

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY'S HOSPITAL (14-0166) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	-26929	-163572		2
3	SWING BED - SNF	215299			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	188370	-163572		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1800 EAST LAKE SHORE DRIVE P.O.BOX: 1
 1.01 CITY: DECATUR STATE: IL ZIP CODE: 62521 COUNTY: MACON 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0166	07/01/1966	N	P	O	2
3	SUBPROVIDER I	14-T166	07/01/2008	N	P	N	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	14-5551	12/06/1985	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2009	TO: 06/30/2010	1	2		17
18	TYPE OF CONTROL			1			18
19	HOSPITAL			1			19
20	SUBPROVIDER I			5			20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES			21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N	19500	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:					26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.					26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:					26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO				27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.8145	0.7995		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	2040	19500		28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>						
28.03	STAFFING	50.00	YES			28.03
28.04	RECRUITMENT	0.00	NO			28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO			28.05
28.06	TRAINING	0.00	NO			28.06
28.07	TEMPORARY EMPLOYEES	1.70	YES			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO				29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO				30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.					30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?					30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)					30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.					30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO				31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO				31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	148005		40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 4936 LAVERNA ROAD			P.O.BOX:	40.02
40.03	CITY: SPRINGFIELD			STATE: IL ZIP CODE: 62707	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1525524 PAID LOSSES: 364690 AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2886	1949	6701	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2886	1949	6701	12
13	RPCH VISITS					13
14	SUBPROVIDER I		155		235	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	42644443	743	42645186	1863487.00	22.88		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	2175964		2175964	22916.00	94.95		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1673769		1673769	13495.00	124.03		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	530956		530956	26738.00	19.86		8
8.01	EXCLUDED AREA SALARIES	1997603	2195	1999798	111783.00	17.89		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	124151		124151	1849.00	67.14		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	12000		12000	13.00	923.08		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	1685813		1685813	22920.00	73.55		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	13757706		13757706			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	960090		960090			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	156723		156723			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	451637	-12913	438724	22818.00	19.23		21
22	ADMINISTRATIVE & GENERAL	5981464	713	5982177	270878.00	22.08		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	449951		449951	3443.00	130.69		22.01
23	MAINTENANCE & REPAIRS	85953		85953	3286.00	26.16		23
24	OPERATION OF PLANT	759415		759415	47154.00	16.10		24
25	LAUNDRY & LINEN SERVICE	121571		121571	13080.00	9.29		25
26	HOUSEKEEPING	752371	356	752727	69389.00	10.85		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1200380	-619496	580884	46768.00	12.42		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		627425	627425	51214.00	12.25		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	469774		469774	14444.00	32.52		30
31	CENTRAL SERVICES AND SUPPLY	191722	1209	192931	10672.00	18.08		31
32	PHARMACY	1303912		1303912	35821.00	36.40		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1266039		1266039	71392.00	17.73		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	39244661	743	39245404	1830519.00	21.44		1
2	EXCLUDED AREA SALARIES	2528559	2195	2530754	138521.00	18.27		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36716102	-1452	36714650	1691998.00	21.70		3
4	SUBTOTAL OTHER WAGES & REL COSTS	1821964		1821964	24782.00	73.52		4
5	SUBTOTAL WAGE-RELATED COSTS	13757706		13757706		37.47%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	52295772	-1452	52294320	1716780.00	30.46		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	13034189	-2706	13031483	660359.00	19.73		13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA		7						3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		55						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL		10						6.02
7	RHC		78						7
8	RHB		33						8
9	RHA		55						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		53						10
11	RMB		269						11
12	RMA		291						12
12.01	RMX		282						12.01
12.02	RML		653						12.02
13	RLB								13
14	RLA								14
15	SE3		161						15
16	SE2		371						16
17	SE1		27						17
18	SSC								18
19	SSB								19
20	SSA		219						20
21	CC2								21
22	CC1		17						22
23	CB2								23
24	CB1		32						24
25	CA2		1						25
26	CA1		15						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1		16						30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1		3						44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		2648						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	13092927	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	13092927	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.296940	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	59121647	28
29	TOTAL GROSS MEDICAID COST	17555582	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	21136284	30
31	UNCOMPENSATED CARE COST	6276208	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	17555582	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT				26466	26466		26466	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1981814	1981814	-49848	1931966	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5286366	5286366		5286366	4
5	0500 EMPLOYEE BENEFITS	451637	15496369	15948006	-57434	15890572	-6107529	9783043	5
6	0600 ADMINISTRATIVE & GENERAL	5981464	23704456	29685920	-6933110	22752810	-2414994	20337816	6
7	0700 MAINTENANCE & REPAIRS	85953	8812	94765		94765	-1660	93105	7
8	0800 OPERATION OF PLANT	759415	2568180	3327595	-2720	3324875	-300	3324575	8
9	0900 LAUNDRY & LINEN SERVICE	121571	306125	427696		427696	-52408	375288	9
10	1000 HOUSEKEEPING	752371	395562	1147933	356	1148289	-208	1148081	10
11	1100 DIETARY	1200380	1181043	2381423	-1238089	1143334	-98283	1045051	11
12	1200 CAFETERIA				1244743	1244743	-590319	654424	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	469774	7466	477240		477240		477240	14
15	1500 CENTRAL SERVICES & SUPPLY	191722	167282	359004	-125984	233020	-1199	231821	15
16	1600 PHARMACY	1303912	3613647	4917559	-3364878	1552681		1552681	16
17	1700 MEDICAL RECORDS & LIBRARY	1266039	511280	1777319	-53674	1723645	-1117	1722528	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A		8688	8688		8688		8688	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	6858132	655998	7514130	-17298	7496832	-2088	7494744	25
26	2600 INTENSIVE CARE UNIT	1138034	153142	1291176	-1776	1289400		1289400	26
31	3100 SUBPROVIDER I	492087	687072	1179159		1179159		1179159	31
33	3300 NURSERY	338332	346875	685207		685207	-289399	395808	33
34	3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	530956	48562	579518	-3527	575991	-21	575970	34
37	3700 OPERATING ROOM	1451434	6425441	7876875	-4020560	3856315	-125	3856190	37
37.01	3951 STONE CENTER		135	135	-135				37.01
37.02	3952 ENDOSCOPY	237	111705	111942		111942		111942	37.02
38	3800 RECOVERY ROOM	440818	55968	496786	-1140	495646		495646	38
39	3900 DELIVERY ROOM & LABOR ROOM	981206	181860	1163066	-2502	1160564	-7300	1153264	39
40	4000 ANESTHESIOLOGY	2354894	364453	2719347		2719347	-2175964	543383	40
40.01	4001 PAIN CENTER	329971	148517	478488	-4117	474371		474371	40.01
41	4100 RADIOLOGY-DIAGNOSTIC	1969934	1235292	3205226	-77356	3127870	-75627	3052243	41
43	4300 RADIOISOTOPE	321874	64626	386500		386500		386500	43
44	4400 LABORATORY	2014701	2195117	4209818	-18426	4191392		4191392	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD		423170	423170		423170		423170	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	819497	158463	977960		977960	-695	977265	49
50	5000 PHYSICAL THERAPY	1738684	87779	1826463	-14909	1811554	-2855	1808699	50
53	5300 ELECTROCARDIOLOGY	978376	2815589	3793965	-2126452	1667513	-268944	1398569	53
54	5400 ELECTROENCEPHALOGRAPHY	266812	100245	367057	-720	366337		366337	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				127193	127193		127193	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				6046638	6046638		6046638	55.30
56	5600 DRUGS CHARGED TO PATIENTS				3364878	3364878	-12330	3352548	56
59	3950 TREATMENT CENTER	95490	25877	121367	-2112	119255	-960	118295	59
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	111684	168719	280403	-2978	277425	-73648	203777	60
60.01	4950 PRENATAL CLINIC	73517	302583	376100	-746	375354	-287960	87394	60.01
60.02	4951 OUTPATIENT PSYCHIATRIC	89334	1503	90837	-150	90687		90687	60.02
60.03	4952 WOUND CLINIC	56103	244810	300913		300913	-850	300063	60.03
60.04	4953 NEUROSURGERY	54208	1472258	1526466		1526466	-479167	1047299	60.04
60.05	4954 DR JATOI	114737	420086	534823		534823	-200	534623	60.05
60.06	4955 UROLOGY PHYSICIAN	45962	1104328	1150290		1150290	-372695	777595	60.06
60.07	4957 DR. CHU	254014	619478	873492		873492		873492	60.07
60.08	956 SPORTS MEDICINE CLINIC	49172	239549	288721		288721	-26690	262031	60.08
60.09	4958 DR. SHANKER		10230	10230		10230	-10230		60.09
60.10	4959 DR MIRMIRA		31705	31705		31705	-31705		60.10
60.11	4960 DR TOKHI	224745	214014	438759		438759		438759	60.11
60.12	4961 CT\PET	17589	262107	279696		279696		279696	60.12
60.13	4962 RADIATION ONCOLOGY	338757	341597	680354		680354		680354	60.13
60.14	4963 SPORTS MED-REHAB	368403	13295	381698		381698		381698	60.14
60.15	6001 MACON COUNT MEDICAL ASSOCIATES	475759	1598047	2073806		2073806		2073806	60.15
60.16	6002 DR BRITT	275937	594406	870343		870343		870343	60.16
60.17	6003 ARTHUR FAMILY MEDICINE CENTER	55931	182892	238823		238823	-42981	195842	60.17
60.18	6004 DR BOCK	105399	315046	420445		420445		420445	60.18
60.19	6005 PEDIATRIC PROF SERVICES	30379	61911	92290		92290		92290	60.19

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
			1	2	3	4	5	6	7	
60.20	6006	DR ANDERSON	66343	190659	257002		257002		257002	60.20
60.21	6007	DR HABIB	213951	393655	607606		607606		607606	60.21
60.22	6008	DR HANNEKEN	159228	492112	651340		651340		651340	60.22
60.23	6009	DR MUNESSES	76328	199078	275406		275406		275406	60.23
60.24	6010	DR KOHLI								60.24
60.25	6011	DR DUNCAN		371717	371717		371717		371717	60.25
60.26	6012	MT ZION FAMILY PRACTICE		479771	479771		479771		479771	60.26
60.27	6013	DR POWELL	36039	88	36127		36127		36127	60.27
60.28	6014	CHEMOTHEROPY	4243	6489	10732		10732		10732	60.28
61	6100	EMERGENCY	2135458	2511619	4647077	-6868	4640209	-2242044	2398165	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS										
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS		41138927	77098548	118237475	793	118238268	-15722343	102515925	95
NONREIMBURSABLE COST CENTERS										
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	84246	77466	161712		161712		161712	96
100	7950	SENIOR SERVICES	54991	40002	94993		94993		94993	100
100.01	7951	ADULT DAY CARE	152451	45635	198086	1452	199538		199538	100.01
100.02	7952	FORSYTH COMMONS	1246	12902	14148		14148		14148	100.02
100.04	7953	CANCER CARE	24249	89074	113323		113323		113323	100.04
100.05	7954	RESIDENTIAL PROPERTIES		50	50		50		50	100.05
100.07	7976	BLUE MOUND	2224	14588	16812		16812		16812	100.07
100.08	7955	ARTHUR CLINIC	-743	52918	52175		52175		52175	100.08
100.09	7974	OCCUPATIONAL HEALTH		30466	30466		30466		30466	100.09
100.11	7956	2981 NORTH MAIN	3534	133340	136874		136874		136874	100.11
100.13	7957	MEDICAL OFFICE BUILDING 1750	31066	272829	303895		303895		303895	100.13
100.14	7958	MEDICAL ARTS	32921	176919	209840		209840		209840	100.14
100.15	7959	MT. ZION CLINIC	1978	21218	23196		23196		23196	100.15
100.16	7960	CERRO GORDO	643	12057	12700		12700		12700	100.16
100.17	7961	LIFELINE	28697	47955	76652		76652		76652	100.17
100.18	7980	COUNTY JAIL CONTRACT	151661	23571	175232		175232		175232	100.18
100.19	7962	ST. JOHN'S HOME HEALTH	2538	30	2568		2568		2568	100.19
100.23	7963	ST. MARY'S SURGERY CENTER		492	492		492		492	100.23
100.24	7964	FIELDS WRIGHT MEDICAL PRACTICE	110835	4353	115188		115188		115188	100.24
100.25	7965	3915 N COWGILL		302351	302351		302351		302351	100.25
100.28	7975	LAUNDRY OUTSIDE SERVICES	19025	12738	31763		31763		31763	100.28
100.35	7966	MEDICAL MANAGEMENT SYSTEM		37759	37759		37759		37759	100.35
100.36	7967	LAKE SHORE MEDICAL OFFICE BUILD	42252	465039	507291		507291		507291	100.36
100.37	7968	DAY CARE CENTER		10434	10434		10434		10434	100.37
100.38	7969	SCHOOL HEALTH SERVICES	188901	5364	194265		194265		194265	100.38
100.40	7977	PRAIRIE CARDIOVASCULAR								100.40
100.41	7978	G I SUITES	12635	548	13183		13183		13183	100.41
100.42	7979	RESPIRATORY CARE NURSING HOME								100.42
100.43	7970	OCCUPATIONAL HEALTH CLINIC								100.43
100.44	7971	PHYSICIAN POOL	350734	91368	442102		442102		442102	100.44
100.48	7972	MRI BUILDING								100.48
100.49	7973	FUND DEVELOPMENT	209432	-71197	138235	-2245	135990		135990	100.49
100.50	7981	CENTRAL ILLINOIS LUNG								100.50
101	TOTAL		42644443	79008817	121653260		121653260	-15722343	105930917	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 OLD CAPITAL RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		1981814
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		4850055
3 CAFETERIA RECLASS	B	CAFETERIA	12	627425	617318
4 DOR RECLASS	C	HOUSEKEEPING	10	356	
5	C	DIETARY	11	7929	
6	C	RADIOLOGY-DIAGNOSTIC	41	1254	
7	C	ADMINISTRATIVE & GENERAL	6	713	
8	C	ADULT DAY CARE	100.01	1452	
9	C	CENTRAL SERVICES & SUPPLY	15	1209	
10 RECLASS LEASE EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		436311
11	D				
12	D				
13	D				
14	D				
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31	D				
32	D				
33	D				
34 RECLASS BOND ISSUANCE EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		26466
35 RECLASS DRUG SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		127193
36 SUBTOTAL				640338	8039157

