194,515		632,939	1,624
041 01 RADIOLOGY- DIAGNOSTIC	24,006	1,819,285	6,976,849		20,398,376	24,006
044 ULTRASOUND	5,498	117,324	972,623		1,830,277	5,498
047 LABORATORY	9,780	66,280	3,248,133		8,598,493	9,780
049 BLOOD STORAGE, PROCES	400	2,819	148,811		1,533,970	400
050 RESPIRATORY THERAPY	624	39,355	1,065,488		1,708,755	624
051 PHYSICAL THERAPY	3,861	27,015	1,379,159		2,567,127	3,861
052 OCCUPATIONAL THERAPY	2,481	2,131	314,453		667,433	2,481
053 SPEECH PATHOLOGY	827	5,273	249,658		379,278	827
054 ELECTROCARDIOLOGY	1,000	129,794	817,510		1,352,450	1,000
055 ELECTROENCEPHALOGRAPH	1,666	6,265	98,140		224,475	1,666
056 MEDICAL SUPPLIES CHAR					8,295,789	
057 DRUGS CHARGED TO PATI		131,364			8,092,884	
060 RENAL DIALYSIS	6,420	106,346	3,346,669		8,895,857	6,420
060 OUTPAT SERVICE COST C						
060 01 CLINIC	1,495	937	280,202		644,725	1,495
060 02 HOMER GLEN LAB	6,272	1,879	272,438		800,097	
060 03 HOMER GLEN FEC		22,179	718,299		1,636,329	6,272
061 WOMEN'S HEALTH		125,799			907,654	
061 EMERGENCY	28,400	353,112	4,890,169		8,835,211	28,400
061 01 OP MENTAL HEALTH	4,195	2,752	416,046		765,057	4,195
061 02 DIABETES CENTER	1,245	1,762	250,438		401,825	1,245
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C			100,925		766,985	
071 HOME PROGRAM DIALYSIS		2,862	1,409,712		2,801,190	
095 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	359,068	7,619,854	80,321,573	-35,647,474	176,557,203	292,534
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	5,476		7,521		276,133	5,476
098 PHYSICIANS' PRIVATE O	1,540	727			75,586	1,540
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	17,793,047	7,715,732	26,252,563		35,647,474	10,903,587
(WRKSH T B, PART I)						
104 UNIT COST MULTIPLIER	48.603728		.326813		.201502	
(WRKSH T B, PT I)		1.012486				36.399890
105 COST TO BE ALLOCATED						
(WRKSH T B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSH T B, PT II)						
107 COST TO BE ALLOCATED			96,593		6,202,082	845,650
(WRKSH T B, PART III)						
108 UNIT COST MULTIPLIER			.001202		.035058	
(WRKSH T B, PT III)						2.823068

COST ALLOCATION - STATISTICAL BASIS

14-0213

FROM 10/1/2009

WORKSHEET B-1

TO 9/30/2010

COST CENTER DESCRIPTION	LAUNDRY & LINEN HOUSEKEEPING SERVICES		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NURSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATIONAL PLANT							
010 LAUNDRY & LINEN SERVICE	1,570,952						
011 HOUSEKEEPING		294,799					
012 DIETARY	14,891		304,528				
012 CAFETERIA		10,025		104,581			
014 NURSING ADMINISTRATION		10,235		1,714	958,355		
015 CENTRAL SERVICES & SUPPLY	10,001	1,214		1,215		17,059,783	
016 PHARMACY		11,412		2,594			10,614,454
017 MEDICAL RECORDS & LIBRARY		3,065		4,200		25,230	
018 SOCIAL SERVICE		6,511		408			
024 PARAMEDICAL PROGRAM	39,852	1,100		2,463		83,868	18,022
025 INPATIENT ROUTINE SERVICE							
026 ADULTS & PEDIATRICS	799,109	71,422	226,374	28,055	583,540	881,350	16,683
031 INTENSIVE CARE UNIT	63,273	12,615	39,114	4,191	87,168	177,762	4,584
031 SUBPROVIDER	12,395	6,679	20,923	1,359		22,285	6
031 01 SUBPROVIDER 2	49,240	9,661	18,117	2,488	51,744	50,957	135
033 NURSERY	32,992	2,791		1,033	21,480	86,553	2,592
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	150,677	26,431		8,570		1,009,474	2,803
038 RECOVERY ROOM	33,863	2,218		1,112		29,413	8,803
039 DELIVERY ROOM & LABOR	52,531	12,610		2,570	53,457	123,846	922
040 ANESTHESIOLOGY		1,624		354		136,419	104,083
041 RADIOLOGY-DIAGNOSTIC	47,412	24,006		11,747		1,010,274	28,427
041 01 ULTRASOUND	37,927	5,498		1,278		47,462	258
044 LABORATORY	2,368	9,780		6,415		2,352,400	
047 BLOOD STORAGE PROCESS		400		247		124,413	
049 RESPIRATORY THERAPY		624		1,831		162,148	
050 PHYSICAL THERAPY	31,357	3,861		2,284		32,034	1,209
051 OCCUPATIONAL THERAPY		2,481		448		4,187	
052 SPEECH PATHOLOGY		827		358		871	
053 ELECTROCARDIOLOGY	37,777	1,000		1,322		30,347	55
054 ELECTROENCEPHALOGRAPHY	1,062	1,666		204		4,673	
055 MEDICAL SUPPLIES CHARACTER						8,295,790	
056 DRUGS CHARGED TO PATIENT						169,640	7,959,880
057 RENAL DIALYSIS	41,637	6,420		5,242	109,024	1,182,786	2,182,956
060 OUTPATIENT SERVICE COST CENTER							
060 01 CLINIC		1,495		346		16,857	
060 02 HOMER GLEN LAB				480		109,209	
060 02 HOMER GLEN FEC		6,272		1,022		50,952	1,225
060 03 WOMEN'S HEALTH						72,289	258
061 EMERGENCY	112,588	28,400		7,815		388,171	5,736
061 01 OP MENTAL HEALTH		4,195		676		5,871	
061 02 DIABETES CENTER		1,245		370	7,686	4,974	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)							
064 HOME PROGRAM DIALYSIS				132		323,664	275,817
071 HOME HEALTH AGENCY					44,256	43,614	
095 SPEC PURPOSE COST CENTER SUBTOTALS	1,570,952	287,783	304,528	104,543	958,355	17,059,783	10,614,454
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE		5,476		38			
098 PHYSICIANS' PRIVATE OFFICE		1,540					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH B, PART I)	735,465	4,188,874	1,922,008	2,886,373	2,300,406	2,211,473	5,725,008
104 UNIT COST MULTIPLIER (WRKSH B, PT I)		14.209254		27.599401		1.129631	
105 COST TO BE ALLOCATED (WRKSH B, PART II)	.468165		6.311433		2.400369		.539360
106 UNIT COST MULTIPLIER (WRKSH B, PT II)							
107 COST TO BE ALLOCATED (WRKSH B, PART III)	131,556	268,473	607,810	628,726	182,544	1,054,513	339,376
108 UNIT COST MULTIPLIER (WRKSH B, PT III)		.910698		6.011857		.061813	
	.083743		1.995908		.190476		.031973

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL PRGM
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)
GENERAL SERVICE COST	17	18	24
003 NEW CAP REL COSTS- BLD			
004 NEW CAP REL COSTS- MMB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIVE			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY	38,911		
018 SOCIAL SERVICE		2,816	
024 PARAMEDICAL PRGM			590
INPATIENT ROUTINE SERVICE			
ADULTS & PEDIATRICS	15,399	2,446	
026 INTENSIVE CARE UNIT	4,740	150	49
031 SUBPROVIDER	1,237		
031 01 SUBPROVIDER 2	1,203		
033 NURSERY	1,663		
ANCILLARY SERVICE COST			
037 OPERATING ROOM			
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC			
041 01 ULTRASOUND			
044 LABORATORY			
047 BLOOD STORAGE, PROCESSING			
049 RESPIRATORY THERAPY			30
050 PHYSICAL THERAPY	3,582		
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			24
054 ELECTROENCEPHALOGRAPHY	832		
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATIENT			
057 RENAL DIALYSIS			
OUTPATIENT SERVICE COST			
060 CLINIC	157	35	
060 01 HOMER GLEN LAB			
060 02 HOMER GLEN FEC			
060 03 WOMEN'S HEALTH			
061 EMERGENCY	10,098	185	487
061 01 OP MENTAL HEALTH			
061 02 DIABETES CENTER			
062 OBSERVATION BEDS (NON-REIMBURSABLE)			
OTHER REIMBURSABLE COST			
HOME PROGRAM DIALYSIS			
064 HOME HEALTH AGENCY			
071 SPEC PURPOSE COST CENTER			
095 SUBTOTALS	38,911	2,816	590
NONREIMBURSABLE COST CENTER			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	4,288,396	412,325	732,600
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	110.210378	146.422230	1,241.694915
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)			
106 UNIT COST MULTIPLIER (WORKSHEET B, PT I)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	543,526	14,457	105,686
108 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	13.968441	5.133878	179.128814

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
14-0213

PERIOD: PREPARED 2/23/2011
FROM 10/1/2009
TO 9/30/2010 WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA 1		57	-2,458,773
2	ADJ FOR EPO COSTS IN HOME PROG 1		64	-275,817
3	ADJ FOR ARANESP IN RENAL DIALY 1		57	
4	ADJ FOR ARANESP IN HOME PROGRA 1		64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 2/23/2011

14-0213

FROM 10/1/2009

WORKSHEET C

TO 9/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I OCL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	42,361,231		42,361,231		42,361,231
26	INTENSIVE CARE UNIT	8,192,133		8,192,133	8,540	8,200,673
31	SUBPROVIDER	2,664,302		2,664,302	53,308	2,717,610
31	01 SUBPROVIDER 2	4,792,567		4,792,567		4,792,567
33	NURSERY	2,049,329		2,049,329		2,049,329
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,745,647		28,745,647	3,500	28,749,147
38	RECOVERY ROOM	1,994,549		1,994,549		1,994,549
39	DELIVERY ROOM & LABOR ROOM	4,906,282		4,906,282		4,906,282
40	ANESTHESIOLOGY	926,258		926,258		926,258
41	RADIOLOGY-DIAGNOSTIC	26,216,315		26,216,315		26,216,315
41	01 ULTRASOUND	2,536,650		2,536,650		2,536,650
44	LABORATORY	11,309,168		11,309,168	13,816	11,322,984
47	BLOOD STORAGE PROCESSING	1,886,257		1,886,257		1,886,257
49	RESPIRATORY THERAPY	2,193,459		2,193,459	12,880	2,206,339
50	PHYSICAL THERAPY	3,757,106		3,757,106		3,757,106
51	OCCUPATIONAL THERAPY	940,391		940,391		940,391
52	SPEECH PATHOLOGY	507,551		507,551		507,551
53	ELECTROCARDIOLOGY	1,763,517		1,763,517		1,763,517
54	ELECTROENCEPHALOGRAPHY	452,450		452,450		452,450
55	MEDICAL SUPPLIES CHARGED	11,042,792		11,042,792		11,042,792
56	DRUGS CHARGED TO PATIENTS	14,038,845		14,038,845		14,038,845
57	RENAL DIALYSIS	10,311,119		10,311,119	55,042	10,366,161
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	884,461		884,461		884,461
60	01 HOMER GLEN LAB	988,723		988,723		988,723
60	02 HOMER GLEN FEC	2,318,946		2,318,946		2,318,946
60	03 WOMEN'S HEALTH	1,100,058		1,100,058		1,100,058
61	EMERGENCY	14,119,333		14,119,333	17,190	14,136,523
61	01 OP MENTAL HEALTH	1,150,942		1,150,942		1,150,942
61	02 DIABETES CENTER	575,109		575,109		575,109
62	OBSERVATION BEDS (NON-DIS)	4,227,004		4,227,004		4,227,004
	OTHER REIMBURSEMENT COST CNTRS					
64	HOME PROGRAM DIALYSIS	840,082		840,082		840,082
101	SUBTOTAL	209,792,576		209,792,576	164,276	209,956,852
102	LESS OBSERVATION BEDS	4,227,004		4,227,004		4,227,004
103	TOTAL	205,565,572		205,565,572	164,276	205,729,848