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 OLD CAPITAL RECLASS	A					9 1
2	A	ADMINISTRATIVE & GENERAL	6		6831869	9 2
3 CAFETERIA RECLASS	B	DIETARY	11	627425	617318	3
4 DOR RECLASS	C					4
5	C					5
6	C					6
7	C					7
8	C					8
9	C	EMPLOYEE BENEFITS	5	12913		9
10 RECLASS LEASE EXPENSE	D	EMPLOYEE BENEFITS	5		44521	9 10
11	D	ADMINISTRATIVE & GENERAL	6		75488	9 11
12	D	OPERATION OF PLANT	8		2720	9 12
13	D	DIETARY	11		1275	9 13
14	D	MEDICAL RECORDS & LIBRARY	17		53674	9 14
15	D	ADULTS & PEDIATRICS	25		17298	9 15
16	D	INTENSIVE CARE UNIT	26		1776	9 16
17	D	SKILLED NURSING FACILITY	34		3527	9 17
18	D	OPERATING ROOM	37		50978	9 18
19	D	STONE CENTER	37.01		135	9 19
20	D	RECOVERY ROOM	38		1140	9 20
21	D	DELIVERY ROOM & LABOR ROOM	39		2502	9 21
22	D	PAIN CENTER	40.01		4117	9 22
23	D	RADIOLOGY-DIAGNOSTIC	41		78610	9 23
24	D	LABORATORY	44		18426	9 24
25	D	PHYSICAL THERAPY	50		14909	9 25
26	D	ELECTROCARDIOLOGY	53		49396	9 26
27	D	ELECTROENCEPHALOGRAPHY	54		720	9 27
28	D	TREATMENT CENTER	59		2112	9 28
29	D	CLINIC	60		2978	9 29
30	D	PRENATAL CLINIC	60.01		746	9 30
31	D	OUTPATIENT PSYCHIATRIC	60.02		150	9 31
32	D	EMERGENCY	61		6868	9 32
33	D	FUND DEVELOPMENT	100.49		2245	9 33
34 RECLASS BOND ISSUANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	6		26466	9 34
35 RECLASS DRUG SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		127193	35
36 SUBTOTAL				640338	8039157	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
1		F	DRUGS CHARGED TO PATIENTS	56		3364878	1
2	RECLASS PHYSICIAN ER COVERAGE	G	EMERGENCY	61		100000	2
3	SALARY RECLASS	H	ARTHUR CLINIC	100.08	743		3
4							4
5	IMPLANT SUPPLIES	I	IMPL. DEV. CHARGED TO PATIENT	55.30		6046638	5
6		I					6
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35							35
36	SUBTOTAL					641081	17550673

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10		
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9	
1		F	PHARMACY	16		3364878	1	
2	RECLASS PHYSICIAN ER COVERAGE	G	EMERGENCY	61		100000	2	
3	SALARY RECLASS	H	ARTHUR CLINIC	100.08		743	3	
4							4	
5	IMPLANT SUPPLIES	I	OPERATING ROOM	37		3969582	5	
6		I	ELECTROCARDIOLOGY	53		2077056	6	
7							7	
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35							35	
36	SUBTOTAL					640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
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36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
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36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
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36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
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36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
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36 SUBTOTAL				641081	17550673

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
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35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
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35					35
36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
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35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
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36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10
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35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
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36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
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35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
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35					35
36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 9

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
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13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 SUBTOTAL				641081	17550673

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
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19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 SUBTOTAL				641081	17550673 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 SUBTOTAL				641081	17550673

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 12

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				640338	17551416	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				641081	17550673 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 13

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				640338	17551416	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3295160					3295160		1
2 LAND IMPROVEMENTS	5116168	271483		271483		5387651		2
3 BUILDINGS AND FIXTURES	50833145	957342		957342	1460	51789027		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	23042625	570093		570093		23612718		5
6 MOVABLE EQUIPMENT	75033927	2993195		2993195	978843	77048279		6
7 SUBTOTAL	157321025	4792113		4792113	980303	161132835		7
8 RECONCILING ITEMS								8
9 TOTAL	157321025	4792113		4792113	980303	161132835		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-283	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-6647	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4013045			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-826429			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-590319	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-300	NEW CAP REL COSTS-BLDG & FIXT	3	9 17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-12330	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1117	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 WHEEZES AND SNEEZES	B	-33	ADULTS & PEDIATRICS	25	37
38 MISCELLANEOUS BILLINGS	B	-960	TREATMENT CENTER	59	38
39 WORKSHOP	B	-15621	EMERGENCY	61	39
40 MISC. SUPPLIES RATHNOW	B	-2055	ADULTS & PEDIATRICS	25	40
41 SERVICES	B	-3400	ELECTROCARDIOLOGY	53	41
42 OTHER REVENUE	B	-70626	RADIOLOGY-DIAGNOSTIC	41	42
43 PHYSICIAN OFFICE RENT	B	-695	RESPIRATORY THERAPY	49	43
44 HEALTH CLUB	B	-855	PHYSICAL THERAPY	50	44
45 SPORTS MED SUPPLIES	B	-2000	PHYSICAL THERAPY	50	45
46 FW CLINIC RENT	B	-73648	CLINIC	60	46
47 SUPPLIES	B	-850	WOUND CLINIC	60.03	47
48 OTHER REVE OPER ROOM	B	-125	OPERATING ROOM	37	48
48.01 RENT REVENUE	B	-49548	NEW CAP REL COSTS-BLDG & FIXT	3	9 48.01
48.02 DIETARY	B	-1375	DIETARY	11	48.02
48.03 LINEN OTHER REV	B	-52408	LAUNDRY & LINEN SERVICE	9	48.03
48.04 PATIENT ACCTG REVENUE	B	-131285	ADMINISTRATIVE & GENERAL	6	48.04
48.05 OTHER REV ADMIN	B	-66930	ADMINISTRATIVE & GENERAL	6	48.05
48.06 OTHER REVENUE	B	-20	EMPLOYEE BENEFITS	5	48.06
48.07 EDUCATION REVENUE	B	-14572	EMPLOYEE BENEFITS	5	48.07
48.08 EAP REVENUE	B	-297167	EMPLOYEE BENEFITS	5	48.08
48.09 EXCLUDE EXPENSES	A	-10230	DR. SHANKER	60.09	48.09
48.10 EXCLUDE EXPENSES	A	-31705	DR MIRMIRA	60.10	48.10
49 CATERED MEALS	B	-2283	DIETARY	11	49
49.01 DIETICIAN INSTRUCTIONS	B	-38114	DIETARY	11	49.01
49.02 REBATES	B	-48647	DIETARY	11	49.02
49.03 BIOMED SERVICES	B	-1660	MAINTENANCE & REPAIRS	7	49.03
49.04 HOUSEKEEPING VENDING	B	-208	HOUSEKEEPING	10	49.04
49.05 ACCOUNTING	B	-55	ADMINISTRATIVE & GENERAL	6	49.05
49.06 ADVERTISING	A	-652446	ADMINISTRATIVE & GENERAL	6	49.06
49.07 CHAPEL INCOME	B	-1699	ADMINISTRATIVE & GENERAL	6	49.07

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.08 PHYSICIAN RECRUITMENT	A	-337983	ADMINISTRATIVE & GENERAL	6	49.08
49.09 CASE MANAGEMENT	B	-3226	ADMINISTRATIVE & GENERAL	6	49.09
49.10 OTHER REV BIO-MED	B	-300	OPERATION OF PLANT	8	49.10
49.11 IHA LOBBING ACTIVITIES	A	-20540	ADMINISTRATIVE & GENERAL	6	49.11
49.12 CHA LOBBING ACTIVITIES	A	-1004	ADMINISTRATIVE & GENERAL	6	49.12
49.13 AHA LOBBING ACTIVITIES	A	-4553	ADMINISTRATIVE & GENERAL	6	49.13
49.14 SELF INSURED HEALTH PREMIUMS	A	-5467515	EMPLOYEE BENEFITS	5	49.14
49.16 DORS DIETARY	B	-7864	DIETARY	11	49.16
49.17 DORS CENTRAL	B	-1199	CENTRAL SERVICES & SUPPLY	15	49.17
49.18 DORS RECEIVING	B	-707	ADMINISTRATIVE & GENERAL	6	49.18
49.19 DORS RADIOLOGY	B	-1244	RADIOLOGY-DIAGNOSTIC	41	49.19
49.21 CRNA SALARIES	A	-2175964	ANESTHESIOLOGY	40	49.21
49.22 CRNA BENEFITS	A	-328255	EMPLOYEE BENEFITS	5	49.22
49.26 COMMUNITY PROMOTIONS	A	-340994	ADMINISTRATIVE & GENERAL	6	49.26
49.27 TRANSPORTATION	A	-9284	ADMINISTRATIVE & GENERAL	6	49.27
49.28 OTHER REV SKILLED CARE	B	-21	SKILLED NURSING FACILITY	34	49.28
50 TOTAL		-15722343			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL	4397409	5223838	-826429	1
2						2
3						3
4						4
5	TOTALS		4397409	5223838	-826429	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B	ST. MARY'S HOSPITAL	HS	SHS		HEALTH CARE	1	
2						2	
3						3	
4						4	
5						5	

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

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 12/06/2010 14:47

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	33 NURSERY	6371	289399	289399				
2	60.01 PRENATAL CLINIC	6911	287960	287960				
3	61 EMERGENCY	8623	100000	100000				
4	61 EMERGENCY	TUAN	247500	247500				
5	61 EMERGENCY	SURGICAL SPECIALIST	406456	406456				
6	61 EMERGENCY	CENTRAL ILLINOIS ER	1035967	1035967				
7	61 EMERGENCY	KEFALAS	430500	430500				
8	53 ELECTROCARDIOLOGY	PRAIRIE CARDIO CONS	265544	265544				
9	41 RADIOLOGY-DIAGNOSTIC	7341	3757	3757				
10	61 EMERGENCY	BUKHARI	6000	6000				
11	60.04 NEUROSURGERY	PENCEK	479167	479167				
12	39 DELIVERY ROOM & LABOR RO	MORISSETY AMISH	7300	7300				
13	6 ADMINISTRATIVE & GENERAL	FRITZ	12000		12000	171400	13	1071
14	60.05 DR JATOI	JATOI	200	200				
16	60.06 UROLOGY PHYSICIAN	UROLOGY	372695	372695				
17	60.08 SPORTS MEDICINE CLINIC	TUAN	26690	26690				
18	60.17 ARTHUR FAMILY MEDICINE C	KROL	42981	42981				
101	TOTAL		4014116	4002116	12000		13	1071

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 12/06/2010 14:47

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	33 NURSERY	6371						289399
2	60.01 PRENATAL CLINIC	6911						287960
3	61 EMERGENCY	8623						100000
4	61 EMERGENCY	TUAN						247500
5	61 EMERGENCY	SURGICAL SPECIALIST						406456
6	61 EMERGENCY	CENTRAL ILLINOIS ER						1035967
7	61 EMERGENCY	KEFALAS						430500
8	53 ELECTROCARDIOLOGY	PRAIRIE CARDIO CONS						265544
9	41 RADIOLOGY-DIAGNOSTIC	7341						3757
10	61 EMERGENCY	BUKHARI						6000
11	60.04 NEUROSURGERY	PENCEK						479167
12	39 DELIVERY ROOM & LABOR RO	MORISSETTY AMISH						7300
13	6 ADMINISTRATIVE & GENERAL	FRITZ				1071	10929	10929
14	60.05 DR JATOI	JATOI						200
16	60.06 UROLOGY PHYSICIAN	UROLOGY						372695
17	60.08 SPORTS MEDICINE CLINIC	TUAN						26690
18	60.17 ARTHUR FAMILY MEDICINE C	KROL						42981
101	TOTAL					1071	10929	4013045

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT			GENERAL	REPAIRS
	0	1	3	4	5	5A	6	7
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	26466	26466						1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1931966		1931966					3
4 NEW CAP REL COSTS-MVBLE EQUIP	5286366			5286366				4
5 EMPLOYEE BENEFITS	9783043	123	9009	24652	9816827			5
6 ADMINISTRATIVE & GENERAL	20337816	2893	211163	577798	1391401	22521071	22521071	6
7 MAINTENANCE & REPAIRS	93105	240	17542	47999	19992	178878	48298	227176 7
8 OPERATION OF PLANT	3324575	2724	198874	544172	176633	4246978	1146705	26666 8
9 LAUNDRY & LINEN SERVICE	375288	1081	78884	215847	28276	699376	188835	10577 9
10 HOUSEKEEPING	1148081	389	28420	77764	175078	1429732	386035	3811 10
11 DIETARY	1045051	1102	80434	220089	135108	1481784	400089	10785 11
12 CAFETERIA	654424	262	19127	52337	145933	872083	235467	2565 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	477240	121	8860	24244	109265	619730	167330	1188 14
15 CENTRAL SERVICES & SUPPLY	231821	666	48600	132984	44874	458945	123917	6517 15
16 PHARMACY	1552681	260	18973	51915	303278	1927107	520329	2544 16
17 MEDICAL RECORDS & LIBRARY	1722528	583	42528	116367	294469	2176475	587659	5702 17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	8688					8688	2346	22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	7494744	6056	442260	1210137	1595128	10748325	2902096	59302 25
26 INTENSIVE CARE UNIT	1289400	404	29493	80701	264696	1664694	449476	3955 26
31 SUBPROVIDER I	1179159	783	57123	156303	114455	1507823	407120	7659 31
33 NURSERY	395808	157	11435	31288	78693	517381	139695	1533 33
34 SKILLED NURSING FACILITY	575970	345	25175	68885	123496	793871	214349	3376 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3856190	1198	87416	239194	337590	4521588	1220851	11721 37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	111942	226	16493	45130	55	173846	46939	2212 37.02
38 RECOVERY ROOM	495646	154	11261	30812	102530	640403	172912	1510 38
39 DELIVERY ROOM & LABOR ROOM	1153264	644	47010	128632	228220	1557770	420606	6303 39
40 ANESTHESIOLOGY	543383	21	1565	4283	547727	1096979	296190	210 40
40.01 PAIN CENTER	474371	239	17428	47686	76748	616472	166451	2337 40.01
41 RADIOLOGY-DIAGNOSTIC	3052243	1076	78556	214949	458481	3805305	1027451	10533 41
43 RADIOISOTOPE	386500	45	3295	9015	74865	473720	127907	442 43
44 LABORATORY	4191392	715	52158	142719	468601	4855585	1311032	6994 44
46 WHOLE BLOOD & PACKED RED BLOOD	423170	19	1352	3699		428240	115627	181 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	977265	52	3762	10293	190608	1181980	319141	504 49
50 PHYSICAL THERAPY	1808699	935	68289	186857	404402	2469182	666691	9157 50
53 ELECTROCARDIOLOGY	1398569	597	43561	119196	227561	1789484	483170	5841 53
54 ELECTROENCEPHALOGRAPHY	366337	179	13089	35816	62058	477479	128922	1755 54
55 MEDICAL SUPPLIES CHARGED TO PAT	127193					127193	34343	55
55.30 IMPL. DEV. CHARGED TO PATIENT	6046638					6046638	1632622	55.30
56 DRUGS CHARGED TO PATIENTS	3352548					3352548	905205	56
59 TREATMENT CENTER	118295	93	6803	18615	22210	166016	44825	912 59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	203777				25977	229754	62035	60
60.01 PRENATAL CLINIC	87394				17099	104493	28214	60.01
60.02 OUTPATIENT PSYCHIATRIC	90687	244	17780	48652	20778	178141	48099	2384 60.02
60.03 WOUND CLINIC	300063				13049	313112	84542	60.03
60.04 NEUROSURGERY	1047299				12608	1059907	286180	60.04
60.05 DR JATOI	534623				26687	561310	151557	60.05
60.06 UROLOGY PHYSICIAN	777595				10690	788285	212841	60.06
60.07 DR. CHU	873492				59081	932573	251799	60.07
60.08 SPORTS MEDICINE CLINIC	262031				11437	273468	73838	60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI	438759				52274	491033	132581	60.11
60.12 CT\PET	279696				4091	283787	76624	60.12
60.13 RADIATION ONCOLOGY	680354				78792	759146	204973	60.13
60.14 SPORTS MED-REHAB	381698				85687	467385	126196	60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	2073806				110657	2184463	589816	60.15
60.16 DR BRITT	870343				64180	934523	252326	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	195842				13009	208851	56391	60.17
60.18 DR BOCK	420445				24515	444960	120141	60.18
60.19 PEDIATRIC PROF SERVICES	92290				7066	99356	26827	60.19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT			GENERAL	REPAIRS
	0	1	3	4	5	5A	6	7
60.20 DR ANDERSON	257002				15431	272433	73558	60.20
60.21 DR HABIB	607606				49763	657369	177493	60.21
60.22 DR HANNEKEN	651340				37035	688375	185865	60.22
60.23 DR MUNESSES	275406				17753	293159	79154	60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN	371717					371717	100365	60.25
60.26 MT ZION FAMILY PRACTICE	479771					479771	129541	60.26
60.27 DR POWELL	36127				8382	44509	12018	60.27
60.28 CHEMOTHEROPY	10732				987	11719	3164	60.28
61 EMERGENCY	2398165	854	62306	170485	496688	3128498	844710	8354 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	102515925	25480	1860024	5089515	9466147	101895466	21431479	217530 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	161712	36	2609	7139	19595	191091	51596	350 96
100 SENIOR SERVICES	94993				12790	107783	29102	100
100.01ADULT DAY CARE	199538				35796	235334	63541	100.01
100.02FORSYTH COMMONS	14148				290	14438	3898	100.02
100.04CANCER CARE	113323				5640	118963	32121	100.04
100.05RESIDENTIAL PROPERTIES	50					50	14	100.05
100.07BLUE MOUND	16812				517	17329	4679	100.07
100.08ARTHUR CLINIC	52175					52175	14088	100.08
100.09OCCUPATIONAL HEALTH	30466					30466	8226	100.09
100.112981 NORTH MAIN	136874				822	137696	37179	100.11
100.13MEDICAL OFFICE BUILDING 1750	303895				7226	311121	84004	100.13
100.14MEDICAL ARTS	209840				7657	217497	58725	100.14
100.15MT. ZION CLINIC	23196				460	23656	6387	100.15
100.16CERRO GORDO	12700				150	12850	3470	100.16
100.17LIFELINE	76652				6675	83327	22499	100.17
100.18COUNTY JAIL CONTRACT	175232				35275	210507	56838	100.18
100.19ST. JOHN'S HOME HEALTH	2568	347	25299	69225	590	98029	26468	3392 100.19
100.23ST. MARY'S SURGERY CENTER	492					492	133	100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE	115188				25779	140967	38062	100.24
100.253915 N COWGILL	302351					302351	81636	100.25
100.28LAUNDRY OUTSIDE SERVICES	31763				4425	36188	9771	100.28
100.35MEDICAL MANAGEMENT SYSTEM	37759					37759	10195	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD	507291				9827	517118	139624	100.36
100.37DAY CARE CENTER	10434					10434	2817	100.37
100.38SCHOOL HEALTH SERVICES	194265				43937	238202	64316	100.38
100.40PRAIRIE CARDIOVASCULAR		368	26840	73440		100648	27175	3599 100.40
100.41G I SUITES	13183				2939	16122	4353	100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL	442102				81578	523680	141396	100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT	135990	68	4989	13652	48712	203411	54922	669 100.49
100.50CENTRAL ILLINOIS LUNG		167	12205	33395		45767	12357	1636 100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	105930917	26466	1931966	5286366	9816827	105930917	22521071	227176 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	12	14	15	16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	5420349							8
9 LAUNDRY & LINEN SERVICE	285933	1184721						9
10 HOUSEKEEPING	103014		1922592					10
11 DIETARY	291553		111408	2295619				11
12 CAFETERIA	69331		26493		1205939			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	32117		12272		17014	849651		14
15 CENTRAL SERVICES & SUPPLY	176164		67315		6988		839846	15
16 PHARMACY	68772		26279		47225		4490	16
17 MEDICAL RECORDS & LIBRARY	154152		58904		45853		5	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1603072	879960	612563	1705089	248401	333310	29815	25
26 INTENSIVE CARE UNIT	106905	65880	40850	127655	41217	55311	8222	26
31 SUBPROVIDER I	207055	89247	79120	172932	17822	23916	2580	31
33 NURSERY	41447	48813	15838	94583	12254	16444	3349	33
34 SKILLED NURSING FACILITY	91252	100821	34869	195360	19230	25806	2199	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	316861		121078		52568	70543	129411	37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	59784		22845		9	12	6085	37.02
38 RECOVERY ROOM	40817		15597		15966	21425	1748	38
39 DELIVERY ROOM & LABOR ROOM	170400		65113		35537	47689	8259	39
40 ANESTHESIOLOGY	5674		2168		85290	114453	19511	40
40.01 PAIN CENTER	63170		24139		11951	16037	8547	40.01
41 RADIOLOGY-DIAGNOSTIC	284744		108806		71392		16472	41
43 RADIOISOTOPE	11942		4563		11658		9621	43
44 LABORATORY	189061		72244		72968		87159	44
46 WHOLE BLOOD & PACKED RED BLOOD	4899		1872				4286	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	13636		5210		29681		6323	49
50 PHYSICAL THERAPY	247530		94586		62972		1196	50
53 ELECTROCARDIOLOGY	157899		60336		35435		14289	53
54 ELECTROENCEPHALOGRAPHY	47445		18130		9663		1456	54
55 MEDICAL SUPPLIES CHARGED TO PAT							418449	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
59 TREATMENT CENTER	24659		9423		3458	4641		59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC					4045	5428	243	60
60.01 PRENATAL CLINIC					2663	3573	672	60.01
60.02 OUTPATIENT PSYCHIATRIC	64449		24627		3235	4342		60.02
60.03 WOUND CLINIC					2032	2727	16511	60.03
60.04 NEUROSURGERY					1963		231	60.04
60.05 DR JATOI					4156		160	60.05
60.06 UROLOGY PHYSICIAN					1665		3628	60.06
60.07 DR. CHU					9200			60.07
60.08 SPORTS MEDICINE CLINIC					1781		797	60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI					8140		95	60.11
60.12 CT\PET					637		2801	60.12
60.13 RADIATION ONCOLOGY					12269		519	60.13
60.14 SPORTS MED-REHAB					13343		132	60.14
60.15 MACON COUNT MEDICAL ASSOCIATES					17231		1632	60.15
60.16 DR BRITT					9994		1850	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					2026		157	60.17
60.18 DR BOCK					3817		462	60.18
60.19 PEDIATRIC PROF SERVICES					1100			60.19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	+ LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
60.20 DR ANDERSON					2403		660	60.20
60.21 DR HABIB					7749		38	60.21
60.22 DR HANNEKEN					5767		2189	60.22
60.23 DR MUNESSES					2764		6	60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN							339	60.25
60.26 MT ZION FAMILY PRACTICE								60.26
60.27 DR POWELL					1305			60.27
60.28 CHEMOTHEROPY					154	206	57	60.28
61 EMERGENCY	225843		86299		77342	103788	18588	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	5159580	1184721	1822947	2295619	1151333	849651	835239	2596746
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN	9457		3614		3051			96
100 SENIOR SERVICES					1992			100
100.01ADULT DAY CARE					5574		91	100.01
100.02FORSYTH COMMONS					45		1	100.02
100.04CANCER CARE					878		57	100.04
100.05RESIDENTIAL PROPERTIES								100.05
100.07BLUE MOUND							1	100.07
100.08ARTHUR CLINIC							1	100.08
100.09OCCUPATIONAL HEALTH							2065	100.09
100.112981 NORTH MAIN					128		408	100.11
100.13MEDICAL OFFICE BUILDING 1750					1125			100.13
100.14MEDICAL ARTS					1192			100.14
100.15MT. ZION CLINIC					72		6	100.15
100.16CERRO GORDO					23		1	100.16
100.17LIFELINE					1039		89	100.17
100.18COUNTY JAIL CONTRACT					5493		1538	100.18
100.19ST. JOHN'S HOME HEALTH	91702		35041		92		2	100.19
100.23ST. MARY'S SURGERY CENTER							33	100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE					4014		32	100.24
100.253915 N COWGILL								100.25
100.28LAUNDRY OUTSIDE SERVICES					689			100.28
100.35MEDICAL MANAGEMENT SYSTEM								100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD					1530			100.36
100.37DAY CARE CENTER								100.37
100.38SCHOOL HEALTH SERVICES					6842		18	100.38
100.40PRAIRIE CARDIOVASCULAR	97286		37175					100.40
100.41G I SUITES					458			100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL					12703		185	100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT	18085		6910		7585		79	100.49
100.50CENTRAL ILLINOIS LUNG	44239		16905					100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5420349	1184721	1922592	2295619	1205939	849651	839846	2596746