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,952,700		43,952,700			
26	INTENSIVE CARE UNIT	7,594,404		7,594,404			
31	SUBPROVIDER	4,062,435		4,062,435			
31 01	SUBPROVIDER 2	3,517,676		3,517,676			
33	NURSERY	3,907,417		3,907,417			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,432,021	41,000,837	65,432,858	.439315	.439315	.439369
38	RECOVERY ROOM	2,794,981	3,400,243	6,195,224	.321949	.321949	.321949
39	DELIVERY ROOM & LABOR ROOM	4,187,102	629,633	4,816,735	1.018591	1.018591	1.018591
40	ANESTHESIOLOGY	3,488,088	3,585,013	7,073,101	.130955	.130955	.130955
41	RADIOLOGY-DIAGNOSTIC	47,588,656	91,227,524	138,816,180	.188856	.188856	.188856
41 01	ULTRASOUND	5,114,322	12,035,956	17,150,278	.147907	.147907	.147907
44	LABORATORY	49,910,529	71,129,842	121,040,371	.093433	.093433	.093547
47	BLOOD STORAGE, PROCESSING	4,499,878	1,319,830	5,819,708	.324115	.324115	.324115
49	RESPIRATORY THERAPY	12,127,615	1,692,715	13,820,330	.158712	.158712	.159644
50	PHYSICAL THERAPY	1,394,914	3,776,144	5,171,058	.726564	.726564	.726564
51	OCCUPATIONAL THERAPY	2,691,889	941,517	3,633,406	.258818	.258818	.258818
52	SPEECH PATHOLOGY	384,125	280,936	665,061	.763165	.763165	.763165
53	ELECTROCARDIOLOGY	7,852,100	4,663,639	12,515,739	.140904	.140904	.140904
54	ELECTROENCEPHALOGRAPHY	569,545	1,024,595	1,594,140	.283821	.283821	.283821
55	MEDICAL SUPPLIES CHARGED	63,009,890	39,544,641	102,554,531	.107677	.107677	.107677
56	DRUGS CHARGED TO PATIENTS	31,887,313	14,722,139	46,609,452	.301202	.301202	.301202
57	RENAL DIALYSIS	3,107,664	44,318,736	47,426,400	.217413	.217413	.218574
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,058	372,331	373,389	2.368739	2.368739	2.368739
60 01	HOMER GLEN LAB	261,759	2,866,385	3,128,144	.316073	.316073	.316073
60 02	HOMER GLEN FEC	518,561	6,850,417	7,368,978	.314690	.314690	.314690
60 03	WOMEN'S HEALTH	867	3,380,867	3,381,734	.325294	.325294	.325294
61	EMERGENCY	15,778,252	40,413,188	56,191,440	.251272	.251272	.251578
61 01	OP MENTAL HEALTH		323,570	323,570	3.557011	3.557011	3.557011
61 02	DIABETES CENTER	40,120	276,298	316,418	1.817561	1.817561	1.817561
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURSE COST CNTRS	783,942	4,131,742	4,915,684	.859901	.859901	.859901
64	HOME PROGRAM DIALYSIS		4,897,889	4,897,889	.171519	.171519	.171519
101	SUBTOTAL	345,459,823	398,806,627	744,266,450			
102	LESS OBSERVATION BEDS						
103	TOTAL	345,459,823	398,806,627	744,266,450			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0213

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I OCL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	42,361,231		42,361,231		42,361,231
26	INTENSIVE CARE UNIT	8,192,133		8,192,133	8,540	8,200,673
31	SUBPROVIDER	2,664,302		2,664,302	53,308	2,717,610
31	01 SUBPROVIDER 2	4,792,567		4,792,567		4,792,567
33	NURSERY	2,049,329		2,049,329		2,049,329
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,745,647		28,745,647	3,500	28,749,147
38	RECOVERY ROOM	1,994,549		1,994,549		1,994,549
39	DELIVERY ROOM & LABOR ROOM	4,906,282		4,906,282		4,906,282
40	ANESTHESIOLOGY	926,258		926,258		926,258
41	RADIOLOGY-DIAGNOSTIC	26,216,315		26,216,315		26,216,315
41	01 ULTRASOUND	2,536,650		2,536,650		2,536,650
44	LABORATORY	11,309,168		11,309,168	13,816	11,322,984
47	BLOOD STORAGE PROCESSING	1,886,257		1,886,257		1,886,257
49	RESPIRATORY THERAPY	2,193,459		2,193,459	12,880	2,206,339
50	PHYSICAL THERAPY	3,757,106		3,757,106		3,757,106
51	OCCUPATIONAL THERAPY	940,391		940,391		940,391
52	SPEECH PATHOLOGY	507,551		507,551		507,551
53	ELECTROCARDIOLOGY	1,763,517		1,763,517		1,763,517
54	ELECTROENCEPHALOGRAPHY	452,450		452,450		452,450
55	MEDICAL SUPPLIES CHARGED	11,042,792		11,042,792		11,042,792
56	DRUGS CHARGED TO PATIENTS	14,038,845		14,038,845		14,038,845
57	RENAL DIALYSIS	10,311,119		10,311,119	55,042	10,366,161
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	884,461		884,461		884,461
60	01 HOMER GLEN LAB	988,723		988,723		988,723
60	02 HOMER GLEN FEC	2,318,946		2,318,946		2,318,946
60	03 WOMEN'S HEALTH	1,100,058		1,100,058		1,100,058
61	EMERGENCY	14,119,333		14,119,333	17,190	14,136,523
61	01 OP MENTAL HEALTH	1,150,942		1,150,942		1,150,942
61	02 DIABETES CENTER	575,109		575,109		575,109
62	OBSERVATION BEDS (NON-DIS)	4,227,004		4,227,004		4,227,004
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	840,082		840,082		840,082
101	SUBTOTAL	209,792,576		209,792,576	164,276	209,956,852
102	LESS OBSERVATION BEDS	4,227,004		4,227,004		4,227,004
103	TOTAL	205,565,572		205,565,572	164,276	205,729,848

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,952,700		43,952,700			
26	INTENSIVE CARE UNIT	7,594,404		7,594,404			
31	SUBPROVIDER	4,062,435		4,062,435			
31 01	SUBPROVIDER 2	3,517,676		3,517,676			
33	NURSERY	3,907,417		3,907,417			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,432,021	41,000,837	65,432,858	.439315	.439315	.439369
38	RECOVERY ROOM	2,794,981	3,400,243	6,195,224	.321949	.321949	.321949
39	DELIVERY ROOM & LABOR ROOM	4,187,102	629,633	4,816,735	1.018591	1.018591	1.018591
40	ANESTHESIOLOGY	3,488,088	3,585,013	7,073,101	.130955	.130955	.130955
41	RADIOLOGY-DIAGNOSTIC	47,588,656	91,227,524	138,816,180	.188856	.188856	.188856
41 01	ULTRASOUND	5,114,322	12,035,956	17,150,278	.147907	.147907	.147907
44	LABORATORY	49,910,529	71,129,842	121,040,371	.093433	.093433	.093547
47	BLOOD STORAGE PROCESSING	4,499,878	1,319,830	5,819,708	.324115	.324115	.324115
49	RESPIRATORY THERAPY	12,127,615	1,692,715	13,820,330	.158712	.158712	.159644
50	PHYSICAL THERAPY	1,394,914	3,776,144	5,171,058	.726564	.726564	.726564
51	OCCUPATIONAL THERAPY	2,691,889	941,517	3,633,406	.258818	.258818	.258818
52	SPEECH PATHOLOGY	384,125	280,936	665,061	.763165	.763165	.763165
53	ELECTROCARDIOLOGY	7,852,100	4,663,639	12,515,739	.140904	.140904	.140904
54	ELECTROENCEPHALOGRAPHY	569,545	1,024,595	1,594,140	.283821	.283821	.283821
55	MEDICAL SUPPLIES CHARGED	63,009,890	39,544,641	102,554,531	.107677	.107677	.107677
56	DRUGS CHARGED TO PATIENTS	31,887,313	14,722,139	46,609,452	.301202	.301202	.301202
57	RENAL DIALYSIS	3,107,664	44,318,736	47,426,400	.217413	.217413	.218574
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,058	372,331	373,389	2.368739	2.368739	2.368739
60 01	HOMER GLEN LAB	261,759	2,866,385	3,128,144	.316073	.316073	.316073
60 02	HOMER GLEN FEC	518,561	6,850,417	7,368,978	.314690	.314690	.314690
60 03	WOMEN'S HEALTH	867	3,380,867	3,381,734	.325294	.325294	.325294
61	EMERGENCY	15,778,252	40,413,188	56,191,440	.251272	.251272	.251578
61 01	OP MENTAL HEALTH		323,570	323,570	3.557011	3.557011	3.557011
61 02	DIABETES CENTER	40,120	276,298	316,418	1.817561	1.817561	1.817561
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURSE COST CNTRS	783,942	4,131,742	4,915,684	.859901	.859901	.859901
64	HOME PROGRAM DIALYSIS		4,897,889	4,897,889	.171519	.171519	.171519
101	SUBTOTAL	345,459,823	398,806,627	744,266,450			
102	LESS OBSERVATION BEDS						
103	TOTAL	345,459,823	398,806,627	744,266,450			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,745,647	3,223,886	25,521,761			28,745,647
38	RECOVERY ROOM	1,994,549	211,491	1,783,058			1,994,549
39	DELIVERY ROOM & LABOR ROO	4,906,282	988,647	3,917,635			4,906,282
40	ANESTHESIOLOGY	926,258	164,044	762,214			926,258
41	RADIOLOGY-DIAGNOSTIC	26,216,315	5,103,474	21,112,841			26,216,315
41 01	ULTRASOUND	2,536,650	485,676	2,050,974			2,536,650
44	LABORATORY	11,309,168	1,161,498	10,147,670			11,309,168
47	BLOOD STORING PROCESSING	1,886,257	86,920	1,799,337			1,886,257
49	RESPIRATORY THERAPY	2,193,459	211,602	1,981,857			2,193,459
50	PHYSICAL THERAPY	3,757,106	506,646	3,250,460			3,757,106
51	OCCUPATIONAL THERAPY	940,391	158,736	781,655			940,391
52	SPEECH PATHOLOGY	507,551	64,425	443,126			507,551
53	ELECTROCARDIOLOGY	1,763,517	470,823	1,292,694			1,763,517
54	ELECTROENCEPHALOGRAPHY	452,450	114,751	337,699			452,450
55	MEDICAL SUPPLIES CHARGED	11,042,792	803,617	10,239,175			11,042,792
56	DRUGS CHARGED TO PATIENTS	14,038,845	681,712	13,357,133			14,038,845
57	RENAL DIALYSIS	10,311,119	1,238,720	9,072,399			10,311,119
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	884,461	285,179	599,282			884,461
60 01	HOMER GLEN LAB	988,723	344,759	643,964			988,723
60 02	HOMER GLEN FEC	2,318,946	290,626	2,028,320			2,318,946
60 03	WOMEN'S HEALTH	1,100,058	163,667	936,391			1,100,058
61	EMERGENCY	14,119,333	2,382,842	11,736,491			14,119,333
61 01	OP MENTAL HEALTH	1,150,942	254,090	896,852			1,150,942
61 02	DIABETES CENTER	575,109	85,328	489,781			575,109
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,227,004	619,286	3,607,718			4,227,004
64	HOME PROGRAM DIALYSIS	840,082	89,987	750,095			840,082
101	SUBTOTAL	149,733,014	20,192,432	129,540,582			149,733,014
102	LESS OBSERVATION BEDS	4,227,004	619,286	3,607,718			4,227,004
103	TOTAL	145,506,010	19,573,146	125,932,864			145,506,010

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	65,432,858	.439315	.439315
38	RECOVERY ROOM	6,195,224	.321949	.321949
39	DELIVERY ROOM & LABOR ROO	4,816,735	1.018591	1.018591
40	ANESTHESIOLOGY	7,073,101	.130955	.130955
41	RADIOLOGY-DIAGNOSTIC	138,816,180	.188856	.188856
41	01 ULTRASOUND	17,150,278	.147907	.147907
44	LABORATORY	121,040,371	.093433	.093433
47	BLOOD STORING PROCESSING	5,819,708	.324115	.324115
49	RESPIRATORY THERAPY	13,820,330	.158712	.158712
50	PHYSICAL THERAPY	5,171,058	.726564	.726564
51	OCCUPATIONAL THERAPY	3,633,406	.258818	.258818
52	SPEECH PATHOLOGY	665,061	.763165	.763165
53	ELECTROCARDIOLOGY	12,515,739	.140904	.140904
54	ELECTROENCEPHALOGRAPHY	1,594,140	.283821	.283821
55	MEDICAL SUPPLIES CHARGED	102,554,531	.107677	.107677
56	DRUGS CHARGED TO PATIENTS	46,609,452	.301202	.301202
57	RENAL DIALYSIS	47,426,400	.217413	.217413
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	373,389	2.368739	2.368739
60	01 HOWER GLEN LAB	3,128,144	.316073	.316073
60	02 HOWER GLEN FEC	7,368,978	.314690	.314690
60	03 WOMEN S HEALTH	3,381,734	.325294	.325294
61	EMERGENCY	56,191,440	.251272	.251272
61	01 OP MENTAL HEALTH	323,570	3.557011	3.557011
61	02 DIABETES CENTER	316,418	1.817561	1.817561
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,915,684	.859901	.859901
64	HOME PROGRAM DIALYSIS	4,897,889	.171519	.171519
101	SUBTOTAL	681,231,818		
102	LESS OBSERVATION BEDS	4,915,684		
103	TOTAL	676,316,134		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	28,745,647	3,223,886	25,521,761	322,389	1,480,262	26,942,996
38	RECOVERY ROOM	1,994,549	211,491	1,783,058	21,149	103,417	1,869,983
39	DELIVERY ROOM & LABOR ROOM	4,906,282	988,647	3,917,635	98,865	227,223	4,580,194
40	ANESTHESIOLOGY	926,258	164,044	762,214	16,404	44,208	865,646
41	RADIOLOGY-DIAGNOSTIC	26,216,315	5,103,474	21,112,841	510,347	1,224,545	24,481,423
41 01	ULTRASOUND	2,536,650	485,676	2,050,974	48,568	118,956	2,369,126
44	LABORATORY	11,309,168	1,161,498	10,147,670	116,150	588,565	10,604,453
47	BLOOD STORAGE PROCESSING	1,886,257	86,920	1,799,337	8,692	104,362	1,773,203
49	RESPIRATORY THERAPY	2,193,459	211,602	1,981,857	21,160	114,948	2,057,351
50	PHYSICAL THERAPY	3,757,106	506,646	3,250,460	50,665	188,527	3,517,914
51	OCCUPATIONAL THERAPY	940,391	158,736	781,655	15,874	45,336	879,181
52	SPEECH PATHOLOGY	507,551	64,425	443,126	6,443	25,701	475,407
53	ELECTROCARDIOLOGY	1,763,517	470,823	1,292,694	47,082	74,976	1,641,459
54	ELECTROENCEPHALOGRAPHY	452,450	114,751	337,699	11,475	19,587	421,388
55	MEDICAL SUPPLIES CHARGED	11,042,792	803,617	10,239,175	80,362	593,872	10,368,558
56	DRUGS CHARGED TO PATIENTS	14,038,845	681,712	13,357,133	68,171	774,714	13,195,960
57	RENAL DIALYSIS	10,311,119	1,238,720	9,072,399	123,872	526,199	9,661,048
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	884,461	285,179	599,282	28,518	34,758	821,185
60 01	HOMER GLEN LAB	988,723	344,759	643,964	34,476	37,350	916,897
60 02	HOMER GLEN FEC	2,318,946	290,626	2,028,320	29,063	117,643	2,172,240
60 03	WOMEN'S HEALTH	1,100,058	163,667	936,391	16,367	54,311	1,029,380
61	EMERGENCY	14,119,333	2,382,842	11,736,491	238,284	680,716	13,200,333
61 01	OP MENTAL HEALTH	1,150,942	254,090	896,852	25,409	52,017	1,073,516
61 02	DIABETES CENTER	575,109	85,328	489,781	8,533	28,407	538,169
62	OBSERVATION BEDS (NON-DIS)	4,227,004	619,286	3,607,718	61,929	209,248	3,955,827
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	840,082	89,987	750,095	8,999	43,506	787,577
101	SUBTOTAL	149,733,014	20,192,432	129,540,582	2,019,246	7,513,354	140,200,414
102	LESS OBSERVATION BEDS	4,227,004	619,286	3,607,718	61,929	209,248	3,955,827
103	TOTAL	145,506,010	19,573,146	125,932,864	1,957,317	7,304,106	136,244,587

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	65,432,858	.411766	.434388
38	RECOVERY ROOM	6,195,224	.301843	.318536
39	DELIVERY ROOM & LABOR ROO	4,816,735	.950892	.998065
40	ANESTHESIOLOGY	7,073,101	.122386	.128636
41	RADIOLOGY-DIAGNOSTIC	138,816,180	.176359	.185180
41 01	ULTRASOUND	17,150,278	.138139	.145075
44	LABORATORY	121,040,371	.087611	.092473
47	BLOOD STORING PROCESSING	5,819,708	.304689	.322622
49	RESPIRATORY THERAPY	13,820,330	.148864	.157181
50	PHYSICAL THERAPY	5,171,058	.680308	.716766
51	OCCUPATIONAL THERAPY	3,633,406	.241972	.254449
52	SPEECH PATHOLOGY	665,061	.714832	.753477
53	ELECTROCARDIOLOGY	12,515,739	.131152	.137142
54	ELECTROENCEPHALOGRAPHY	1,594,140	.264336	.276623
55	MEDICAL SUPPLIES CHARGED	102,554,531	.101103	.106894
56	DRUGS CHARGED TO PATIENTS	46,609,452	.283118	.299739
57	RENAL DIALYSIS	47,426,400	.203706	.214801
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	373,389	2.199275	2.292363
60 01	HOMER GLEN LAB	3,128,144	.293112	.305052
60 02	HOMER GLEN FEC	7,368,978	.294782	.310746
60 03	WOMEN S HEALTH	3,381,734	.304394	.320454
61	EMERGENCY	56,191,440	.234917	.247031
61 01	OP MENTAL HEALTH	323,570	3.317724	3.478484
61 02	DIABETES CENTER	316,418	1.700817	1.790593
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,915,684	.804736	.847303
64	HOME PROGRAM DIALYSIS	4,897,889	.160799	.169682
101	SUBTOTAL	681,231,818		
102	LESS OBSERVATION BEDS	4,915,684		
103	TOTAL	676,316,134		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/23/2011
 14-0213 | FROM 10/1/2009 | WORKSHEET D
 | TO 9/30/2010 | PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,206,207		6,206,207
26	INTENSIVE CARE UNIT				1,139,896		1,139,896
31	SUBPROVIDER				493,074		493,074
31 01	SUBPROVIDER 2				741,569		741,569
33	NURSERY				277,523		277,523
101	TOTAL				8,858,269		8,858,269

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213 PERIOD: FROM 10/1/2009 TO 9/30/2010 PREPARED 2/23/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	54,036	26,997			114.85	3,100,605
26	INTENSIVE CARE UNIT	4,267	2,319			267.14	619,498
31	SUBPROVIDER	3,725	1,204			132.37	159,373
31 01	SUBPROVIDER 2	4,020	3,341			184.47	616,314
33	NURSERY	3,905				71.07	
101	TOTAL	69,953	33,861				4,495,790

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-0213		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,223,886	65,432,858	9,701,489		
38	RECOVERY ROOM		211,491	6,195,224	1,028,799		
39	DELIVERY ROOM & LABOR ROO		988,647	4,816,735	18,791		
40	ANESTHESIOLOGY		164,044	7,073,101	1,046,051		
41	RADIOLOGY-DIAGNOSTIC		5,103,474	138,816,180	27,059,465		
41 01	ULTRASOUND		485,676	17,150,278	2,939,406		
44	LABORATORY		1,161,498	121,040,371	28,396,462		
47	BLOOD STORAGE PROCESSING		86,920	5,819,708	2,329,651		
49	RESPIRATORY THERAPY		211,602	13,820,330	7,925,798		
50	PHYSICAL THERAPY		506,646	5,171,058	152		
51	OCCUPATIONAL THERAPY		158,736	3,633,406	1,770,003		
52	SPEECH PATHOLOGY		64,425	665,061			
53	ELECTROCARDIOLOGY		470,823	12,515,739	4,853,467		
54	ELECTROENCEPHALOGRAPHY		114,751	1,594,140	349,348		
55	MEDICAL SUPPLIES CHARGED		803,617	102,554,531	24,390,746		
56	DRUGS CHARGED TO PATIENTS		681,712	46,609,452	17,061,571		
57	RENAL DIALYSIS		1,238,720	47,426,400	2,402,387		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		285,179	373,389	878		
60 01	HOMER GLEN LAB		344,759	3,128,144	138,981		
60 02	HOMER GLEN FEC		290,626	7,368,978	224,445		
60 03	WOMEN'S HEALTH		163,667	3,381,734	421		
61	EMERGENCY		2,382,842	56,191,440	8,678,217		
61 01	OP MENTAL HEALTH		254,090	323,570			
61 02	DIABETES CENTER		85,328	316,418	14,459		
62	OBSERVATION BEDS (NON-DIS)		619,286	4,915,684	279,998		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		89,987	4,897,889			
101	TOTAL		20,192,432	681,231,818	140,610,985		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-0213		PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049270	477,992
38	RECOVERY ROOM	.034138	35,121
39	DELIVERY ROOM & LABOR ROO	.205253	3,857
40	ANESTHESIOLOGY	.023193	24,261
41	RADIOLOGY-DIAGNOSTIC	.036764	994,814
41 01	ULTRASOUND	.028319	83,241
44	LABORATORY	.009596	272,492
47	BLOOD STORING PROCESSING	.014935	34,793
49	RESPIRATORY THERAPY	.015311	121,352
50	PHYSICAL THERAPY	.097977	15
51	OCCUPATIONAL THERAPY	.043688	77,328
52	SPEECH PATHOLOGY	.096871	
53	ELECTROCARDIOLOGY	.037618	182,578
54	ELECTROENCEPHALOGRAPHY	.071983	25,147
55	MEDICAL SUPPLIES CHARGED	.007836	191,126
56	DRUGS CHARGED TO PATIENTS	.014626	249,543
57	RENAL DIALYSIS	.026119	62,748
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.763758	671
60 01	HOMER GLEN LAB	.110212	15,317
60 02	HOMER GLEN FEC	.039439	8,852
60 03	WOMEN S HEALTH	.048397	20
61	EMERGENCY	.042406	368,008
61 01	OP MENTAL HEALTH	.785271	
61 02	DIABETES CENTER	.269669	3,899
62	OBSERVATION BEDS (NON-DIS	.125982	35,275
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.018373	
101	TOTAL		3,268,450