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 17	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	3028750					17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A		11034				22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	184922	11034	19317889	-11034	19306855	25
26 INTENSIVE CARE UNIT	23210		2587375		2587375	26
31 SUBPROVIDER I	23920		2539194		2539194	31
33 NURSERY	6178		897515		897515	33
34 SKILLED NURSING FACILITY	7895		1489028		1489028	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	309249		6753870		6753870	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	16862		328594		328594	37.02
38 RECOVERY ROOM	28373		938751		938751	38
39 DELIVERY ROOM & LABOR ROOM	24663		2336340		2336340	39
40 ANESTHESIOLOGY	69284		1689759		1689759	40
40.01 PAIN CENTER	53556		962660		962660	40.01
41 RADIOLOGY-DIAGNOSTIC	487084		5811787		5811787	41
43 RADIOISOTOPE	56731		696584		696584	43
44 LABORATORY	391963		6987006		6987006	44
46 WHOLE BLOOD & PACKED RED BLOOD	13290		568395		568395	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	57701		1614176		1614176	49
50 PHYSICAL THERAPY	121282		3672596		3672596	50
53 ELECTROCARDIOLOGY	201063		2747517		2747517	53
54 ELECTROENCEPHALOGRAPHY	33161		718011		718011	54
55 MEDICAL SUPPLIES CHARGED TO PAT	9249		589234		589234	55
55.30 IMPL. DEV. CHARGED TO PATIENT	108258		7787518		7787518	55.30
56 DRUGS CHARGED TO PATIENTS	313810		7168309		7168309	56
59 TREATMENT CENTER	2564		256498		256498	59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3767		305272		305272	60
60.01 PRENATAL CLINIC	3677		143292		143292	60.01
60.02 OUTPATIENT PSYCHIATRIC	5084		330361		330361	60.02
60.03 WOUND CLINIC	7158		426082		426082	60.03
60.04 NEUROSURGERY	34561		1382842		1382842	60.04
60.05 DR JATOI	4657		721840		721840	60.05
60.06 UROLOGY PHYSICIAN	23396		1029815		1029815	60.06
60.07 DR. CHU	22411		1215983		1215983	60.07
60.08 SPORTS MEDICINE CLINIC	3512		353396		353396	60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI	2901		634750		634750	60.11
60.12 CT\PET	7307		371156		371156	60.12
60.13 RADIATION ONCOLOGY	55578		1032485		1032485	60.13
60.14 SPORTS MED-REHAB	264		607320		607320	60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	28665		2821807		2821807	60.15
60.16 DR BRITT	13857		1212550		1212550	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	1500		268925		268925	60.17
60.18 DR BOCK	5647		575027		575027	60.18
60.19 PEDIATRIC PROF SERVICES	1841		129124		129124	60.19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 17	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
60.20 DR ANDERSON	7364		356418		356418	60.20
60.21 DR HABIB	7815		850464		850464	60.21
60.22 DR HANNEKEN	2651		884847		884847	60.22
60.23 DR MUNESSES	9938		385021		385021	60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN	3833		476254		476254	60.25
60.26 MT ZION FAMILY PRACTICE	2512		611824		611824	60.26
60.27 DR POWELL	3833		61665		61665	60.27
60.28 CHEMOTHEROPY	199		15499		15499	60.28
61 EMERGENCY	220554		4713976		4713976	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	3028750	11034	100376601	-11034	100365567	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			259159		259159	96
100 SENIOR SERVICES			138877		138877	100
100.01ADULT DAY CARE			304540		304540	100.01
100.02FORSYTH COMMONS			18382		18382	100.02
100.04CANCER CARE			152019		152019	100.04
100.05RESIDENTIAL PROPERTIES			64		64	100.05
100.07BLUE MOUND			22090		22090	100.07
100.08ARTHUR CLINIC			66264		66264	100.08
100.09OCCUPATIONAL HEALTH			40757		40757	100.09
100.112981 NORTH MAIN			175411		175411	100.11
100.13MEDICAL OFFICE BUILDING 1750			396250		396250	100.13
100.14MEDICAL ARTS			277414		277414	100.14
100.15MT. ZION CLINIC			30121		30121	100.15
100.16CERRO GORDO			16344		16344	100.16
100.17LIFELINE			106954		106954	100.17
100.18COUNTY JAIL CONTRACT			274376		274376	100.18
100.19ST. JOHN'S HOME HEALTH			254726		254726	100.19
100.23ST. MARY'S SURGERY CENTER			658		658	100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE			183075		183075	100.24
100.253915 N COWGILL			383987		383987	100.25
100.28LAUNDRY OUTSIDE SERVICES			46648		46648	100.28
100.35MEDICAL MANAGEMENT SYSTEM			47954		47954	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD			658272		658272	100.36
100.37DAY CARE CENTER			13251		13251	100.37
100.38SCHOOL HEALTH SERVICES			309378		309378	100.38
100.40PRAIRIE CARDIOVASCULAR			265883		265883	100.40
100.41G I SUITES			20933		20933	100.41
100.42RESPIRATORY CARE NURSING HOME						100.42
100.43OCCUPATIONAL HEALTH CLINIC						100.43
100.44PHYSICIAN POOL			677964		677964	100.44
100.48MRI BUILDING						100.48
100.49FUND DEVELOPMENT			291661		291661	100.49
100.50CENTRAL ILLINOIS LUNG			120904		120904	100.50
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	3028750	11034	105930917	-11034	105919883	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		123	123	123				5
6 ADMINISTRATIVE & GENERAL		2893	2893	18	2911			6
7 MAINTENANCE & REPAIRS		240	240		6	246		7
8 OPERATION OF PLANT		2724	2724	2	149	29	2904	8
9 LAUNDRY & LINEN SERVICE		1081	1081		24	11	153	1269
10 HOUSEKEEPING		389	389	2	50	4	55	10
11 DIETARY		1102	1102	2	52	12	156	11
12 CAFETERIA		262	262	2	31	3	37	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		121	121	1	22	1	17	14
15 CENTRAL SERVICES & SUPPLY		666	666	1	16	7	94	15
16 PHARMACY		260	260	4	67	3	37	16
17 MEDICAL RECORDS & LIBRARY		583	583	4	76	6	83	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		6056	6056	24	367	63	859	942
26 INTENSIVE CARE UNIT		404	404	3	58	4	57	71
31 SUBPROVIDER I		783	783	1	53	8	111	96
33 NURSERY		157	157	1	18	2	22	52
34 SKILLED NURSING FACILITY		345	345	2	28	4	49	108
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1198	1198	4	158	13	170	37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY		226	226		6	2	32	37.02
38 RECOVERY ROOM		154	154	1	22	2	22	38
39 DELIVERY ROOM & LABOR ROOM		644	644	3	55	7	91	39
40 ANESTHESIOLOGY		21	21	7	38		3	40
40.01 PAIN CENTER		239	239	1	22	3	34	40.01
41 RADIOLOGY-DIAGNOSTIC		1076	1076	6	133	11	153	41
43 RADIOISOTOPE		45	45	1	17		6	43
44 LABORATORY		715	715	6	170	8	101	44
46 WHOLE BLOOD & PACKED RED BLOOD		19	19		15		3	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		52	52	2	41	1	7	49
50 PHYSICAL THERAPY		935	935	5	86	10	133	50
53 ELECTROCARDIOLOGY		597	597	3	63	6	85	53
54 ELECTROENCEPHALOGRAPHY		179	179	1	17	2	25	54
55 MEDICAL SUPPLIES CHARGED TO PAT					4			55
55.30 IMPL. DEV. CHARGED TO PATIENT					212			55.30
56 DRUGS CHARGED TO PATIENTS					117			56
59 TREATMENT CENTER		93	93		6	1	13	59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC					8			60
60.01 PRENATAL CLINIC					4			60.01
60.02 OUTPATIENT PSYCHIATRIC		244	244		6	3	35	60.02
60.03 WOUND CLINIC					11			60.03
60.04 NEUROSURGERY					37			60.04
60.05 DR JATOI					20			60.05
60.06 UROLOGY PHYSICIAN					28			60.06
60.07 DR. CHU				1	33			60.07
60.08 SPORTS MEDICINE CLINIC					10			60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI				1	17			60.11
60.12 CT\PET					10			60.12
60.13 RADIATION ONCOLOGY				1	27			60.13
60.14 SPORTS MED-REHAB				1	16			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES				1	76			60.15
60.16 DR BRITT				1	33			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					7			60.17
60.18 DR BOCK					16			60.18
60.19 PEDIATRIC PROF SERVICES					3			60.19

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION	LAUNDRY
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	OF PLANT 8	+ LINEN SERVICE 9
60.20 DR ANDERSON					10			60.20
60.21 DR HABIB				1	23			60.21
60.22 DR HANNEKEN					24			60.22
60.23 DR MUNESSES					10			60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN					13			60.25
60.26 MT ZION FAMILY PRACTICE					17			60.26
60.27 DR POWELL					2			60.27
60.28 CHEMOTHEROPY								60.28
61 EMERGENCY		854	854	6	109	9	121	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		25480	25480	120	2769	235	2764	1269 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		36	36		7		5	96
100 SENIOR SERVICES					4			100
100.01ADULT DAY CARE					8			100.01
100.02FORSYTH COMMONS					1			100.02
100.04CANCER CARE					4			100.04
100.05RESIDENTIAL PROPERTIES								100.05
100.07BLUE MOUND					1			100.07
100.08ARTHUR CLINIC					2			100.08
100.09OCCUPATIONAL HEALTH					1			100.09
100.112981 NORTH MAIN					5			100.11
100.13MEDICAL OFFICE BUILDING 1750					11			100.13
100.14MEDICAL ARTS					8			100.14
100.15MT. ZION CLINIC					1			100.15
100.16CERRO GORDO								100.16
100.17LIFELINE					3			100.17
100.18COUNTY JAIL CONTRACT					7			100.18
100.19ST. JOHN'S HOME HEALTH		347	347		3	4	49	100.19
100.23ST. MARY'S SURGERY CENTER								100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE					5			100.24
100.253915 N COWGILL					11			100.25
100.28LAUNDRY OUTSIDE SERVICES					1			100.28
100.35MEDICAL MANAGEMENT SYSTEM					1			100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD					18			100.36
100.37DAY CARE CENTER								100.37
100.38SCHOOL HEALTH SERVICES				1	8			100.38
100.40PRAIRIE CARDIOVASCULAR		368	368		4	4	52	100.40
100.41G I SUITES					1			100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL				1	18			100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		68	68	1	7	1	10	100.49
100.50CENTRAL ILLINOIS LUNG		167	167		2	2	24	100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		26466	26466	123	2911	246	2904	1269 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	
60.20 DR ANDERSON			1		1		2	14 60.20
60.21 DR HABIB			2				2	28 60.21
60.22 DR HANNEKEN			2		2		1	29 60.22
60.23 DR MUNESSES			1				2	13 60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN							1	14 60.25
60.26 MT ZION FAMILY PRACTICE							1	18 60.26
60.27 DR POWELL							1	3 60.27
60.28 CHEMOTHEROPY								60.28
61 EMERGENCY	22		21	21	18		49	1230 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	474	1353	327	170	801	395	780	25140 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1		1					50 96
100 SENIOR SERVICES			1					5 100
100.01ADULT DAY CARE			2					10 100.01
100.02FORSYTH COMMONS								1 100.02
100.04CANCER CARE								4 100.04
100.05RESIDENTIAL PROPERTIES								100.05
100.07BLUE MOUND								1 100.07
100.08ARTHUR CLINIC								2 100.08
100.09OCCUPATIONAL HEALTH					2			3 100.09
100.112981 NORTH MAIN								5 100.11
100.13MEDICAL OFFICE BUILDING 1750								11 100.13
100.14MEDICAL ARTS								8 100.14
100.15MT. ZION CLINIC								1 100.15
100.16CERRO GORDO								100.16
100.17LIFELINE								3 100.17
100.18COUNTY JAIL CONTRACT			2		1			10 100.18
100.19ST. JOHN'S HOME HEALTH	9							412 100.19
100.23ST. MARY'S SURGERY CENTER								100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE			1					6 100.24
100.253915 N COWGILL								11 100.25
100.28LAUNDRY OUTSIDE SERVICES								1 100.28
100.35MEDICAL MANAGEMENT SYSTEM								1 100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD								18 100.36
100.37DAY CARE CENTER								100.37
100.38SCHOOL HEALTH SERVICES			2					11 100.38
100.40PRAIRIE CARDIOVASCULAR	10							438 100.40
100.41G I SUITES								1 100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL			4					23 100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT	2		2					91 100.49
100.50CENTRAL ILLINOIS LUNG	4							199 100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	500	1353	342	170	804	395	780	26466 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	9687		25
26 INTENSIVE CARE UNIT	718		26
31 SUBPROVIDER I	1192		31
33 NURSERY	322		33
34 SKILLED NURSING FACILITY	674		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1797		37
37.01 STONE CENTER			37.01
37.02 ENDOSCOPY	282		37.02
38 RECOVERY ROOM	221		38
39 DELIVERY ROOM & LABOR ROOM	851		39
40 ANESTHESIOLOGY	152		40
40.01 PAIN CENTER	331		40.01
41 RADIOLOGY-DIAGNOSTIC	1656		41
43 RADIOISOTOPE	95		43
44 LABORATORY	1210		44
46 WHOLE BLOOD & PACKED RED BLOOD	44		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	131		49
50 PHYSICAL THERAPY	1239		50
53 ELECTROCARDIOLOGY	839		53
54 ELECTROENCEPHALOGRAPHY	240		54
55 MEDICAL SUPPLIES CHARGED TO PAT	408		55
55.30 IMPL. DEV. CHARGED TO PATIENT	236		55.30
56 DRUGS CHARGED TO PATIENTS	582		56
59 TREATMENT CENTER	118		59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	11		60
60.01 PRENATAL CLINIC	8		60.01
60.02 OUTPATIENT PSYCHIATRIC	297		60.02
60.03 WOUND CLINIC	31		60.03
60.04 NEUROSURGERY	46		60.04
60.05 DR JATOI	22		60.05
60.06 UROLOGY PHYSICIAN	36		60.06
60.07 DR. CHU	42		60.07
60.08 SPORTS MEDICINE CLINIC	12		60.08
60.09 DR. SHANKER			60.09
60.10 DR MIRMIRA			60.10
60.11 DR TOKHI	21		60.11
60.12 CT\PET	15		60.12
60.13 RADIATION ONCOLOGY	43		60.13
60.14 SPORTS MED-REHAB	21		60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	90		60.15
60.16 DR BRITT	42		60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	8		60.17
60.18 DR BOCK	18		60.18
60.19 PEDIATRIC PROF SERVICES	3		60.19