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATION COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					54,036	
26	INTENSIVE CARE UNIT		60,843		60,843	4,267	14.26
31	SUBPROVIDER					3,725	
31 01	SUBPROVIDER 2					4,020	
33	NURSERY					3,905	
101	TOTAL		60,843		60,843	69,953	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
	TO 9/30/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	26,997	
26	INTENSIVE CARE UNIT	2,319	33,069
31	SUBPROVIDER	1,204	
31 01	SUBPROVIDER 2	3,341	
33	NURSERY		
101	TOTAL	33,861	33,069

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROOM						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC						
44	ULTRASOUND						
47	LABORATORY						
49	BLOOD STORAGE PROCESSING						
50	RESPIRATORY THERAPY			37,251			
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY			29,801			
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
60	RENAL DIALYSIS						
60	01 OUTPAT SERVICE COST CNTRS						
60	02 CLINIC						
60	03 HOWER GLEN LAB						
61	01 HOWER GLEN FEC						
61	02 WOMEN'S HEALTH						
61	EMERGENCY			604,705			
61	01 OP MENTAL HEALTH						
61	02 DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS)						
64	OTHER REIMBURS COST CNTRS						
101	HOME PROGRAM DIALYSIS			671,757			
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			65,432,858			9,701,489	
38	RECOVERY ROOM			6,195,224			1,028,799	
39	DELIVERY ROOM & LABOR ROO			4,816,735			18,791	
40	ANESTHESIOLOGY			7,073,101			1,046,051	
41	RADIOLOGY-DIAGNOSTIC			138,816,180			27,059,465	
41 01	ULTRASOUND			17,150,278			2,939,406	
44	LABORATORY			121,040,371			28,396,462	
47	BLOOD STORING, PROCESSING			5,819,708			2,329,651	
49	RESPIRATORY THERAPY	37,251	37,251	13,820,330	.002695	.002695	7,925,798	21,360
50	PHYSICAL THERAPY			5,171,058			152	
51	OCCUPATIONAL THERAPY			3,633,406			1,770,003	
52	SPEECH PATHOLOGY			665,061				
53	ELECTROCARDIOLOGY	29,801	29,801	12,515,739	.002381	.002381	4,853,467	11,556
54	ELECTROENCEPHALOGRAPHY			1,594,140			349,348	
55	MEDICAL SUPPLIES CHARGED			102,554,531			24,390,746	
56	DRUGS CHARGED TO PATIENTS			46,609,452			17,061,571	
57	RENAL DIALYSIS			47,426,400			2,402,387	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			373,389			878	
60 01	HOMER GLEN LAB			3,128,144			138,981	
60 02	HOMER GLEN FEC			7,368,978			224,445	
60 03	WOMEN'S HEALTH			3,381,734			421	
61	EMERGENCY	604,705	604,705	56,191,440	.010762	.010762	8,678,217	93,395
61 01	OP MENTAL HEALTH			323,570				
61 02	DIABETES CENTER			316,418			14,459	
62	OBSERVATION BEDS (NON-DIS			4,915,684			279,998	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			4,897,889				
101	TOTAL	671,757	671,757	681,231,818			140,610,985	126,311

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,808,890					
38	RECOVERY ROOM	454,553					
39	DELIVERY ROOM & LABOR RCD	5,216					
40	ANESTHESIOLOGY	392,417					
41	RADIOLOGY-DIAGNOSTIC	17,432,695					
41 01	ULTRASOUND	1,478,119					
44	LABORATORY	5,330,161					
47	BLOOD STORING PROCESSING	356,969					
49	RESPIRATORY THERAPY	284,739					
50	PHYSICAL THERAPY				767		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	965,285					
54	ELECTROENCEPHALOGRAPHY	173,702			2,298		
55	MEDICAL SUPPLIES CHARGED	10,956,911					
56	DRUGS CHARGED TO PATIENTS	5,636,581					
57	RENAL DIALYSIS	2,775,981					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	140,465					
60 01	HOMER GLEN LAB	423,405					
60 02	HOMER GLEN FEC	519,140					
60 03	WOMEN'S HEALTH	617,135					
61	EMERGENCY	4,061,883			43,714		
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER	50,241					
62	OBSERVATION BEDS (NON-DIS)	689,075					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL	60,553,563			46,779		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0213	PERIOD: FROM 10/1/2009 TO 9/30/2010	PREPARED 2/23/2011 WORKSHEET D PART V
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TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost / Charge Ratio (Col. 9)	Cost / Charge Ratio (Col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.439315	.439315			
38 RECOVERY ROOM	.321949	.321949			
39 DELIVERY ROOM & LABOR ROOM	1.018591	1.018591			
40 ANESTHESIOLOGY	.130955	.130955			
41 RADIOLOGY-DIAGNOSTIC	.188856	.188856			
41 01 ULTRASOUND	.147907	.147907			
44 LABORATORY	.093433	.093433			
47 BLOOD STORAGE, PROCESSING & TRANS.	.324115	.324115			
49 RESPIRATORY THERAPY	.158712	.158712			
50 PHYSICAL THERAPY	.726564	.726564			
51 OCCUPATIONAL THERAPY	.258818	.258818			
52 SPEECH PATHOLOGY	.763165	.763165			
53 ELECTROCARDIOLOGY	.140904	.140904			
54 ELECTROENCEPHALOGRAPHY	.283821	.283821			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.107677	.107677			
56 DRUGS CHARGED TO PATIENTS	.301202	.301202			
57 RENAL DIALYSIS	.217413	.217413			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.368739	2.368739			
60 01 HOMER GLEN LAB	.316073	.316073			
60 02 HOMER GLEN FEC	.314690	.314690			
60 03 WOMEN'S HEALTH	.325294	.325294			
61 EMERGENCY	.251272	.251272			
61 01 OP MENTAL HEALTH	3.557011	3.557011			
61 02 DIABETES CENTER	1.817561	1.817561			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.859901	.859901			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS	.171519	.171519			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/23/2011
 | 14-0213 | FROM 10/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 14-0213 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		7,808,890			
38 RECOVERY ROOM		454,553			
39 DELIVERY ROOM & LABOR ROOM		5,216			
40 ANESTHESIOLOGY		392,417			
41 RADIOLOGY-DIAGNOSTIC		17,432,695			
41 01 ULTRASOUND		1,478,119			
44 LABORATORY		5,330,161	2,297		
47 BLOOD STORAGE, PROCESSING & TRANS.		356,969	6,811		
49 RESPIRATORY THERAPY		284,739			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		965,285			
54 ELECTROENCEPHALOGRAPHY		173,702			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,956,911	6,905		
56 DRUGS CHARGED TO PATIENTS		5,636,581	65,927		
57 RENAL DIALYSIS		2,775,981			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		140,465			
60 01 HOMER GLEN LAB		423,405			
60 02 HOMER GLEN FEC		519,140			
60 03 WOMEN'S HEALTH		617,135			
61 EMERGENCY		4,061,883			
61 01 OP MENTAL HEALTH					
61 02 DIABETES CENTER		50,241			
62 OBSERVATION BEDS (NON-DISTINCT PART)		689,075			
OTHER REIMBURSE COST CNTRS					
64 HOME PROGRAM DIALYSIS					
101 SUBTOTAL		60,553,563	81,940		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		60,553,563	81,940		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/23/2011
 | 14-0213 | FROM 10/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 14-0213 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Out patient Radiology	Other Out patient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,430,563	
38 RECOVERY ROOM				146,343	
39 DELIVERY ROOM & LABOR ROOM				5,313	
40 ANESTHESIOLOGY				51,389	
41 RADIOLOGY-DIAGNOSTIC				3,292,269	
41 01 ULTRASOUND				218,624	
44 LABORATORY				498,013	215
47 BLOOD STORING, PROCESSING & TRANS.				115,699	2,208
49 RESPIRATORY THERAPY				45,191	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				136,013	
54 ELECTROENCEPHALOGRAPHY				49,300	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,179,807	744
56 DRUGS CHARGED TO PATIENTS				1,697,749	19,857
57 RENAL DIALYSIS				603,534	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				332,725	
60 01 HOMER GLEN LAB				133,827	
60 02 HOMER GLEN FEC				163,368	
60 03 WOMEN'S HEALTH				200,750	
61 EMERGENCY				1,020,637	
61 01 OP MENTAL HEALTH					
61 02 DIABETES CENTER				91,316	
62 OBSERVATION BEDS (NON-DISTINCT PART)				592,536	
64 OTHER REIMBURS COST CNTRS					
HOME PROGRAM DIALYSIS					
101 SUBTOTAL				14,004,966	23,024
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				14,004,966	23,024

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS	PROVIDER NO: 14-0213	PERIOD: FROM 10/1/2009	PREPARED 2/23/2011
	COMPONENT NO: 14-0213	TO 9/30/2010	WORKSHEET D PART V

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCI LLARY SRVC COST CNTRS
- 37 OPERATI NG ROOM
- 38 RECOVERY ROOM
- 39 DELI VERY ROOM & LABOR ROOM
- 40 ANESTHESI OLOGY
- 41 RADIOLOGY-DI AGNOSTI C
- 41 01 ULTRASOUND
- 44 LABORATORY
- 47 BLOOD STORI NG, PROCESSI NG & TRANS.
- 49 RESPI RATORY THERAPY
- 50 PHYSI CAL THERAPY
- 51 OCCUPATI ONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDI OLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS
- 56 DRUGS CHARGED TO PATI ENTS
- 57 RENAL DI ALYSI S
- 60 OUTPAT SERVI CE COST CNTRS
- 60 CL I NI C
- 60 01 HOMER GLEN LAB
- 60 02 HOMER GLEN FEC
- 60 03 WOMEN S HEALTH
- 61 EMERGENCY
- 61 01 OP MENTAL HEALTH
- 61 02 DI ABETES CENTER
- 62 OBSERVATI ON BEDS (NON-DI STI NCT PART)
- OTHER REI MBURS COST CNTRS
- 64 HOME PROGRAM DI ALYSI S
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CL I NI C LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-0213		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS- RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.301202
2	15,750
3	4,744

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-S213		PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,223,886	65,432,858			
38	RECOVERY ROOM		211,491	6,195,224			
39	DELIVERY ROOM & LABOR ROO		988,647	4,816,735			
40	ANESTHESIOLOGY		164,044	7,073,101			
41	RADIOLOGY-DIAGNOSTIC		5,103,474	138,816,180	55,538		
41 01	ULTRASOUND		485,676	17,150,278	5,094		
44	LABORATORY		1,161,498	121,040,371	347,795		
47	BLOOD STORING, PROCESSING		86,920	5,819,708			
49	RESPIRATORY THERAPY		211,602	13,820,330	17,453		
50	PHYSICAL THERAPY		506,646	5,171,058	2,746		
51	OCCUPATIONAL THERAPY		158,736	3,633,406	774		
52	SPEECH PATHOLOGY		64,425	665,061			
53	ELECTROCARDIOLOGY		470,823	12,515,739	5,603		
54	ELECTROENCEPHALOGRAPHY		114,751	1,594,140	501		
55	MEDICAL SUPPLIES CHARGED		803,617	102,554,531	1,090		
56	DRUGS CHARGED TO PATIENTS		681,712	46,609,452	227,275		
57	RENAL DIALYSIS		1,238,720	47,426,400	10,450		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		285,179	373,389			
60 01	HOMER GLEN LAB		344,759	3,128,144			
60 02	HOMER GLEN FEC		290,626	7,368,978			
60 03	WOMEN'S HEALTH		163,667	3,381,734			
61	EMERGENCY		2,382,842	56,191,440	239,210		
61 01	OP MENTAL HEALTH		254,090	323,570			
61 02	DIABETES CENTER		85,328	316,418	159		
62	OBSERVATION BEDS (NON-DIS)		619,286	4,915,684			
	OTHER REIMBURS COST CNTRS						
64	HOMER PROGRAM DIALYSIS		89,987	4,897,889			
101	TOTAL		20,192,432	681,231,818	913,688		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-S213		PART II