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26		
60.20 DR ANDERSON		14	60.20
60.21 DR HABIB		28	60.21
60.22 DR HANNEKEN		29	60.22
60.23 DR MUNESSES		13	60.23
60.24 DR KOHLI			60.24
60.25 DR DUNCAN		14	60.25
60.26 MT ZION FAMILY PRACTICE		18	60.26
60.27 DR POWELL		3	60.27
60.28 CHEMOTHEROPY			60.28
61 EMERGENCY		1230	61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		25140	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		50	96
100 SENIOR SERVICES		5	100
100.01ADULT DAY CARE		10	100.01
100.02FORSYTH COMMONS		1	100.02
100.04CANCER CARE		4	100.04
100.05RESIDENTIAL PROPERTIES			100.05
100.07BLUE MOUND		1	100.07
100.08ARTHUR CLINIC		2	100.08
100.09OCCUPATIONAL HEALTH		3	100.09
100.112981 NORTH MAIN		5	100.11
100.13MEDICAL OFFICE BUILDING 1750		11	100.13
100.14MEDICAL ARTS		8	100.14
100.15MT. ZION CLINIC		1	100.15
100.16CERRO GORDO			100.16
100.17LIFELINE		3	100.17
100.18COUNTY JAIL CONTRACT		10	100.18
100.19ST. JOHN'S HOME HEALTH		412	100.19
100.23ST. MARY'S SURGERY CENTER			100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE		6	100.24
100.253915 N COWGILL		11	100.25
100.28LAUNDRY OUTSIDE SERVICES		1	100.28
100.35MEDICAL MANAGEMENT SYSTEM		1	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD		18	100.36
100.37DAY CARE CENTER			100.37
100.38SCHOOL HEALTH SERVICES		11	100.38
100.40PRAIRIE CARDIOVASCULAR		438	100.40
100.41G I SUITES		1	100.41
100.42RESPIRATORY CARE NURSING HOME			100.42
100.43OCCUPATIONAL HEALTH CLINIC			100.43
100.44PHYSICIAN POOL		23	100.44
100.48MRI BUILDING			100.48
100.49FUND DEVELOPMENT		91	100.49
100.50CENTRAL ILLINOIS LUNG		199	100.50
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		26466	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		9009	24652	33661	33661				5
6 ADMINISTRATIVE & GENERAL	211163		577798	788961	4774	793735			6
7 MAINTENANCE & REPAIRS	17542		47999	65541	69	1702	67312		7
8 OPERATION OF PLANT	198874		544172	743046	606	40414	7901	791967	8
9 LAUNDRY & LINEN SERVICE	78884		215847	294731	97	6655	3134	41778	9
10 HOUSEKEEPING	28420		77764	106184	601	13605	1129	15051	10
11 DIETARY	80434		220089	300523	464	14101	3196	42599	11
12 CAFETERIA	19127		52337	71464	501	8299	760	10130	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	8860		24244	31104	375	5897	352	4693	14
15 CENTRAL SERVICES & SUPPLY	48600		132984	181584	154	4367	1931	25739	15
16 PHARMACY	18973		51915	70888	1041	18338	754	10048	16
17 MEDICAL RECORDS & LIBRARY	42528		116367	158895	1010	20711	1690	22523	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						83			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		442260	1210137	1652397	5450	102293	17573	234222	25
26 INTENSIVE CARE UNIT		29493	80701	110194	908	15841	1172	15620	26
31 SUBPROVIDER I		57123	156303	213426	393	14348	2269	30253	31
33 NURSERY		11435	31288	42723	270	4923	454	6056	33
34 SKILLED NURSING FACILITY		25175	68885	94060	424	7554	1000	13333	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		87416	239194	326610	1158	43027	3473	46296	37
37.01 STONE CENTER									37.01
37.02 ENDOSCOPY		16493	45130	61623		1654	655	8735	37.02
38 RECOVERY ROOM		11261	30812	42073	352	6094	447	5964	38
39 DELIVERY ROOM & LABOR ROOM		47010	128632	175642	783	14824	1868	24897	39
40 ANESTHESIOLOGY		1565	4283	5848	1879	10439	62	829	40
40.01 PAIN CENTER		17428	47686	65114	263	5866	692	9230	40.01
41 RADIOLOGY-DIAGNOSTIC		78556	214949	293505	1573	36211	3121	41604	41
43 RADIOISOTOPE		3295	9015	12310	257	4508	131	1745	43
44 LABORATORY		52158	142719	194877	1608	46206	2072	27624	44
46 WHOLE BLOOD & PACKED RED BLOOD		1352	3699	5051		4075	54	716	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		3762	10293	14055	654	11248	149	1992	49
50 PHYSICAL THERAPY		68289	186857	255146	1387	23497	2713	36167	50
53 ELECTROCARDIOLOGY		43561	119196	162757	781	17029	1731	23071	53
54 ELECTROENCEPHALOGRAPHY		13089	35816	48905	213	4544	520	6932	54
55 MEDICAL SUPPLIES CHARGED TO PAT						1210			55
55.30 IMPL. DEV. CHARGED TO PATIENT						57540			55.30
56 DRUGS CHARGED TO PATIENTS						31903			56
59 TREATMENT CENTER		6803	18615	25418	76	1580	270	3603	59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					89	2186			60
60.01 PRENATAL CLINIC					59	994			60.01
60.02 OUTPATIENT PSYCHIATRIC		17780	48652	66432	71	1695	706	9417	60.02
60.03 WOUND CLINIC					45	2980			60.03
60.04 NEUROSURGERY					43	10086			60.04
60.05 DR JATOI					92	5341			60.05
60.06 UROLOGY PHYSICIAN					37	7501			60.06
60.07 DR. CHU					203	8874			60.07
60.08 SPORTS MEDICINE CLINIC					39	2602			60.08
60.09 DR. SHANKER									60.09
60.10 DR MIRMIRA									60.10
60.11 DR TOKHI					179	4673			60.11
60.12 CT\PET					14	2701			60.12
60.13 RADIATION ONCOLOGY					270	7224			60.13
60.14 SPORTS MED-REHAB					294	4448			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES					380	20787			60.15
60.16 DR BRITT					220	8893			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					45	1987			60.17
60.18 DR BOCK					84	4234			60.18
60.19 PEDIATRIC PROF SERVICES					24	945			60.19

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	OF PLANT 8
60.20 DR ANDERSON					53	2592		60.20
60.21 DR HABIB					171	6256		60.21
60.22 DR HANNEKEN					127	6551		60.22
60.23 DR MUNESSES					61	2790		60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN						3537		60.25
60.26 MT ZION FAMILY PRACTICE						4566		60.26
60.27 DR POWELL					29	424		60.27
60.28 CHEMOTHEROPY					3	112		60.28
61 EMERGENCY		62306	170485	232791	1704	29771	2475	32998
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		1860024	5089515	6949539	32457	755336	64454	753865
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN		2609	7139	9748	67	1818	104	1382
100 SENIOR SERVICES					44	1026		100
100.01ADULT DAY CARE					123	2239		100.01
100.02FORSYTH COMMONS					1	137		100.02
100.04CANCER CARE					19	1132		100.04
100.05RESIDENTIAL PROPERTIES								100.05
100.07BLUE MOUND					2	165		100.07
100.08ARTHUR CLINIC						496		100.08
100.09OCCUPATIONAL HEALTH						290		100.09
100.112981 NORTH MAIN					3	1310		100.11
100.13MEDICAL OFFICE BUILDING 1750					25	2961		100.13
100.14MEDICAL ARTS					26	2070		100.14
100.15MT. ZION CLINIC					2	225		100.15
100.16CERRO GORDO					1	122		100.16
100.17LIFELINE					23	793		100.17
100.18COUNTY JAIL CONTRACT					121	2003		100.18
100.19ST. JOHN'S HOME HEALTH		25299	69225	94524	2	933	1005	13399
100.23ST. MARY'S SURGERY CENTER						5		100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE					88	1341		100.24
100.253915 N COWGILL						2877		100.25
100.28LAUNDRY OUTSIDE SERVICES					15	344		100.28
100.35MEDICAL MANAGEMENT SYSTEM						359		100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD					34	4921		100.36
100.37DAY CARE CENTER						99		100.37
100.38SCHOOL HEALTH SERVICES					151	2267		100.38
100.40PRAIRIE CARDIOVASCULAR		26840	73440	100280		958	1066	14215
100.41G I SUITES					10	153		100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL					280	4983		100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		4989	13652	18641	167	1936	198	2642
100.50CENTRAL ILLINOIS LUNG		12205	33395	45600		436	485	6464
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1931966	5286366	7218332	33661	793735	67312	791967

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	346395								9
10 HOUSEKEEPING		136570							10
11 DIETARY		7914	368797						11
12 CAFETERIA		1882		93036					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		872		1313	46606				14
15 CENTRAL SERVICES & SUPPLY		4782				219096			15
16 PHARMACY		1867		3643		1171	107750		16
17 MEDICAL RECORDS & LIBRARY		4184		3537		1		212551	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	257288	43511	273927	19170	18281	7778		12980	25
26 INTENSIVE CARE UNIT	19262	2902	20508	3180	3034	2145		1629	26
31 SUBPROVIDER I	26094	5620	27782	1375	1312	673		1679	31
33 NURSERY	14272	1125	15195	945	902	874		434	33
34 SKILLED NURSING FACILITY	29479	2477	31385	1483	1416	574		554	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		8601		4055	3870	33761		21707	37
37.01 STONE CENTER									37.01
37.02 ENDOSCOPY		1623		1	1	1588		1184	37.02
38 RECOVERY ROOM		1108		1232	1175	456		1992	38
39 DELIVERY ROOM & LABOR ROOM		4625		2741	2616	2155		1731	39
40 ANESTHESIOLOGY		154		6580	6278	5090		4863	40
40.01 PAIN CENTER		1715		922	880	2230		3759	40.01
41 RADIOLOGY-DIAGNOSTIC		7729		5507		4297		34146	41
43 RADIOISOTOPE		324		899		2510		3982	43
44 LABORATORY		5132		5629		22738		27513	44
46 WHOLE BLOOD & PACKED RED BLOOD		133				1118		933	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		370		2290		1650		4050	49
50 PHYSICAL THERAPY		6719		4858		312		8513	50
53 ELECTROCARDIOLOGY		4286		2734		3728		14113	53
54 ELECTROENCEPHALOGRAPHY		1288		745		380		2328	54
55 MEDICAL SUPPLIES CHARGED TO PAT						109161		649	55
55.30 IMPL. DEV. CHARGED TO PATIENT								7599	55.30
56 DRUGS CHARGED TO PATIENTS							107750	22027	56
59 TREATMENT CENTER		669		267	255			180	59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				312	298	63		264	60
60.01 PRENATAL CLINIC				205	196	175		258	60.01
60.02 OUTPATIENT PSYCHIATRIC		1749		250	238			357	60.02
60.03 WOUND CLINIC				157	150	4307		502	60.03
60.04 NEUROSURGERY				151		60		2426	60.04
60.05 DR JATOI				321		42		327	60.05
60.06 UROLOGY PHYSICIAN				128		946		1642	60.06
60.07 DR. CHU				710				1573	60.07
60.08 SPORTS MEDICINE CLINIC				137		208		246	60.08
60.09 DR. SHANKER									60.09
60.10 DR MIRMIRA									60.10
60.11 DR TOKHI				628		25		204	60.11
60.12 CT\PET				49		731		513	60.12
60.13 RADIATION ONCOLOGY				946		135		3901	60.13
60.14 SPORTS MED-REHAB				1029		34		19	60.14
60.15 MACON COUNT MEDICAL ASSOCIATES				1329		426		2012	60.15
60.16 DR BRITT				771		483		973	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER				156		41		105	60.17
60.18 DR BOCK				294		121		396	60.18
60.19 PEDIATRIC PROF SERVICES				85				129	60.19

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	+ LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17	
60.20 DR ANDERSON				185		172		517	60.20
60.21 DR HABIB				598		10		549	60.21
60.22 DR HANNEKEN				445		571		186	60.22
60.23 DR MUNESSES				213		2		698	60.23
60.24 DR KOHLI									60.24
60.25 DR DUNCAN						88		269	60.25
60.26 MT ZION FAMILY PRACTICE								176	60.26
60.27 DR POWELL				101				269	60.27
60.28 CHEMOTHEROPY				12	11	15		14	60.28
61 EMERGENCY		6130		5966	5693	4849		15481	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	346395	129491	368797	88823	46606	217894	107750	212551	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		257		235					96
100 SENIOR SERVICES				154					100
100.01ADULT DAY CARE				430		24			100.01
100.02FORSYTH COMMONS				3					100.02
100.04CANCER CARE				68		15			100.04
100.05RESIDENTIAL PROPERTIES									100.05
100.07BLUE MOUND				6					100.07
100.08ARTHUR CLINIC									100.08
100.09OCCUPATIONAL HEALTH						539			100.09
100.112981 NORTH MAIN				10		106			100.11
100.13MEDICAL OFFICE BUILDING 1750				87					100.13
100.14MEDICAL ARTS				92					100.14
100.15MT. ZION CLINIC				6		2			100.15
100.16CERRO GORDO				2					100.16
100.17LIFELINE				80		23			100.17
100.18COUNTY JAIL CONTRACT				424		401			100.18
100.19ST. JOHN'S HOME HEALTH		2489		7		1			100.19
100.23ST. MARY'S SURGERY CENTER						9			100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE				310		8			100.24
100.253915 N COWGILL									100.25
100.28LAUNDRY OUTSIDE SERVICES				53					100.28
100.35MEDICAL MANAGEMENT SYSTEM									100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD				118					100.36
100.37DAY CARE CENTER									100.37
100.38SCHOOL HEALTH SERVICES				528		5			100.38
100.40PRAIRIE CARDIOVASCULAR		2641							100.40
100.41G I SUITES				35					100.41
100.42RESPIRATORY CARE NURSING HOME									100.42
100.43OCCUPATIONAL HEALTH CLINIC									100.43
100.44PHYSICIAN POOL				980		48			100.44
100.48MRI BUILDING									100.48
100.49FUND DEVELOPMENT		491		585		21			100.49
100.50CENTRAL ILLINOIS LUNG		1201							100.50
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	346395	136570	368797	93036	46606	219096	107750	212551	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A	83		22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	2644870		2644870
26	INTENSIVE CARE UNIT	196395		196395
31	SUBPROVIDER I	325224		325224
33	NURSERY	88173		88173
34	SKILLED NURSING FACILITY	183739		183739
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	492558		492558
37.01	STONE CENTER			37.01
37.02	ENDOSCOPY	77064		77064
38	RECOVERY ROOM	60893		60893
39	DELIVERY ROOM & LABOR ROOM	231882		231882
40	ANESTHESIOLOGY	42022		42022
40.01	PAIN CENTER	90671		90671
41	RADIOLOGY-DIAGNOSTIC	427693		427693
43	RADIOISOTOPE	26666		26666
44	LABORATORY	333399		333399
46	WHOLE BLOOD & PACKED RED BLOOD	12080		12080
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
49	RESPIRATORY THERAPY	36458		36458
50	PHYSICAL THERAPY	339312		339312
53	ELECTROCARDIOLOGY	230230		230230
54	ELECTROENCEPHALOGRAPHY	65855		65855
55	MEDICAL SUPPLIES CHARGED TO PAT	111020		111020
55.30	IMPL. DEV. CHARGED TO PATIENT	65139		65139
56	DRUGS CHARGED TO PATIENTS	161680		161680
59	TREATMENT CENTER	32318		32318
59.97	CARDIAC REHABILITATION			59.97
59.98	HYPERBARIC OXYGEN THERAPY			59.98
59.99	LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	3212		3212
60.01	PRENATAL CLINIC	1887		1887
60.02	OUTPATIENT PSYCHIATRIC	80915		80915
60.03	WOUND CLINIC	8141		8141
60.04	NEUROSURGERY	12766		12766
60.05	DR JATOI	6123		6123
60.06	UROLOGY PHYSICIAN	10254		10254
60.07	DR. CHU	11360		11360
60.08	SPORTS MEDICINE CLINIC	3232		3232
60.09	DR. SHANKER			60.09
60.10	DR MIRMIRA			60.10
60.11	DR TOKHI	5709		5709
60.12	CT\PET	4008		4008
60.13	RADIATION ONCOLOGY	12476		12476
60.14	SPORTS MED-REHAB	5824		5824
60.15	MACON COUNT MEDICAL ASSOCIATES	24934		24934
60.16	DR BRITT	11340		11340
60.17	ARTHUR FAMILY MEDICINE CENTER	2334		2334
60.18	DR BOCK	5129		5129
60.19	PEDIATRIC PROF SERVICES	1183		1183