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049270	
38	RECOVERY ROOM	.034138	
39	DELIVERY ROOM & LABOR ROO	.205253	
40	ANESTHESIOLOGY	.023193	
41	RADIOLOGY-DIAGNOSTIC	.036764	2,042
41 01	ULTRASOUND	.028319	144
44	LABORATORY	.009596	3,337
47	BLOOD STORING, PROCESSING	.014935	
49	RESPIRATORY THERAPY	.015311	267
50	PHYSICAL THERAPY	.097977	269
51	OCCUPATIONAL THERAPY	.043688	34
52	SPEECH PATHOLOGY	.096871	
53	ELECTROCARDIOLOGY	.037618	211
54	ELECTROENCEPHALOGRAPHY	.071983	36
55	MEDICAL SUPPLIES CHARGED	.007836	9
56	DRUGS CHARGED TO PATIENTS	.014626	3,324
57	RENAL DIALYSIS	.026119	273
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.763758	
60 01	HOMER GLEN LAB	.110212	
60 02	HOMER GLEN FEC	.039439	
60 03	WOMEN'S HEALTH	.048397	
61	EMERGENCY	.042406	10,144
61 01	OP MENTAL HEALTH	.785271	
61 02	DIABETES CENTER	.269669	43
62	OBSERVATION BEDS (NON-DIS	.125982	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.018373	
101	TOTAL		20,133

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROOM						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC						
44	ULTRASOUND						
47	LABORATORY						
49	BLOOD STORAGE PROCESSING						
50	RESPIRATORY THERAPY			37,251			
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY			29,801			
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
60	RENAL DIALYSIS						
60	01 OUTPAT SERVICE COST CNTRS						
60	02 CLINIC						
60	03 HOWER GLEN LAB						
61	01 HOWER GLEN FEC						
61	02 WOMEN'S HEALTH						
61	EMERGENCY			604,705			
62	01 OP MENTAL HEALTH						
62	02 DIABETES CENTER						
64	OBSERVATION BEDS (NON-DIS)						
101	OTHER REIMBURS COST CNTRS						
	HOME PROGRAM DIALYSIS						
	TOTAL			671,757			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			65,432,858				
38	OPERATING ROOM			6,195,224				
39	RECOVERY ROOM			4,816,735				
40	DELIVERY ROOM & LABOR ROO			7,073,101				
41	ANESTHESIOLOGY			138,816,180			55,538	
41	01 RADIOLOGY-DIAGNOSTIC			17,150,278			5,094	
44	ULTRASOUND			121,040,371			347,795	
47	LABORATORY			5,819,708				
49	BLOOD STORING, PROCESSING			13,820,330	.002695	.002695	17,453	47
50	RESPIRATORY THERAPY	37,251	37,251	5,171,058			2,746	
51	PHYSICAL THERAPY			3,633,406			774	
52	OCCUPATIONAL THERAPY			665,061				
53	SPEECH PATHOLOGY			12,515,739	.002381	.002381	5,603	13
54	ELECTROCARDIOLOGY	29,801	29,801	1,594,140			501	
55	ELECTROENCEPHALOGRAPHY			102,554,531			1,090	
56	MEDICAL SUPPLIES CHARGED			46,609,452			227,275	
57	DRUGS CHARGED TO PATIENTS			47,426,400			10,450	
60	RENAL DIALYSIS			373,389				
60	01 OUTPAT SERVICE COST CNTRS			3,128,144				
60	02 CLINIC			7,368,978				
60	03 HOWER GLEN LAB			3,381,734				
61	WOMEN'S HEALTH			56,191,440	.010762	.010762	239,210	2,574
61	01 EMERGENCY	604,705	604,705	323,570				
61	02 OP MENTAL HEALTH			316,418			159	
62	DIABETES CENTER			4,915,684				
64	OBSERVATION BEDS (NON-DIS			4,897,889				
101	OTHER REIMBURS COST CNTRS			671,757			913,688	2,634
	HOME PROGRAM DIALYSIS							
	TOTAL	671,757	671,757	681,231,818				

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
44	LABORATORY						
47	BLOOD STORING PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HOMER GLEN LAB						
60 02	HOMER GLEN FEC						
60 03	WOMEN'S HEALTH						
61	EMERGENCY						
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 14-T213
 PREPARED 2/23/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,223,886	65,432,858	23,820		
38	RECOVERY ROOM		211,491	6,195,224	1,550		
39	DELIVERY ROOM & LABOR ROO		988,647	4,816,735			
40	ANESTHESIOLOGY		164,044	7,073,101	697		
41	RADIOLOGY-DIAGNOSTIC		5,103,474	138,816,180	173,603		
41 01	ULTRASOUND		485,676	17,150,278	51,647		
44	LABORATORY		1,161,498	121,040,371	614,562		
47	BLOOD STORAGE PROCESSING		86,920	5,819,708	21,500		
49	RESPIRATORY THERAPY		211,602	13,820,330	245,295		
50	PHYSICAL THERAPY		506,646	5,171,058	749,419		
51	OCCUPATIONAL THERAPY		158,736	3,633,406	799,575		
52	SPEECH PATHOLOGY		64,425	665,061	92,103		
53	ELECTROCARDIOLOGY		470,823	12,515,739	25,991		
54	ELECTROENCEPHALOGRAPHY		114,751	1,594,140	4,507		
55	MEDICAL SUPPLIES CHARGED		803,617	102,554,531	169,691		
56	DRUGS CHARGED TO PATIENTS		681,712	46,609,452	744,492		
57	RENAL DIALYSIS		1,238,720	47,426,400	107,763		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		285,179	373,389			
60 01	HOMER GLEN LAB		344,759	3,128,144			
60 02	HOMER GLEN FEC		290,626	7,368,978			
60 03	WOMEN S HEALTH		163,667	3,381,734			
61	EMERGENCY		2,382,842	56,191,440			
61 01	OP MENTAL HEALTH		254,090	323,570			
61 02	DIABETES CENTER		85,328	316,418	528		
62	OBSERVATION BEDS (NON-DIS)		619,286	4,915,684			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		89,987	4,897,889			
101	TOTAL		20,192,432	681,231,818	3,826,743		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 14-T213
 PREPARED 2/23/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.049270	1,174
38	RECOVERY ROOM	.034138	53
39	DELIVERY ROOM & LABOR ROO	.205253	
40	ANESTHESIOLOGY	.023193	16
41	RADIOLOGY-DIAGNOSTIC	.036764	6,382
41 01	ULTRASOUND	.028319	1,463
44	LABORATORY	.009596	5,897
47	BLOOD STORING PROCESSING	.014935	321
49	RESPIRATORY THERAPY	.015311	3,756
50	PHYSICAL THERAPY	.097977	73,426
51	OCCUPATIONAL THERAPY	.043688	34,932
52	SPEECH PATHOLOGY	.096871	8,922
53	ELECTROCARDIOLOGY	.037618	978
54	ELECTROENCEPHALOGRAPHY	.071983	324
55	MEDICAL SUPPLIES CHARGED	.007836	1,330
56	DRUGS CHARGED TO PATIENTS	.014626	10,889
57	RENAL DIALYSIS	.026119	2,815
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.763758	
60 01	HOMER GLEN LAB	.110212	
60 02	HOMER GLEN FEC	.039439	
60 03	WOMEN'S HEALTH	.048397	
61	EMERGENCY	.042406	
61 01	OP MENTAL HEALTH	.785271	
61 02	DIABETES CENTER	.269669	142
62	OBSERVATION BEDS (NON-DIS	.125982	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.018373	
101	TOTAL		152,820

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
44	LABORATORY						
47	BLOOD STORAGE PROCESSING						
49	RESPIRATORY THERAPY			37,251			
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			29,801			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPATIENT SERVICE COST CNTRS						
60	CLINIC						
60 01	HOMER GLEN LAB						
60 02	HOMER GLEN FEC						
60 03	WOMEN'S HEALTH						
61	EMERGENCY			604,705			
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS)						
	OTHER REIMBURSEMENT COST CNTRS						
64	HOMER PROGRAM DIALYSIS						
101	TOTAL			671,757			

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			65,432,858			23,820	
38	RECOVERY ROOM			6,195,224			1,550	
39	DELIVERY ROOM & LABOR ROO			4,816,735				
40	ANESTHESIOLOGY			7,073,101			697	
41	RADIOLOGY-DIAGNOSTIC			138,816,180			173,603	
41 01	ULTRASOUND			17,150,278			51,647	
44	LABORATORY			121,040,371			614,562	
47	BLOOD STORING, PROCESSING			5,819,708			21,500	
49	RESPIRATORY THERAPY	37,251	37,251	13,820,330	.002695	.002695	245,295	661
50	PHYSICAL THERAPY			5,171,058			749,419	
51	OCCUPATIONAL THERAPY			3,633,406			799,575	
52	SPEECH PATHOLOGY			665,061			92,103	
53	ELECTROCARDIOLOGY	29,801	29,801	12,515,739	.002381	.002381	25,991	62
54	ELECTROENCEPHALOGRAPHY			1,594,140			4,507	
55	MEDICAL SUPPLIES CHARGED			102,554,531			169,691	
56	DRUGS CHARGED TO PATIENTS			46,609,452			744,492	
57	RENAL DIALYSIS			47,426,400			107,763	
60	OUTPAT SERVICE COST CNTRS CLINIC			373,389				
60 01	HOMER GLEN LAB			3,128,144				
60 02	HOMER GLEN FEC			7,368,978				
60 03	WOMEN'S HEALTH			3,381,734				
61	EMERGENCY	604,705	604,705	56,191,440	.010762	.010762		
61 01	OP MENTAL HEALTH			323,570				
61 02	DIABETES CENTER			316,418			528	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,915,684				
64	HOME PROGRAM DIALYSIS			4,897,889				
101	TOTAL	671,757	671,757	681,231,818			3,826,743	723

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
44	LABORATORY						
47	BLOOD STORING PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HOMER GLEN LAB						
60 02	HOMER GLEN FEC						
60 03	WOMEN'S HEALTH						
61	EMERGENCY						
61 01	OP MENTAL HEALTH						
61 02	DIABETES CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
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14-0213		PART I

TITLE XVII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,036
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	54,036
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	54,036
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	26,997
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	42,361,231
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	42,361,231

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	43,952,700
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	43,952,700
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.963791
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	813.40
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	42,361,231

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0213
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WORKSHEET D-1
PART II

TITLE XVII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 38-41) and Cost. Line 38: ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 783.94. Line 39: PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,164,028. Line 40: MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM. Line 41: TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,164,028.

Column headers: TOTAL I/P COST (1), TOTAL I/P DAYS (2), AVERAGE PER DIEM (3), PROGRAM DAYS (4), PROGRAM COST (5)

Table with 2 columns: Description (lines 42-47) and Cost. Line 42: NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS. Line 43: INTENSIVE CARE UNIT 8,200,673. Line 44: CORONARY CARE UNIT 4,267. Line 45: BURN INTENSIVE CARE UNIT 1,921.88. Line 46: SURGICAL INTENSIVE CARE UNIT 2,319. Line 47: OTHER SPECIAL CARE 4,456,840.