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
60.20 DR ANDERSON		3519		3519	60.20
60.21 DR HABIB		7584		7584	60.21
60.22 DR HANNEKEN		7880		7880	60.22
60.23 DR MUNESSES		3764		3764	60.23
60.24 DR KOHLI					60.24
60.25 DR DUNCAN		3894		3894	60.25
60.26 MT ZION FAMILY PRACTICE		4742		4742	60.26
60.27 DR POWELL		823		823	60.27
60.28 CHEMOTHEROPY		167		167	60.28
61 EMERGENCY		337858		337858	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS		6856399		6856399	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		13611		13611	96
100 SENIOR SERVICES		1224		1224	100
100.01ADULT DAY CARE		2816		2816	100.01
100.02FORSYTH COMMONS		141		141	100.02
100.04CANCER CARE		1234		1234	100.04
100.05RESIDENTIAL PROPERTIES					100.05
100.07BLUE MOUND		173		173	100.07
100.08ARTHUR CLINIC		496		496	100.08
100.09OCCUPATIONAL HEALTH		829		829	100.09
100.112981 NORTH MAIN		1429		1429	100.11
100.13MEDICAL OFFICE BUILDING 1750		3073		3073	100.13
100.14MEDICAL ARTS		2188		2188	100.14
100.15MT. ZION CLINIC		235		235	100.15
100.16CERRO GORDO		125		125	100.16
100.17LIFELINE		919		919	100.17
100.18COUNTY JAIL CONTRACT		2949		2949	100.18
100.19ST. JOHN'S HOME HEALTH		112360		112360	100.19
100.23ST. MARY'S SURGERY CENTER		14		14	100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE		1747		1747	100.24
100.253915 N COWGILL		2877		2877	100.25
100.28LAUNDRY OUTSIDE SERVICES		412		412	100.28
100.35MEDICAL MANAGEMENT SYSTEM		359		359	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD		5073		5073	100.36
100.37DAY CARE CENTER		99		99	100.37
100.38SCHOOL HEALTH SERVICES		2951		2951	100.38
100.40PRAIRIE CARDIOVASCULAR		119160		119160	100.40
100.41G I SUITES		198		198	100.41
100.42RESPIRATORY CARE NURSING HOME					100.42
100.43OCCUPATIONAL HEALTH CLINIC					100.43
100.44PHYSICIAN POOL		6291		6291	100.44
100.48MRI BUILDING					100.48
100.49FUND DEVELOPMENT		24681		24681	100.49
100.50CENTRAL ILLINOIS LUNG		54186		54186	100.50
101 CROSS FOOT ADJUSTMENTS	83	83		83	101
102 NEGATIVE COST CENTER					102
103 TOTAL	83	7218332		7218332	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	5	6A
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT	388775					1
2 OLD CAP REL COSTS-MVBLE EQUIP		388775				2
3 NEW CAP REL COSTS-BLDG & FIXT			388775			3
4 NEW CAP REL COSTS-MVBLE EQUIP				388775		4
5 EMPLOYEE BENEFITS	1813	1813	1813	1813	42206462	5
6 ADMINISTRATIVE & GENERAL	42493	42493	42493	42493	59821777	-22521071 6
7 MAINTENANCE & REPAIRS	3530	3530	3530	3530	85953	7
8 OPERATION OF PLANT	40020	40020	40020	40020	759415	8
9 LAUNDRY & LINEN SERVICE	15874	15874	15874	15874	121571	9
10 HOUSEKEEPING	5719	5719	5719	5719	752727	10
11 DIETARY	16186	16186	16186	16186	580884	11
12 CAFETERIA	3849	3849	3849	3849	627425	12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	1783	1783	1783	1783	469774	14
15 CENTRAL SERVICES & SUPPLY	9780	9780	9780	9780	192931	15
16 PHARMACY	3818	3818	3818	3818	1303912	16
17 MEDICAL RECORDS & LIBRARY	8558	8558	8558	8558	1266039	17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	88997	88997	88997	88997	6858132	25
26 INTENSIVE CARE UNIT	5935	5935	5935	5935	1138034	26
31 SUBPROVIDER I	11495	11495	11495	11495	492087	31
33 NURSERY	2301	2301	2301	2301	338332	33
34 SKILLED NURSING FACILITY	5066	5066	5066	5066	530956	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17591	17591	17591	17591	1451434	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	3319	3319	3319	3319	237	37.02
38 RECOVERY ROOM	2266	2266	2266	2266	440818	38
39 DELIVERY ROOM & LABOR ROOM	9460	9460	9460	9460	981206	39
40 ANESTHESIOLOGY	315	315	315	315	2354894	40
40.01 PAIN CENTER	3507	3507	3507	3507	329971	40.01
41 RADIOLOGY-DIAGNOSTIC	15808	15808	15808	15808	1971188	41
43 RADIOISOTOPE	663	663	663	663	321874	43
44 LABORATORY	10496	10496	10496	10496	2014701	44
46 WHOLE BLOOD & PACKED RED BLOO	272	272	272	272		46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	757	757	757	757	819497	49
50 PHYSICAL THERAPY	13742	13742	13742	13742	1738684	50
53 ELECTROCARDIOLOGY	8766	8766	8766	8766	978376	53
54 ELECTROENCEPHALOGRAPHY	2634	2634	2634	2634	266812	54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 TREATMENT CENTER	1369	1369	1369	1369	95490	59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC					111684	60
60.01 PRENATAL CLINIC					73517	60.01
60.02 OUTPATIENT PSYCHIATRIC	3578	3578	3578	3578	89334	60.02
60.03 WOUND CLINIC					56103	60.03
60.04 NEUROSURGERY					54208	60.04
60.05 DR JATOI					114737	60.05
60.06 UROLOGY PHYSICIAN					45962	60.06
60.07 DR. CHU					254014	60.07
60.08 SPORTS MEDICINE CLINIC					49172	60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI					224745	60.11
60.12 CT\PET					17589	60.12
60.13 RADIATION ONCOLOGY					338757	60.13
60.14 SPORTS MED-REHAB					368403	60.14
60.15 MACON COUNT MEDICAL ASSOCIATE					475759	60.15
60.16 DR BRITT					275937	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					55931	60.17

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	5	6A
60.18 DR BOCK					105399	60.18
60.19 PEDIATRIC PROF SERVICES					30379	60.19
60.20 DR ANDERSON					66343	60.20
60.21 DR HABIB					213951	60.21
60.22 DR HANNEKEN					159228	60.22
60.23 DR MUNESSES					76328	60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN						60.25
60.26 MT ZION FAMILY PRACTICE						60.26
60.27 DR POWELL					36039	60.27
60.28 CHEMOTHEROPY					4243	60.28
61 EMERGENCY	12538	12538	12538	12538	2135458	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	374298	374298	374298	374298	40698751	-22521071 95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C	525	525	525	525	84246	96
100 SENIOR SERVICES					54991	100
100.01 ADULT DAY CARE					153903	100.01
100.02 FORSYTH COMMONS					1246	100.02
100.04 CANCER CARE					24249	100.04
100.05 RESIDENTIAL PROPERTIES						100.05
100.07 BLUE MOUND					2224	100.07
100.08 ARTHUR CLINIC						100.08
100.09 OCCUPATIONAL HEALTH						100.09
100.11 2981 NORTH MAIN					3534	100.11
100.13 MEDICAL OFFICE BUILDING 1750					31066	100.13
100.14 MEDICAL ARTS					32921	100.14
100.15 MT. ZION CLINIC					1978	100.15
100.16 CERRO GORDO					643	100.16
100.17 LIFELINE					28697	100.17
100.18 COUNTY JAIL CONTRACT					151661	100.18
100.19 ST. JOHN'S HOME HEALTH	5091	5091	5091	5091	2538	100.19
100.23 ST. MARY'S SURGERY CENTER						100.23
100.24 FIELDS WRIGHT MEDICAL PRACTIC					110835	100.24
100.25 3915 N COWGILL						100.25
100.28 LAUNDRY OUTSIDE SERVICES					19025	100.28
100.35 MEDICAL MANAGEMENT SYSTEM						100.35
100.36 LAKE SHORE MEDICAL OFFICE BUI					42252	100.36
100.37 DAY CARE CENTER						100.37
100.38 SCHOOL HEALTH SERVICES					188901	100.38
100.40 PRAIRIE CARDIOVASCULAR	5401	5401	5401	5401		100.40
100.41 G I SUITES					12635	100.41
100.42 RESPIRATORY CARE NURSING HOME						100.42
100.43 OCCUPATIONAL HEALTH CLINIC						100.43
100.44 PHYSICIAN POOL					350734	100.44
100.48 MRI BUILDING						100.48
100.49 FUND DEVELOPMENT	1004	1004	1004	1004	209432	100.49
100.50 CENTRAL ILLINOIS LUNG	2456	2456	2456	2456		100.50
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	26466		1931966	5286366	9816827	103
104 UNIT COST MULT-WS B PT I				13.597495		104
104 UNIT COST MULT-WS B PT I	.068075		4.969368		.232591	104
105 COST TO BE ALLOC PER B PT II					123	105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II					.000003	106
107 COST TO BE ALLOC PER B PT III					33661	107
108 UNIT COST MULT-WS B PT III						108
108 UNIT COST MULT-WS B PT III					.000798	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	
	6	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL	83409846							6
7 MAINTENANCE & REPAIRS	178878	340939						7
8 OPERATION OF PLANT	4246978	40020	300919					8
9 LAUNDRY & LINEN SERVICE	699376	15874	15874	38178				9
10 HOUSEKEEPING	1429732	5719	5719		279326			10
11 DIETARY	1481784	16186	16186		16186	38178		11
12 CAFETERIA	872083	3849	3849		3849		33296310	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	619730	1783	1783		1783		469774	14
15 CENTRAL SERVICES & SUPPLY	458945	9780	9780		9780		192931	15
16 PHARMACY	1927107	3818	3818		3818		1303912	16
17 MEDICAL RECORDS & LIBRARY	2176475	8558	8558		8558		1266039	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	8688							22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10748325	88997	88997	28357	88997	28357	6858132	25
26 INTENSIVE CARE UNIT	1664694	5935	5935	2123	5935	2123	1138034	26
31 SUBPROVIDER I	1507823	11495	11495	2876	11495	2876	492087	31
33 NURSERY	517381	2301	2301	1573	2301	1573	338332	33
34 SKILLED NURSING FACILITY	793871	5066	5066	3249	5066	3249	530956	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	4521588	17591	17591		17591		1451434	37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	173846	3319	3319		3319		237	37.02
38 RECOVERY ROOM	640403	2266	2266		2266		440818	38
39 DELIVERY ROOM & LABOR ROOM	1557770	9460	9460		9460		981206	39
40 ANESTHESIOLOGY	1096979	315	315		315		2354894	40
40.01 PAIN CENTER	616472	3507	3507		3507		329971	40.01
41 RADIOLOGY-DIAGNOSTIC	3805305	15808	15808		15808		1971188	41
43 RADIOISOTOPE	473720	663	663		663		321874	43
44 LABORATORY	4855585	10496	10496		10496		2014701	44
46 WHOLE BLOOD & PACKED RED BLOO	428240	272	272		272			46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	1181980	757	757		757		819497	49
50 PHYSICAL THERAPY	2469182	13742	13742		13742		1738684	50
53 ELECTROCARDIOLOGY	1789484	8766	8766		8766		978376	53
54 ELECTROENCEPHALOGRAPHY	477479	2634	2634		2634		266812	54
55 MEDICAL SUPPLIES CHARGED TO P	127193							55
55.30 IMPL. DEV. CHARGED TO PATIENT	6046638							55.30
56 DRUGS CHARGED TO PATIENTS	3352548							56
59 TREATMENT CENTER	166016	1369	1369		1369		95490	59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	229754						111684	60
60.01 PRENATAL CLINIC	104493						73517	60.01
60.02 OUTPATIENT PSYCHIATRIC	178141	3578	3578		3578		89334	60.02
60.03 WOUND CLINIC	313112						56103	60.03
60.04 NEUROSURGERY	1059907						54208	60.04
60.05 DR JATOI	561310						114737	60.05
60.06 UROLOGY PHYSICIAN	788285						45962	60.06
60.07 DR. CHU	932573						254014	60.07
60.08 SPORTS MEDICINE CLINIC	273468						49172	60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI	491033						224745	60.11
60.12 CT\PET	283787						17589	60.12
60.13 RADIATION ONCOLOGY	759146						338757	60.13
60.14 SPORTS MED-REHAB	467385						368403	60.14
60.15 MACON COUNT MEDICAL ASSOCIATE	2184463						475759	60.15
60.16 DR BRITT	934523						275937	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	208851						55931	60.17

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	GROSS SALARIES	
	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	+ LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	PATIENT DAYS			
	6	7	8	9	10	11		12	
60.18 DR BOCK	444960							105399	60.18
60.19 PEDIATRIC PROF SERVICES	99356							30379	60.19
60.20 DR ANDERSON	272433							66343	60.20
60.21 DR HABIB	657369							213951	60.21
60.22 DR HANNEKEN	688375							159228	60.22
60.23 DR MUNESSES	293159							76328	60.23
60.24 DR KOHLI									60.24
60.25 DR DUNCAN	371717								60.25
60.26 MT ZION FAMILY PRACTICE	479771								60.26
60.27 DR POWELL	44509							36039	60.27
60.28 CHEMOTHERAPY	11719							4243	60.28
61 EMERGENCY	3128498	12538	12538		12538			2135458	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	79374395	326462	286442	38178	264849	38178		31788599	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	191091	525	525		525			84246	96
100 SENIOR SERVICES	107783							54991	100
100.01 ADULT DAY CARE	235334							153903	100.01
100.02 FORSYTH COMMONS	14438							1246	100.02
100.04 CANCER CARE	118963							24249	100.04
100.05 RESIDENTIAL PROPERTIES	50								100.05
100.07 BLUE MOUND	17329							2224	100.07
100.08 ARTHUR CLINIC	52175								100.08
100.09 OCCUPATIONAL HEALTH	30466								100.09
100.11 2981 NORTH MAIN	137696							3534	100.11
100.13 MEDICAL OFFICE BUILDING 1750	311121							31066	100.13
100.14 MEDICAL ARTS	217497							32921	100.14
100.15 MT. ZION CLINIC	23656							1978	100.15
100.16 CERRO GORDO	12850							643	100.16
100.17 LIFELINE	83327							28697	100.17
100.18 COUNTY JAIL CONTRACT	210507							151661	100.18
100.19 ST. JOHN'S HOME HEALTH	98029	5091	5091		5091			2538	100.19
100.23 ST. MARY'S SURGERY CENTER	492								100.23
100.24 FIELDS WRIGHT MEDICAL PRACTIC	140967							110835	100.24
100.25 3915 N COWGILL	302351								100.25
100.28 LAUNDRY OUTSIDE SERVICES	36188							19025	100.28
100.35 MEDICAL MANAGEMENT SYSTEM	37759								100.35
100.36 LAKE SHORE MEDICAL OFFICE BUI	517118							42252	100.36
100.37 DAY CARE CENTER	10434								100.37
100.38 SCHOOL HEALTH SERVICES	238202							188901	100.38
100.40 PRAIRIE CARDIOVASCULAR	100648	5401	5401		5401				100.40
100.41 G I SUITES	16122							12635	100.41
100.42 RESPIRATORY CARE NURSING HOME									100.42
100.43 OCCUPATIONAL HEALTH CLINIC									100.43
100.44 PHYSICIAN POOL	523680							350734	100.44
100.48 MRI BUILDING									100.48
100.49 FUND DEVELOPMENT	203411	1004	1004		1004			209432	100.49
100.50 CENTRAL ILLINOIS LUNG	45767	2456	2456		2456				100.50
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	22521071	227176	5420349	1184721	1922592	2295619		1205939	103
104 UNIT COST MULT-WS B PT I	.270005		18.012651		6.882968			.036218	104
104 UNIT COST MULT-WS B PT I		.666324		31.031510		60.129368			104
105 COST TO BE ALLOC PER B PT II	2911	246	2904	1269	500	1353		342	105
106 UNIT COST MULT-WS B PT II	.000035		.009650		.001790			.000010	106
106 UNIT COST MULT-WS B PT II		.000722		.033239		.035439			106
107 COST TO BE ALLOC PER B PT III	793735	67312	791967	346395	136570	368797		93036	107
108 UNIT COST MULT-WS B PT III	.009516		2.631828		.488927			.002794	108
108 UNIT COST MULT-WS B PT III		.197431		9.073157		9.659935			108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION GROSS SALARIES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	I&R SALARY & FRINGES ASSIGNED TIME 22	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14	17481930					14
15		12391149				15
16		66243	100			16
17		71		338000019		17
18						18
20						20
21						21
22					100	22
23						23
24						24
INPATIENT ROUTINE SERV COST CENTERS						
25	6858132	439897		20636303	100	25
26	1138034	121313		2590126		26
31	492087	38059		2669343		31
33	338332	49409		689454		33
34	530956	32443		880988		34
ANCILLARY SERVICE COST CENTERS						
37	1451434	1909334		34510522		37
37.01						37.01
37.02	237	89781		1881697		37.02
38	440818	25797		3166267		38
39	981206	121851		2752290		39
40	2354894	287865		7731671		40
40.01	329971	126102		5976614		40.01
41		243036		54364043		41
43		141952		6330867		43
44		1285943		43741038		44
46		63231		1483119		46
46.30						46.30
49		93295		6439143		49
50		17639		13534448		50
53		210826		22437559		53
54		21485		3700553		54
55		6173831		1032130		55
55.30				12081014		55.30
56			100	35019529		56
59	95490			286141		59
59.97						59.97
59.98						59.98
59.99						59.99
OUTPATIENT SERVICE COST CENTERS						
60	111684	3591		420352		60
60.01	73517	9920		410278		60.01
60.02	89334	1		567337		60.02
60.03	56103	243608		798800		60.03
60.04		3406		3856769		60.04
60.05		2359		519741		60.05
60.06		53527		2610834		60.06
60.07				2500936		60.07
60.08		11761		391883		60.08
60.09						60.09
60.10						60.10
60.11		1399		323708		60.11
60.12		41328		815446		60.12
60.13		7655		6202185		60.13
60.14		1944		29438		60.14
60.15		24085		3198864		60.15
60.16		27301		1546354		60.16
60.17		2318		167393		60.17

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION GROSS SALARIES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	I&R SALARY & FRINGES ASSIGNED TIME 22	
60.18 DR BOCK		6816		630148		60.18
60.19 PEDIATRIC PROF SERVICES				205392		60.19
60.20 DR ANDERSON		9735		821736		60.20
60.21 DR HABIB		565		872131		60.21
60.22 DR HANNEKEN		32292		295868		60.22
60.23 DR MUNESSES		90		1108976		60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN		4999		427690		60.25
60.26 MT ZION FAMILY PRACTICE				280341		60.26
60.27 DR POWELL				427690		60.27
60.28 CHEMOTHEROPY	4243	844		22256		60.28
61 EMERGENCY	2135458	274241		24612614		61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	17481930	12323188	100	338000019	100	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
100 SENIOR SERVICES						100
100.01 ADULT DAY CARE		1342				100.01
100.02 FORSYTH COMMONS		8				100.02
100.04 CANCER CARE		841				100.04
100.05 RESIDENTIAL PROPERTIES						100.05
100.07 BLUE MOUND		8				100.07
100.08 ARTHUR CLINIC		8				100.08
100.09 OCCUPATIONAL HEALTH		30466				100.09
100.11 2981 NORTH MAIN		6020				100.11
100.13 MEDICAL OFFICE BUILDING 1750						100.13
100.14 MEDICAL ARTS						100.14
100.15 MT. ZION CLINIC		92				100.15
100.16 CERRO GORDO		8				100.16
100.17 LIFELINE		1308				100.17
100.18 COUNTY JAIL CONTRACT		22690				100.18
100.19 ST. JOHN'S HOME HEALTH		30				100.19
100.23 ST. MARY'S SURGERY CENTER		492				100.23
100.24 FIELDS WRIGHT MEDICAL PRACTIC		470				100.24
100.25 3915 N COWGILL						100.25
100.28 LAUNDRY OUTSIDE SERVICES						100.28
100.35 MEDICAL MANAGEMENT SYSTEM						100.35
100.36 LAKE SHORE MEDICAL OFFICE BUI		6				100.36
100.37 DAY CARE CENTER						100.37
100.38 SCHOOL HEALTH SERVICES		271				100.38
100.40 PRAIRIE CARDIOVASCULAR						100.40
100.41 G I SUITES						100.41
100.42 RESPIRATORY CARE NURSING HOME						100.42
100.43 OCCUPATIONAL HEALTH CLINIC						100.43
100.44 PHYSICIAN POOL		2734				100.44
100.48 MRI BUILDING						100.48
100.49 FUND DEVELOPMENT		1167				100.49
100.50 CENTRAL ILLINOIS LUNG						100.50
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	849651	839846	2596746	3028750	11034	103
104 UNIT COST MULT-WS B PT I	.048602		25967.460000		110.340000	
104 UNIT COST MULT-WS B PT I		.067778		.008961		104
105 COST TO BE ALLOC PER B PT II	170	804	395	780		104
106 UNIT COST MULT-WS B PT II	.000010		3.950000			105
106 UNIT COST MULT-WS B PT II		.000065		.000002		106
107 COST TO BE ALLOC PER B PT III	46606	219096	107750	212551	83	106
108 UNIT COST MULT-WS B PT III	.002666		1077.500000		.830000	107
108 UNIT COST MULT-WS B PT III		.017682		.000629		107
108 UNIT COST MULT-WS B PT III						108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19306855		19306855		19306855	25
26 INTENSIVE CARE UNIT	2587375		2587375		2587375	26
31 SUBPROVIDER I	2539194		2539194		2539194	31
33 NURSERY	897515		897515		897515	33
34 SKILLED NURSING FACILITY	1489028		1489028		1489028	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6753870		6753870		6753870	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	328594		328594		328594	37.02
38 RECOVERY ROOM	938751		938751		938751	38
39 DELIVERY ROOM & LABOR ROOM	2336340		2336340		2336340	39
40 ANESTHESIOLOGY	1689759		1689759		1689759	40
40.01 PAIN CENTER	962660		962660		962660	40.01
41 RADIOLOGY-DIAGNOSTIC	5811787		5811787		5811787	41
43 RADIOISOTOPE	696584		696584		696584	43
44 LABORATORY	6987006		6987006		6987006	44
46 WHOLE BLOOD & PACKED RED BL	568395		568395		568395	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1614176		1614176		1614176	49
50 PHYSICAL THERAPY	3672596		3672596		3672596	50
53 ELECTROCARDIOLOGY	2747517		2747517		2747517	53
54 ELECTROENCEPHALOGRAPHY	718011		718011		718011	54
55 MEDICAL SUPPLIES CHARGED TO	589234		589234		589234	55
55.30 IMPL. DEV. CHARGED TO PATIE	7787518		7787518		7787518	55.30
56 DRUGS CHARGED TO PATIENTS	7168309		7168309		7168309	56
59 TREATMENT CENTER	256498		256498		256498	59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	305272		305272		305272	60
60.01 PRENATAL CLINIC	143292		143292		143292	60.01
60.02 OUTPATIENT PSYCHIATRIC	330361		330361		330361	60.02
60.03 WOUND CLINIC	426082		426082		426082	60.03
60.04 NEUROSURGERY	1382842		1382842		1382842	60.04
60.05 DR JATOI	721840		721840		721840	60.05
60.06 UROLOGY PHYSICIAN	1029815		1029815		1029815	60.06
60.07 DR. CHU	1215983		1215983		1215983	60.07
60.08 SPORTS MEDICINE CLINIC	353396		353396		353396	60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI	634750		634750		634750	60.11
60.12 CT/PET	371156		371156		371156	60.12
60.13 RADIATION ONCOLOGY	1032485		1032485		1032485	60.13
60.14 SPORTS MED-REHAB	607320		607320		607320	60.14
60.15 MACON COUNT MEDICAL ASSOCIA	2821807		2821807		2821807	60.15
60.16 DR BRITT	1212550		1212550		1212550	60.16
60.17 ARTHUR FAMILY MEDICINE CENT	268925		268925		268925	60.17
60.18 DR BOCK	575027		575027		575027	60.18
60.19 PEDIATRIC PROF SERVICES	129124		129124		129124	60.19
60.20 DR ANDERSON	356418		356418		356418	60.20
60.21 DR HABIB	850464		850464		850464	60.21
60.22 DR HANNEKEN	884847		884847		884847	60.22
60.23 DR MUNESSES	385021		385021		385021	60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN	476254		476254		476254	60.25
60.26 MT ZION FAMILY PRACTICE	611824		611824		611824	60.26
60.27 DR POWELL	61665		61665		61665	60.27
60.28 CHEMOTHEROPY	15499		15499		15499	60.28
61 EMERGENCY	4713976		4713976		4713976	61
62 OBSERVATION BEDS (NON-DISTI	1301648		1301648		1301648	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	101667215		101667215		101667215	101
102 LESS OBSERVATION BEDS	1301648		1301648		1301648	102
103 TOTAL	100365567		100365567		100365567	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	18580983		18580983				25
26 INTENSIVE CARE UNIT	2590126		2590126				26
31 SUBPROVIDER I	2669343		2669343				31
33 NURSERY	689454		689454				33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	880988		880988				34
37 OPERATING ROOM	18284999	16225523	34510522	.195705	.195705	.195705	37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY	396352	1485345	1881697	.174626	.174626	.174626	37.02
38 RECOVERY ROOM	1169268	1996999	3166267	.296485	.296485	.296485	38
39 DELIVERY ROOM & LABOR ROOM	1961524	790766	2752290	.848871	.848871	.848871	39
40 ANESTHESIOLOGY	3972721	3758950	7731671	.218550	.218550	.218550	40
40.01 PAIN CENTER	47818	5928796	5976614	.161071	.161071	.161071	40.01
41 RADIOLOGY-DIAGNOSTIC	15132864	39231179	54364043	.106905	.106905	.106905	41
43 RADIOISOTOPE	1323570	5007297	6330867	.110030	.110030	.110030	43
44 LABORATORY	17184149	26556889	43741038	.159736	.159736	.159736	44
46 WHOLE BLOOD & PACKED RED BL	1099723	383396	1483119	.383243	.383243	.383243	46
46.30 BLOOD CLOTTING FACTORS ADMI							46.30
49 RESPIRATORY THERAPY	5466655	972488	6439143	.250682	.250682	.250682	49
50 PHYSICAL THERAPY	7313190	6221258	13534448	.271352	.271352	.271352	50
53 ELECTROCARDIOLOGY	8032644	14404915	22437559	.122452	.122452	.122452	53
54 ELECTROENCEPHALOGRAPHY	467617	3232936	3700553	.194028	.194028	.194028	54
55 MEDICAL SUPPLIES CHARGED TO	973113	59017	1032130	.570891	.570891	.570891	55
55.30 IMPL. DEV. CHARGED TO PATIE	8385823	3695191	12081014	.644608	.644608	.644608	55.30
56 DRUGS CHARGED TO PATIENTS	25051158	9968371	35019529	.204695	.204695	.204695	56
59 TREATMENT CENTER	70971	215170	286141	.896404	.896404	.896404	59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	2311	418041	420352	.726229	.726229	.726229	60
60.01 PRENATAL CLINIC	2828	407450	410278	.349256	.349256	.349256	60.01
60.02 OUTPATIENT PSYCHIATRIC	8193	559144	567337	.582301	.582301	.582301	60.02
60.03 WOUND CLINIC	97605	701195	798800	.533403	.533403	.533403	60.03
60.04 NEUROSURGERY		3856769	3856769	.358549	.358549	.358549	60.04
60.05 DR JATOI		519741	519741	1.388846	1.388846	1.388846	60.05
60.06 UROLOGY PHYSICIAN		2610834	2610834	.394439	.394439	.394439	60.06
60.07 DR. CHU		2500936	2500936	.486211	.486211	.486211	60.07
60.08 SPORTS MEDICINE CLINIC		391883	391883	.901790	.901790	.901790	60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI		323708	323708	1.960872	1.960872	1.960872	60.11
60.12 CT/PET	23529	791917	815446	.455157	.455157	.455157	60.12
60.13 RADIATION ONCOLOGY	1	6202184	6202185	.166471	.166471	.166471	60.13
60.14 SPORTS MED-REHAB		29438	29438	20.630478	20.630478	20.630478	60.14
60.15 MACON COUNT MEDICAL ASSOCIA		3198864	3198864	.882128	.882128	.882128	60.15
60.16 DR BRITT		1546354	1546354	.784135	.784135	.784135	60.16
60.17 ARTHUR FAMILY MEDICINE CENT		167393	167393	1.606549	1.606549	1.606549	60.17
60.18 DR BOCK		630148	630148	.912527	.912527	.912527	60.18
60.19 PEDIATRIC PROF SERVICES		205392	205392	.628671	.628671	.628671	60.19
60.20 DR ANDERSON		821736	821736	.433738	.433738	.433738	60.20
60.21 DR HABIB		872131	872131	.975156	.975156	.975156	60.21
60.22 DR HANNEKEN		295868	295868	2.990682	2.990682	2.990682	60.22
60.23 DR MUNESSES		1108976	1108976	.347186	.347186	.347186	60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN		427690	427690	1.113550	1.113550	1.113550	60.25
60.26 MT ZION FAMILY PRACTICE		280341	280341	2.182428	2.182428	2.182428	60.26
60.27 DR POWELL		427690	427690	.144182	.144182	.144182	60.27
60.28 CHEMOTHEROPY		22256	22256	.696396	.696396	.696396	60.28
61 EMERGENCY	4737943	19874671	24612614	.191527	.191527	.191527	61
62 OBSERVATION BEDS (NON-DISTI	99180	1956140	2055320	.633307	.633307	.633307	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 SUBTOTAL	146716643	191283376	338000019				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	146716643	191283376	338000019				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	9687		9687	2644870		2644870
26 INTENSIVE CARE UNIT	718		718	196395		196395
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	1192		1192	325224		325224
33 NURSERY	322		322	88173		88173
101 TOTAL	11919		11919	3254662		3254662