Table with 2 columns: Description (lines 48-49) and Cost. Line 48: PROGRAM INPATIENT ANCILLARY SERVICE COST 27,070,486. Line 49: TOTAL PROGRAM INPATIENT COSTS 52,691,354.

PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 50-53) and Cost. Line 50: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,753,172. Line 51: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 3,394,761. Line 52: TOTAL PROGRAM EXCLUDABLE COST 7,147,933. Line 53: TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 45,543,421.

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

Table with 2 columns: Description (lines 60-65) and Cost. Line 60: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS). Line 61: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS). Line 62: TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS. Line 63: TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD. Line 64: TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD. Line 65: TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS.

COMPUTATION OF INPATIENT OPERATING COST

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14-0213		PART III

TITLE XIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & IC/MR ONLY

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 5,392
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 783.94
- 85 OBSERVATION BED COST 4,227,004

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		42,361,231		4,227,004	
87 NEW CAPITAL-RELATED COST	6,206,207	42,361,231	.146507	4,227,004	619,286
88 NON PHYSICIAN ANESTHETIST		42,361,231		4,227,004	
89 MEDICAL EDUCATION		42,361,231		4,227,004	
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

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14-S213		PART I

TITLE XVII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWNG BED DAYS, EXCLUDING NEWBORN)	3,725
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWNG-BED AND NEWBORN DAYS)	3,725
3	PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	3,725
5	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWNG-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWNG-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWNG-BED AND NEWBORN DAYS)	1,204
10	SWNG-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWNG-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWNG-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWNG-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWNG-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWNG-BED ADJUSTMENT

17	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,717,610
22	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWNG-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWNG-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWNG-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST	2,717,610

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWNG-BED CHARGES)	4,062,435
29	PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	4,062,435
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.668961
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	1,090.59
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,717,610

COMPUTATION OF INPATIENT OPERATING COST

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14-S213		PART II

TITLE XVII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	729.56
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	878,390
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	878,390

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	181,015
49	TOTAL PROGRAM INPATIENT COSTS	1,059,405

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	159,373
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	22,767
52	TOTAL PROGRAM EXCLUDABLE COST	182,140
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	877,265

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

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14-S213		PART III

TITLE XVII PART A

SUBPROVIDER I

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & IC/MR ONLY

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 729.56
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		2,717,610			
87 NEW CAPITAL-RELATED COST	493,074	2,717,610	.181437		
88 NON PHYSICIAN ANESTHETIST		2,717,610			
89 MEDICAL EDUCATION		2,717,610			
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

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14-T213		

TITLE XVII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,020
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	4,020
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,020
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,341
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,792,567
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,792,567

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,517,676
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,517,676
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.362424
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	875.04
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,792,567

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-T213		PART II

TITLE XVII PART A

SUBPROVIDER II

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,192.18
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,983,073
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,983,073

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	
		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1,248,803
49	TOTAL PROGRAM INPATIENT COSTS	5,231,876

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	616,314
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	153,543
52	TOTAL PROGRAM EXCLUDABLE COST	769,857
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	4,462,019

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

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14-T213		PART III

TITLE XVII PART A

SUBPROVIDER II

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & IC/MR ONLY

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,192.18
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		4,792,567			
87 NEW CAPITAL-RELATED COST	741,569	4,792,567	154,733		
88 NON PHYSICIAN ANESTHETIST		4,792,567			
89 MEDICAL EDUCATION		4,792,567			
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-4
14-0213		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		24,948,595	
31	INTENSIVE CARE UNIT		4,152,373	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.439369	9,701,489	4,262,534
38	RECOVERY ROOM	.321949	1,028,799	331,221
39	DELIVERY ROOM & LABOR ROOM	1.018591	18,791	19,140
40	ANESTHESIOLOGY	.130955	1,046,051	136,986
41	RADIOLOGY-DIAGNOSTIC	.188856	27,059,465	5,110,342
41	01 ULTRASOUND	.147907	2,939,406	434,759
44	LABORATORY	.093547	28,396,462	2,656,404
47	BLOOD STORAGE, PROCESSING & TRANS.	.324115	2,329,651	755,075
49	RESPIRATORY THERAPY	.159644	7,925,798	1,265,306
50	PHYSICAL THERAPY	.726564	152	110
51	OCCUPATIONAL THERAPY	.258818	1,770,003	458,109
52	SPEECH PATHOLOGY	.763165		
53	ELECTROCARDIOLOGY	.140904	4,853,467	683,873
54	ELECTROENCEPHALOGRAPHY	.283821	349,348	99,152
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.107677	24,390,746	2,626,322
56	DRUGS CHARGED TO PATIENTS	.301202	17,061,571	5,138,979
57	RENAL DIALYSIS	.218574	2,402,387	525,099
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.368739	878	2,080
60	01 HOMER GLEN LAB	.316073	138,981	43,928
60	02 HOMER GLEN FEC	.314690	224,445	70,631
60	03 WOMEN'S HEALTH	.325294	421	137
61	EMERGENCY	.251578	8,678,217	2,183,248
61	01 OP MENTAL HEALTH	3.557011		
61	02 DIABETES CENTER	1.817561	14,459	26,280
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.859901	279,998	240,771
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.171519		
101	TOTAL		140,610,985	27,070,486
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		140,610,985	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
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14-S213		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,206,895	
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.439369		
38	RECOVERY ROOM	.321949		
39	DELIVERY ROOM & LABOR ROOM	1.018591		
40	ANESTHESIOLOGY	.130955		
41	RADIOLOGY-DIAGNOSTIC	.188856	55,538	10,489
41 01	ULTRASOUND	.147907	5,094	753
44	LABORATORY	.093547	347,795	32,535
47	BLOOD STORAGE, PROCESSING & TRANS.	.324115		
49	RESPIRATORY THERAPY	.159644	17,453	2,786
50	PHYSICAL THERAPY	.726564	2,746	1,995
51	OCCUPATIONAL THERAPY	.258818	774	200
52	SPEECH PATHOLOGY	.763165		
53	ELECTROCARDIOLOGY	.140904	5,603	789
54	ELECTROENCEPHALOGRAPHY	.283821	501	142
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.107677	1,090	117
56	DRUGS CHARGED TO PATIENTS	.301202	227,275	68,456
57	RENAL DIALYSIS	.218574	10,450	2,284
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.368739		
60 01	HOMER GLEN LAB	.316073		
60 02	HOMER GLEN FEC	.314690		
60 03	WOMEN'S HEALTH	.325294		
61	EMERGENCY	.251578	239,210	60,180
61 01	OP MENTAL HEALTH	3.557011		
61 02	DIABETES CENTER	1.817561	159	289
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART) OTHER REIMBURS COST CNTRS	.859901		
64	HOME PROGRAM DIALYSIS	.171519		
101	TOTAL		913,688	181,015
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		913,688	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-4
14-T213		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
01	SUBPROVIDER 2		2,918,515	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.439369	23,820	10,466
39	RECOVERY ROOM	.321949	1,550	499
40	DELIVERY ROOM & LABOR ROOM	1.018591		
41	ANESTHESIOLOGY	.130955	697	91
41	RADIOLOGY-DIAGNOSTIC	.188856	173,603	32,786
41	01 ULTRASOUND	.147907	51,647	7,639
44	LABORATORY	.093547	614,562	57,490
47	BLOOD STORAGE, PROCESSING & TRANS.	.324115	21,500	6,968
49	RESPIRATORY THERAPY	.159644	245,295	39,160
50	PHYSICAL THERAPY	.726564	749,419	544,501
51	OCCUPATIONAL THERAPY	.258818	799,575	206,944
52	SPEECH PATHOLOGY	.763165	92,103	70,290
53	ELECTROCARDIOLOGY	.140904	25,991	3,662
54	ELECTROENCEPHALOGRAPHY	.283821	4,507	1,279
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.107677	169,691	18,272
56	DRUGS CHARGED TO PATIENTS	.301202	744,492	224,242
57	RENAL DIALYSIS	.218574	107,763	23,554
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.368739		
60	01 HOMER GLEN LAB	.316073		
60	02 HOMER GLEN FEC	.314690		
60	03 WOMEN'S HEALTH	.325294		
61	EMERGENCY	.251578		
61	01 OP MENTAL HEALTH	3.557011		
61	02 DIABETES CENTER	1.817561	528	960
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.859901		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.171519		
101	TOTAL		3,826,743	1,248,803
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,826,743	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0213
 COMPONENT NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11,088,345	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	33,265,035	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	49,354	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1/10/1	148,062	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	560,444	
3 BED DAYS AVAILABLE DEDUCTIBLE DEDUCTED BY # DAYS IN COST RPTG PERIOD	252.23	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR OR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 TIME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DI SPORPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.22
4.01 PERCENTAGE OF MEDICATED PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.16
4.02 SUM OF LINES 4 AND 4.01		20.38
4.03 ALLOWABLE DI SPORPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.03
4.04 DI SPORPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,674,509
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
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14-0213		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10% YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		47,588,333
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		47,588,333
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		3,916,935
10 EXCEPTON PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART I.V, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART I.V, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		33,069
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		126,311
16 TOTAL		51,664,648
17 PRIMARY PAYER PAYMENTS		54,411
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		51,610,237
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		4,787,406
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		159,763
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,106,553
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		774,587
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		831,210
22 SUBTOTAL		47,437,655
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		47,437,655
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		47,837,125
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-399,470
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E
14-0213		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	27,768
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	13,958,187
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13,890,359
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	940
1.04	LINE 1.01 TIMES LINE 1.03	13,120,696
1.05	LINE 1.02 DIVIDED BY LINE 1.04	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101	46,779
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	27,768

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCI LLARY SERVICE CHARGES	97,690
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
10	TOTAL REASONABLE CHARGES	97,690

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	97,690
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	69,922
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	27,768
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,937,138

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	16,541
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,030,949
19	SUBTOTAL (SEE INSTRUCTIONS)	10,917,416
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,917,416
24	PRIMARY PAYER PAYMENTS	213
25	SUBTOTAL	10,917,203

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	590,153
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	413,107
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	462,878
28	SUBTOTAL	11,330,310
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON OR A DECREASE IN PROGRAM UTILIZATION	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
32	SUBTOTAL	11,330,310
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,290,449
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	39,861
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0213
 COMPONENT NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT- PART A
 MM/DD/YYYY AMOUNT
 PART B
 MM/DD/YYYY AMOUNT

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
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 (1)				
	ADJUSTMENTS TO PROVIDER	.01		9/17/2010	92,280
	ADJUSTMENTS TO PROVIDER	.02		4/16/2010	16,717
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50	4/16/2010	165,070	
	ADJUSTMENTS TO PROGRAM	.51	9/17/2010	15,258	
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	SUBTOTAL	.99		- 180,328	108,997
4	TOTAL INTERIM PAYMENTS			47,837,125	11,290,449
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	SUBTOTAL	.99		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
	SETTLEMENT TO PROVIDER	.01			39,861
	SETTLEMENT TO PROGRAM	.02		399,470	
7	TOTAL MEDICARE PROGRAM LIABILITY			47,437,655	11,330,310

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-1
14-S213		

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		815,703		
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 (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		815,703		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		74,021		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		889,724		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-1
14-T213		

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT- PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,314,938		
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 (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/16/2010	10,364		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-10,364		NONE
4 TOTAL INTERIM PAYMENTS		4,304,574		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		7,376		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,311,950		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO	WORKSHEET E-3
14-S213	9/30/2010	PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	953,683
1.09	NET IPF PPS OUTLIER PAYMENTS	1,617
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.205479
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	955,300
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	955,300
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39 / 1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	955,300
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	955,300
7	DEDUCTIBLES	119,164
8	SUBTOTAL	836,136
9	COINSURANCE	20,433
10	SUBTOTAL	815,703
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	101,981
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	71,387
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	81,215
12	SUBTOTAL	887,090
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2,634
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-S213		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	889,724
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	815,703
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER PROGRAM	74,021
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-T213		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND I RF PPS AND LTCH PPS AND I PF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE I RF PPS PAYMENT	4,131,786
1.03	MEDICARE SSI RATIO (I RF PPS ONLY) (SEE INSTR.)	.0058
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	28,485
1.05	OUTLIER PAYMENTS	188,994
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,349,265
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (I PF)		
1.08	NET FEDERAL I PF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET I PF PPS OUTLIER PAYMENTS	
1.10	NET I PF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR I PF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET I PF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL I PF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (I RF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR I RF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.013699
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,349,265
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,349,265
7	DEDUCTIBLES	16,372
8	SUBTOTAL	4,332,893
9	COINSURANCE	22,414
10	SUBTOTAL	4,310,479
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	1,068
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	748
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,068
12	SUBTOTAL	4,311,227
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	723
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-T213		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,311,950
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,304,574
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER PROGRAM	7,376
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	13,124,000			
2	TEMPORARY INVESTMENTS	9,091,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	26,891,000			
5	OTHER RECEIVABLES	1,917,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	176,000			
8	PREPAID EXPENSES	2,067,000			
9	OTHER CURRENT ASSETS	49,000			
10	DUE FROM OTHER FUNDS	22,380,000			
11	TOTAL CURRENT ASSETS	75,695,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	295,931,000			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT - NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	295,931,000			
OTHER ASSETS					
22	INVESTMENTS	214,710,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	59,179,000			
26	TOTAL OTHER ASSETS	273,889,000			
27	TOTAL ASSETS	645,515,000			

BALANCE SHEET

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,390,000			
29 SALARIES, WAGES & FEES PAYABLE	10,094,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,770,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	630,000			
35 OTHER CURRENT LIABILITIES	25,047,000			
36 TOTAL CURRENT LIABILITIES	43,931,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	378,598,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	8,644,000			
42 TOTAL LONG TERM LIABILITIES	387,242,000			
43 TOTAL LIABILITIES	431,173,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	214,342,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE- INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	214,342,000			
52 TOTAL LIABILITIES AND FUND BALANCES	645,515,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		200,198,000		
2	NET INCOME (LOSS)		10,670,000		
3	TOTAL		210,868,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TEMPORARILY RESTRICTED NE	64,000			
7	CONTRIBUTIONS FOR SPECIFI	3,435,000			
8	PERMANENTLY RESTRICTED AS	104,000			
9					
10	TOTAL ADDITIONS		3,603,000		
11	SUBTOTAL		214,471,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TEMPORARILY RESTRICTED NE	129,000			
15					
16					
17					
18	TOTAL DEDUCTIONS		129,000		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		214,342,000		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TEMPORARILY RESTRICTED NE				
7	CONTRIBUTIONS FOR SPECIFI				
8	PERMANENTLY RESTRICTED AS				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TEMPORARILY RESTRICTED NE				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	43,952,700		43,952,700
2 00 SUBPROVIDER	4,062,435		4,062,435
2 01 SUBPROVIDER 2	3,517,676		3,517,676
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	51,532,811		51,532,811
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,594,404		7,594,404
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,594,404		7,594,404
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	59,127,215		59,127,215
17 00 ANCILLARY SERVICES	265,040,630	335,293,938	600,334,568
18 00 OUTPATIENT SERVICES	17,384,559	63,512,686	80,897,245
19 00 HOME HEALTH AGENCY		4,758,668	4,758,668
24 00 NURSERY	3,907,417		3,907,417
25 00 TOTAL PATIENT REVENUES	345,459,821	403,565,292	749,025,113

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		239,437,197	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 ROUNDING	803		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		803	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 ACCELERATED DEPREC- EXISTING CAMPUS	10,078,000		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		10,078,000	
40 00 TOTAL OPERATING EXPENSES		229,360,000	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0213 PERIOD: FROM 10/1/2009 TO 9/30/2010 PREPARED 2/23/2011 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	749,025,113
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	508,444,113
3	NET PATIENT REVENUES	240,581,000
4	LESS: TOTAL OPERATING EXPENSES	229,360,000
5	NET INCOME FROM SERVICE TO PATIENTS	11,221,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	3,314,000
24.02	NET ASSETS RELEASED FROM RESTRICT.	96,000
24.03	GAIN ON INVESTMENT	6,117,000
25	TOTAL OTHER INCOME	9,527,000
26	TOTAL	20,748,000
	OTHER EXPENSES	
27	ACCELERATED DEPRECIATING CAMPUS	10,078,000
28		
29		
30	TOTAL OTHER EXPENSES	10,078,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	10,670,000

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	394,176		441	444	82,254	477,315
HHA REIMBURSABLE SERVICES						
6	939,809		56,454		45,267	1,041,530
7				525,183		525,183
8				160,185		160,185
9				11,450		11,450
10	4,952			27,920		32,872
11	70,775		11,462		883	83,120
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,409,712		68,357	725,182	128,404	2,331,655

	RECLASSIFIED - CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	30,000	507,315	-6,818	500,497
HHA REIMBURSABLE SERVICES				
6		1,041,530		1,041,530
7	-17,257	507,926		507,926
8		160,185		160,185
9		11,450		11,450
10		32,872		32,872
11		83,120		83,120
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	12,743	2,344,398	-6,818	2,337,580

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST- BLDG & FIX	CAP-REL COST- MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O SUBTOTAL	ADM NI STRATI V E & GENERAL
	0	1	2	3	4A	5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	500,497				500,497	500,497
HHA REIMBURSABLE SERVICES						
6	1,041,530				1,041,530	283,756
7	507,926				507,926	138,380
8	160,185				160,185	43,641
9	11,450				11,450	3,119
10	32,872				32,872	8,956
11	83,120				83,120	22,645
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,337,580				2,337,580	

TOTAL

6

GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
HHA REIMBURSABLE SERVICES						
6	1,325,286					
7	646,306					
8	203,826					
9	14,569					
10	41,828					
11	105,765					
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,337,580					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATION (MILEAGE)	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (ACCUM COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				- 500,497	1,837,083
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,041,530
7	PHYSICAL THERAPY					507,926
8	OCCUPATIONAL THERAPY					160,185
9	SPEECH PATHOLOGY					11,450
10	MEDICAL SOCIAL SERVICES					32,872
11	HOME HEALTH AIDE					83,120
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DIME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AID SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				- 500,497	1,837,083
25	COST TO BE ALLOCATED					500,497
26	UNIT COST MULTIPLIER					.272441

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS- BLDG & 3	NEW CAP REL COSTS- M/BLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL			2,898	460,712	463,610	93,418
2 SKILLED NURSING CARE	1,325,286				1,325,286	267,048
3 PHYSICAL THERAPY	646,306				646,306	130,232
4 OCCUPATIONAL THERAPY	203,826				203,826	41,071
5 SPEECH PATHOLOGY	14,569				14,569	2,936
6 MEDICAL SOCIAL SERVICES	41,828				41,828	8,428
7 HOME HEALTH AIDE	105,765				105,765	21,312
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,337,580		2,898	460,712	2,801,190	564,445
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL						106,231
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						106,231
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL P RGM	SUBTOTAL
	15	16	17	18	24	25
1 ADMIN & GENERAL	5,654					668,913
2 SKILLED NURSING CARE						1,592,334
3 PHYSICAL THERAPY						776,538
4 OCCUPATIONAL THERAPY						244,897
5 SPEECH PATHOLOGY						17,505
6 MEDICAL SOCIAL SERVICES						50,256
7 HOME HEALTH AIDE						127,077
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,654					3,477,520
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1 ADMIN & GENERAL		668,913		
2 SKILLED NURSING CARE		1,592,334	379,240	1,971,574
3 PHYSICAL THERAPY		776,538	184,944	961,482
4 OCCUPATIONAL THERAPY		244,897	58,326	303,223
5 SPEECH PATHOLOGY		17,505	4,169	21,674
6 MEDICAL SOCIAL SERVICES		50,256	11,969	62,225
7 HOME HEALTH AIDE		127,077	30,265	157,342
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AID SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		3,477,520	668,913	3,477,520
21 UNIT COST MULTIPLIER			0.238165	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1	ADMIN & GENERAL	2,862	1,409,712		463,610	
2	SKILLED NURSING CARE				1,325,286	
3	PHYSICAL THERAPY				646,306	
4	OCCUPATIONAL THERAPY				203,826	
5	SPEECH PATHOLOGY				14,569	
6	MEDICAL SOCIAL SERVICES				41,828	
7	HOME HEALTH AIDE				105,765	
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DIME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEVISION					
20	TOTAL (SUM OF 1-19)	2,862	1,409,712		2,801,190	
21	COST TO BE ALLOCATED	2,898	460,712		564,445	
22	UNIT COST MULTIPLIER	1.012579	0.326813		0.201502	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED)
	9	10	11	12	14	15
1	ADMIN & GENERAL				44,256	43,614
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DIME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEVISION					
20	TOTAL (SUM OF 1-19)				44,256	43,614
21	COST TO BE ALLOCATED				106,231	5,654
22	UNIT COST MULTIPLIER				2.400375	0.129637

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16	MEDICAL RECO RDS & LIBRAR (TIME) SPENT 17	SOCI AL SERVI CE (TIME) SPENT 18	PARAMED P RGM (ASSIGNED) TIME 24
1	ADM N & GENERAL			
2	SKI LLED NURSI NG CARE			
3	PHYSI CAL THERAPY			
4	OCCUPATI ONAL THERAPY			
5	SPEECH PATHOLOGY			
6	MEDI CAL SOCI AL SERVI CES			
7	HOME HEALTH AI DE			
8	SUPPLI ES			
9	DRUGS			
9.20	COST ADM NI STERI NG DRUGS			
10	DIVE			
11	HOME DI ALYSI S AI DE SVCS			
12	RESPI RATORY THERAPY			
13	PRI VATE DUTY NURSI NG			
14	CLI NI C			
15	HEALTH PROM ACTI VI TI ES			
16	DAY CARE PROGRAM			
17	HOME DEL MEALS PROGRAM			
18	HOMEMAKER SERVI CE			
19	ALL OTHER			
19.50	TELEMEDI CI NE			
20	TOTAL (SUM OF 1-19)			
21	COST TO BE ALLOCATED			
22	UNI T COST MULI PLI ER			

[] TITLE V [X] TITLE XVII [] TITLE XIX

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANNUAL COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,971,574	2	1,971,574	11,747	167.84	6,924
2 PHYSICAL THERAPY	3	961,482		961,482	7,272	132.22	4,579
3 OCCUPATIONAL THERAPY	4	303,223		303,223	2,191	138.39	1,690
4 SPEECH PATHOLOGY	5	21,674		21,674	145	149.48	176
5 MEDICAL SOCIAL SERVICES	6	62,225		62,225	322	193.25	196
6 HOME HEALTH AIDE SERVICE	7	157,342		157,342	2,477	63.52	1,572
7 TOTAL		3,477,520		3,477,520	24,154		15,137

PROGRAM VISITS	COST OF SERVICES	PART B		PART B		TOTAL PROGRAM COST
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
7	8	9	10	11	12	
1 SKILLED NURSING	2,423	1,162,124	406,676		1,568,800	
2 PHYSICAL THERAPY	1,260	605,435	166,597		772,032	
3 OCCUPATIONAL THERAPY	363	233,879	50,236		284,115	
4 SPEECH PATHOLOGY		26,308			26,308	
5 MEDICAL SOCIAL SERVICES	85	37,877	16,426		54,303	
6 HOME HEALTH AIDE SERVICE	1,188	99,853	75,462		175,315	
7 TOTAL	5,319	2,165,476	715,397		2,880,873	

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A 6
8 SKILLED NURSING						
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

PROGRAM VISITS	COST OF SERVICES	PART B		PART B		TOTAL PROGRAM COST
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
7	8	9	10	11	12	
8 SKILLED NURSING						
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	WORKSHEET H-6
HHA NO.	TO 9/30/2010	PARTS III & IIII
14-7452		HHA 1

[] TITLE V [X] TITLE XVII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I CCL 29, LINE:	FAULTY COSTS (FROM WKST H-5 PART I)	SHARED ANCELLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		2,351	2,351	22,711	.103518	10,544
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES ----- PART B -----		COST OF SERVICES ----- PART B -----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	12,167		1,091	1,260
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
162 PROGRAM UNDUPLICATE FROM WKST S-4	1	2
17 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, CCL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCELLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.726564			CCL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.258818			CCL 2, LN 3
3 SPEECH PATHOLOGY	52	.763165			CCL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.107677	21,832	2,351	CCL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.301202			CCL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, CCL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE ----- PROGRAM VISITS -----		PROGRAM COSTS -----		PROGRAM VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	132.22					
2 OCCUPATIONAL THERAPY	3	138.39					
3 SPEECH PATHOLOGY	4	149.48					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
HHA NO.	TO 9/30/2010	WORKSHEET H-7
14-7452		PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	2,948,730	984,104	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	2,948,730	984,104	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,948,730	984,104	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT- FULL EPI CODES WITHOUT OUTLIERS	2,271,543	734,962
10.02 TOTAL PPS REIMBURSEMENT- FULL EPI CODES WITH OUTLIERS		4,466
10.03 TOTAL PPS REIMBURSEMENT- LUPA EPI CODES	14,636	9,039
10.04 TOTAL PPS REIMBURSEMENT- PEP EPI CODES	89,989	18,960
10.05 TOTAL PPS REIMBURSEMENT- SCI C WITHIN A PEP EPI CODE		
10.06 TOTAL PPS REIMBURSEMENT- SCI C EPI CODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT- FULL EPI CODES WITH OUTLIERS		344
10.08 TOTAL PPS OUTLIER REIMBURSEMENT- PEP EPI CODES	1,538	1,849
10.09 TOTAL PPS OUTLIER REIMBURSEMENT- SCI C WITHIN A PEP EPI CODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT- SCI C EPI CODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	2,377,706	769,620
13 EXCESS REASONABLE COST		
14 SUBTOTAL	2,377,706	769,620
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	2,377,706	769,620
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,377,706	769,620
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	2,377,706	769,620
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	2,377,706	769,620
25 INTERIM PAYMENTS	2,377,706	769,620
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 14-0213	PERIOD: FROM 10/1/2009 TO 9/30/2010	PREPARED 2/23/2011 WORKSHEET H-8
	HHA NO: 14-7452		

TITLE XVII I

HHA 1

DESCRIPTION	PART A		PART B	
	MM DD/ YYYY 1	AMOUNT 2	MM DD/ YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,377,706		769,620
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 (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		2,377,706		769,620
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		2,377,706		769,620

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 SATELLITE NO: _____
 PREPARED 2/23/2011
 WORKSHEET 1-1

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES	1,889,230	HOURS OF SERVICE	52,588.00	25.28
2 LICENSED PRACTICAL NURSES	50,926	HOURS OF SERVICE	2,062.00	.99
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	566,668	HOURS OF SERVICE	27,648.00	13.29
5 SOCIAL WORKERS	183,433	HOURS OF SERVICE	5,939.00	2.86
6 DIETICIANS	175,230	HOURS OF SERVICE	6,058.00	2.91
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	426,140	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	3,291,627			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS- BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS- MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	1,218,571	REQUISITIONS		
15 DRUGS	2,199,984	REQUISITIONS		
16 OTHER	672,230	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	7,382,412			
18 OLD CAPITAL RELATED COSTS- BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS- MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS- BLDGS. & FIXTU	312,036	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS- MOV. EQUIP.	107,674	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	1,093,735	SALARY		
23 ADMINISTRATIVE AND GENERAL	1,792,533	ACCUMULATED COST		
24 MAINT. / REPAIRS- OPERATIONAL- HOUSEKEEPING	324,910	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	153,326	REQUISITIONS		
27 PHARMACY	-1,281,374	REQUISITIONS		
28 OTHER ALLOCATED COST	425,867	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	10,311,119			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	10,311,119			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 SATELLITE NO: _____
 PREPARED 2/23/2011
 WORKSHEET 1-2

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	636,946	107,674	1,889,230	976,257	1,093,735
2	HEMODIALYSIS	636,946	107,674	1,769,492	906,128	1,020,052
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS			119,738	70,129	73,683
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	636,946	107,674	1,889,230	976,257	1,093,735
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	
					OVERHEAD	
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	918,610	1,371,897		6,994,349	3,316,770
2	HEMODIALYSIS	918,610	1,371,897		6,730,799	3,191,793
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES				263,550	124,977
14	INPATIENT DIALYSIS					
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)	2,183,055				
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	918,610	1,371,897		6,994,349	3,316,770
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	10,311,119
2	HEMODIALYSIS	9,922,592
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	388,527
14	INPATIENT DIALYSIS	
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
19	TOTAL (SUM OF LINES 2-15)	10,311,119
20	MEDICAL EDUCATION PROGRAM COSTS	
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)	10,311,119

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/23/2011
SATELLITE NO:
WORKSHEET 1-3

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

___ HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	636,946	107,674	1,889,230	976,257	1,093,735
2	HEMODIALYSIS	19,984	100.00	49,255.00	38,711.00	3,121,208
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS			3,333.00	2,996.00	225,460
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	19,984	100.00	52,588.00	41,707.00	3,346,668
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	31.872798	1076.740000	35.925116	23.407510	.326813

	COMPOSITE PAYMENT SERVICES	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCELLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	918,610	1,371,897		6,994,349	3,316,770
2	HEMODIALYSIS	2,199,984	1,197,003			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	2,199,984	1,197,003			6,994,349
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.417553	1.146110			.474207

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
SATELLITE NO:
PREPARED 2/23/2011
WORKSHEET 1-4
RATE 0

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	37,480	9,922,592	264.74	27,432	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
	PATIENT WEEKS			PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	37,480	9,922,592		27,432	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	7,262,348	166.29	6.01	4,561,667	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	7,262,348			4,561,667	

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 SATELLITE NO:
 PREPARED 2/23/2011
 WORKSHEET 1-1
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	99,920	HOURS OF SERVICE	2,884.00	1.39
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS	434	HOURS OF SERVICE	13.00	.01
6 DIETICIANS	300	HOURS OF SERVICE	12.00	.01
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	271	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	100,925			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS- BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS- MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	323,451	REQUISITIONS		
15 DRUGS	275,817	REQUISITIONS		
16 OTHER	33,808	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	734,001			
18 OLD CAPITAL RELATED COSTS- BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS- MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS- BLDGS. & FIXTU		SQUARE FEET		
21 NEW CAPITAL RELATED COSTS- MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	32,984	SALARY		
23 ADMINISTRATIVE AND GENERAL	154,549	ACCUMULATED COST		
24 MAINT. / REPAIRS- OPERATIONAL- HOUSEKEEPING		SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	41,957	REQUISITIONS		
27 PHARMACY	-127,052	REQUISITIONS		
28 OTHER ALLOCATED COST	3,643	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	840,082			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	840,082			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0213
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 SATELLITE NO:
 PREPARED 2/23/2011
 WORKSHEET 1-2
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE			99,920	734	32,984
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL			99,920	734	32,984
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS					
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)			99,920	734	32,984
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	148,765	365,408		647,811	192,271
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL	148,765	365,408		647,811	192,271
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS					
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)	275,817				
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	148,765	365,408		647,811	192,271
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)	
		11	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	840,082	
2	HEMODIALYSIS		
3	INTERMITTENT PERITONEAL TRAINING		
4	HEMODIALYSIS		
5	INTERMITTENT PERITONEAL	840,082	
6	CAPD		
7	CCDP		
8	HOME		
9	HEMODIALYSIS		
10	INTERMITTENT PERITONEAL		
11	CAPD		
12	CCDP		
13	OTHER BILLABLE SERVICES		
14	INPATIENT DIALYSIS		
15	METHOD II HOME PATIENT		
16	EPO (INCLUDED IN RENAL DEPARTMENT)		
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)		
18	OTHER		
19	TOTAL (SUM OF LINES 2-15)	840,082	
20	MEDICAL EDUCATION PROGRAM COSTS		
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)	840,082	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
SATELLITE NO:
PREPARED 2/23/2011
WORKSHEET 1-3
RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE			99,920	734	32,984
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL			2,884.00	25.00	100,924
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS		0			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS			2,884.00	25.00	100,924
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)			34.646325	29.360000	.326820

	COMPOSITE PAYMENT SERVICES	MEDICAL SUPPLIES		ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		DRUGS				
		6 (REQUIST.)	7 (REQUIST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	148,765	365,408		647,811	192,271
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL	275,817	323,741			
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS		0			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	275,817	323,741			647,811
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.539361	1.128705			.296801

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0213
PERIOD: FROM 10/1/2009 TO 9/30/2010
SATellite NO:
PREPARED 2/23/2011
WORKSHEET 1-4
RATE 0

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NOT APPLIC
1	6	7	8	9	10
2	5	6	6.01	7	
3	1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS				
2	MAINTENANCE - PERITONEAL DIALYSIS				
3	TRAINING - HEMODIALYSIS				
4	TRAINING - PERITONEAL DIALYSIS				
5	15	840,082	56,005.47	10	
5	7			7	
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6	7,237			5,319	
7	HOME PROGRAM - HEMODIALYSIS				
8	HOME PROGRAM - PERITONEAL DIALYSIS				
9	PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11	7,259	840,082		5,336	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)				

	TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT	
6	5	7	8	9	10
5		6	6.01	7	
1	MAINTENANCE - HEMODIALYSIS				
2	MAINTENANCE - PERITONEAL DIALYSIS				
3	TRAINING - HEMODIALYSIS				
4	TRAINING - PERITONEAL DIALYSIS				
5	560,055	195.28		1,953	
5		73.40		514	
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6		69.56		369,990	
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7	HOME PROGRAM - HEMODIALYSIS				
8	HOME PROGRAM - PERITONEAL DIALYSIS				
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11	560,055			372,457	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)				

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0213	FROM 10/1/2009	2/23/2011
SATELLITE NO:	TO 9/30/2010	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	7,822,403
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	4,934,124
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	3,947,299
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	986,825
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5) (TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
14-0213	FROM 10/1/2009	WORKSHEET L
COMPONENT NO:	TO 9/30/2010	PARTS I-IV
14-0213		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,647,726
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	115,640
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	144.96
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.22
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICARE PATIENT DAYS TO TOTAL	16.16
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.38
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.21
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	153,569
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,916,935
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
14-0213	FROM 10/1/2009	WORKSHEET L
COMPONENT NO:	TO 9/30/2010	PARTS I-IV
14-T213		

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

SUBPROVIDER 2

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	144.96
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.16
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	16.16
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.33
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	