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	30407	11988	.32	3836	86.98	1042716
26 INTENSIVE CARE UNIT	2123	1197	.34	407	92.51	110734
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2876	1714	.41	703	113.08	193819
33 NURSERY	1573		.20		56.05	
101 TOTAL	36979	14899		4946		1347269

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF COST TO CHARGES	OLD CAPITAL COSTS	RATIO OF COST TO CHARGES	NEW CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1797	492558	34510522	6670495	.000052	347	.014273	95208
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	282	77064	1881697	254090	.000150	38	.040955	10406
38 RECOVERY ROOM	221	60893	3166267	509402	.000070	36	.019232	9797
39 DELIVERY ROOM & LABOR ROOM	851	231882	2752290	12519	.000309	4	.084251	1055
40 ANESTHESIOLOGY	152	42022	7731671	1460893	.000020	29	.005435	7940
40.01 PAIN CENTER	331	90671	5976614	23781	.000055	1	.015171	361
41 RADIOLOGY-DIAGNOSTIC	1656	427693	54364043	8687822	.000030	261	.007867	68347
43 RADIOISOTOPE	95	26666	6330867	259287	.000015	4	.004212	1092
44 LABORATORY	1210	333399	43741038	8293908	.000028	232	.007622	63216
46 WHOLE BLOOD & PACKED RED BLOO	44	12080	1483119	666292	.000030	20	.008145	5427
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	131	36458	6439143	3622420	.000020	72	.005662	20510
50 PHYSICAL THERAPY	1239	339312	13534448	1702223	.000092	157	.025070	42675
53 ELECTROCARDIOLOGY	839	230230	22437559	5107133	.000037	189	.010261	52404
54 ELECTROENCEPHALOGRAPHY	240	65855	3700553	259096	.000065	17	.017796	4611
55 MEDICAL SUPPLIES CHARGED TO P	408	111020	1032130	373262	.000395	147	.107564	40150
55.30 IMPL. DEV. CHARGED TO PATIENT	236	65139	12081014	3608843	.000020	72	.005392	19459
56 DRUGS CHARGED TO PATIENTS	582	161680	35019529	12276934	.000017	209	.004617	56683
59 TREATMENT CENTER	118	32318	286141		.000412		.112944	56
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	11	3212	420352		.000026		.007641	60
60.01 PRENATAL CLINIC	8	1887	410278	945	.000019		.004599	4
60.02 OUTPATIENT PSYCHIATRIC	297	80915	567337		.000523		.142622	60.02
60.03 WOUND CLINIC	31	8141	798800		.000039		.010192	60.03
60.04 NEUROSURGERY	46	12766	3856769		.000012		.003310	60.04
60.05 DR JATOI	22	6123	519741		.000042		.011781	60.05
60.06 UROLOGY PHYSICIAN	36	10254	2610834		.000014		.003927	60.06
60.07 DR. CHU	42	11360	2500936		.000017		.004542	60.07
60.08 SPORTS MEDICINE CLINIC	12	3232	391883		.000031		.008247	60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI	21	5709	323708		.000065		.017636	60.11
60.12 CT/PET	15	4008	815446	18874	.000018		.004915	93
60.13 RADIATION ONCOLOGY	43	12476	6202185		.000007		.002012	60.13
60.14 SPORTS MED-REHAB	21	5824	29438		.000713		.197840	60.14
60.15 MACON COUNT MEDICAL ASSOCIATE	90	24934	3198864		.000028		.007795	60.15
60.16 DR BRITT	42	11340	1546354		.000027		.007333	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	8	2334	167393		.000048		.013943	60.17
60.18 DR BOCK	18	5129	630148		.000029		.008139	60.18
60.19 PEDIATRIC PROF SERVICES	3	1183	205392		.000015		.005760	60.19
60.20 DR ANDERSON	14	3519	821736		.000017		.004282	60.20
60.21 DR HABIB	28	7584	872131		.000032		.008696	60.21
60.22 DR HANNEKEN	29	7880	295868		.000098		.026633	60.22
60.23 DR MUNESSES	13	3764	1108976		.000012		.003394	60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN	14	3894	427690		.000033		.009105	60.25
60.26 MT ZION FAMILY PRACTICE	18	4742	280341		.000064		.016915	60.26
60.27 DR POWELL	3	823	427690		.000007		.001924	60.27
60.28 CHEMOTHEROPY		167	22256				.007504	60.28
61 EMERGENCY	1230	337858	24612614	2554019	.000050	128	.013727	35059
62 OBSERVATION BEDS (NON-DISTINC	653	178314	2055320		.000318		.086757	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	13200	3596312	312589125	56362238		1963		534497

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
 12/06/2010 14:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					30407		11988	25
26 INTENSIVE CARE UNIT					2123		1197	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2876		1714	31
33 NURSERY					1573			33
34 SKILLED NURSING FACILITY					3249		2648	34
35 NURSING FACILITY								35
101 TOTAL					40228		17547	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
40.01 PAIN CENTER							40.01
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
59 TREATMENT CENTER							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PRENATAL CLINIC							60.01
60.02 OUTPATIENT PSYCHIATRIC							60.02
60.03 WOUND CLINIC							60.03
60.04 NEUROSURGERY							60.04
60.05 DR JATOI							60.05
60.06 UROLOGY PHYSICIAN							60.06
60.07 DR. CHU							60.07
60.08 SPORTS MEDICINE CLINIC							60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI							60.11
60.12 CT\PET							60.12
60.13 RADIATION ONCOLOGY							60.13
60.14 SPORTS MED-REHAB							60.14
60.15 MACON COUNT MEDICAL ASSOCIATE							60.15
60.16 DR BRITT							60.16
60.17 ARTHUR FAMILY MEDICINE CENTER							60.17
60.18 DR BOCK							60.18
60.19 PEDIATRIC PROF SERVICES							60.19
60.20 DR ANDERSON							60.20
60.21 DR HABIB							60.21
60.22 DR HANNEKEN							60.22
60.23 DR MUNESSES							60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN							60.25
60.26 MT ZION FAMILY PRACTICE							60.26
60.27 DR POWELL							60.27
60.28 CHEMOTHEROPY							60.28
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34510522			6670495		3186533
37.01 STONE CENTER							37
37.02 ENDOSCOPY		1881697			254090		37.01
38 RECOVERY ROOM		3166267			509402		38
39 DELIVERY ROOM & LABOR ROOM		2752290			12519		39
40 ANESTHESIOLOGY		7731671			1460893		40
40.01 PAIN CENTER		5976614			23781		40.01
41 RADIOLOGY-DIAGNOSTIC		54364043			8687822		41
43 RADIOISOTOPE		6330867			259287		43
44 LABORATORY		43741038			8293908		44
46 WHOLE BLOOD & PACKED RED BLOO		1483119			666292		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		6439143			3622420		49
50 PHYSICAL THERAPY		13534448			1702223		50
53 ELECTROCARDIOLOGY		22437559			5107133		53
54 ELECTROENCEPHALOGRAPHY		3700553			259096		54
55 MEDICAL SUPPLIES CHARGED TO P		1032130			373262		55
55.30 IMPL. DEV. CHARGED TO PATIENT		12081014			3608843		55.30
56 DRUGS CHARGED TO PATIENTS		35019529			12276934		56
59 TREATMENT CENTER		286141					59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		420352					60
60.01 PRENATAL CLINIC		410278			945		60.01
60.02 OUTPATIENT PSYCHIATRIC		567337					60.02
60.03 WOUND CLINIC		798800					60.03
60.04 NEUROSURGERY		3856769					60.04
60.05 DR JATOI		519741					60.05
60.06 UROLOGY PHYSICIAN		2610834					60.06
60.07 DR. CHU		2500936					60.07
60.08 SPORTS MEDICINE CLINIC		391883					60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI		323708					60.11
60.12 CT/PET		815446			18874		60.12
60.13 RADIATION ONCOLOGY		6202185					60.13
60.14 SPORTS MED-REHAB		29438					60.14
60.15 MACON COUNT MEDICAL ASSOCIATE		3198864					60.15
60.16 DR BRITT		1546354					60.16
60.17 ARTHUR FAMILY MEDICINE CENTER		167393					60.17
60.18 DR BOCK		630148					60.18
60.19 PEDIATRIC PROF SERVICES		205392					60.19
60.20 DR ANDERSON		821736					60.20
60.21 DR HABIB		872131					60.21
60.22 DR HANNEKEN		295868					60.22
60.23 DR MUNESSES		1108976					60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN		427690					60.25
60.26 MT ZION FAMILY PRACTICE		280341					60.26
60.27 DR POWELL		427690					60.27
60.28 CHEMOTHEROPY		22256					60.28
61 EMERGENCY		24612614			2554019		61
62 OBSERVATION BEDS (NON-DISTINC		2055320					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		312589125			56362238		44266188

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY						37.02
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
40.01 PAIN CENTER						40.01
41 RADIOLOGY-DIAGNOSTIC						41
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
59 TREATMENT CENTER						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 PRENATAL CLINIC						60.01
60.02 OUTPATIENT PSYCHIATRIC						60.02
60.03 WOUND CLINIC						60.03
60.04 NEUROSURGERY						60.04
60.05 DR JATOI						60.05
60.06 UROLOGY PHYSICIAN						60.06
60.07 DR. CHU						60.07
60.08 SPORTS MEDICINE CLINIC						60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI						60.11
60.12 CT\PET						60.12
60.13 RADIATION ONCOLOGY						60.13
60.14 SPORTS MED-REHAB						60.14
60.15 MACON COUNT MEDICAL ASSOCIATE						60.15
60.16 DR BRITT						60.16
60.17 ARTHUR FAMILY MEDICINE CENTER						60.17
60.18 DR BOCK						60.18
60.19 PEDIATRIC PROF SERVICES						60.19
60.20 DR ANDERSON						60.20
60.21 DR HABIB						60.21
60.22 DR HANNEKEN						60.22
60.23 DR MUNESSES						60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN						60.25
60.26 MT ZION FAMILY PRACTICE						60.26
60.27 DR POWELL						60.27
60.28 CHEMOTHEROPY						60.28
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0166) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.195705	.195705	.195705			37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	.174626	.174626	.174626			37.02
38 RECOVERY ROOM	.296485	.296485	.296485			38
39 DELIVERY ROOM & LABOR ROOM	.848871	.848871	.848871			39
40 ANESTHESIOLOGY	.218550	.218550	.218550			40
40.01 PAIN CENTER	.161071	.161071	.161071			40.01
41 RADIOLOGY-DIAGNOSTIC	.106905	.106905	.106905			41
43 RADIOISOTOPE	.110030	.110030	.110030			43
44 LABORATORY	.159736	.159736	.159736			44
46 WHOLE BLOOD & PACKED RED BLOOD	.383243	.383243	.383243			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.250682	.250682	.250682			49
50 PHYSICAL THERAPY	.271352	.271352	.271352			50
53 ELECTROCARDIOLOGY	.122452	.122452	.122452			53
54 ELECTROENCEPHALOGRAPHY	.194028	.194028	.194028			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.570891	.570891	.570891			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.644608	.644608	.644608			55.30
56 DRUGS CHARGED TO PATIENTS	.204695	.204695	.204695			56
59 TREATMENT CENTER	.896404	.896404	.896404			59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.726229	.726229	.726229			60
60.01 PRENATAL CLINIC	.349256	.349256	.349256			60.01
60.02 OUTPATIENT PSYCHIATRIC	.582301	.582301	.582301			60.02
60.03 WOUND CLINIC	.533403	.533403	.533403			60.03
60.04 NEUROSURGERY	.358549	.358549	.358549			60.04
60.05 DR JATOI	1.388846	1.388846	1.388846			60.05
60.06 UROLOGY PHYSICIAN	.394439	.394439	.394439			60.06
60.07 DR. CHU	.486211	.486211	.486211			60.07
60.08 SPORTS MEDICINE CLINIC	.901790	.901790	.901790			60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI	1.960872	1.960872	1.960872			60.11
60.12 CT\PET	.455157	.455157	.455157			60.12
60.13 RADIATION ONCOLOGY	.166471	.166471	.166471			60.13
60.14 SPORTS MED-REHAB	20.630478	20.630478	20.630478			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	.882128	.882128	.882128			60.15
60.16 DR BRITT	.784135	.784135	.784135			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	1.606549	1.606549	1.606549			60.17
60.18 DR BOCK	.912527	.912527	.912527			60.18
60.19 PEDIATRIC PROF SERVICES	.628671	.628671	.628671			60.19
60.20 DR ANDERSON	.433738	.433738	.433738			60.20
60.21 DR HABIB	.975156	.975156	.975156			60.21
60.22 DR HANNEKEN	2.990682	2.990682	2.990682			60.22
60.23 DR MUNESSES	.347186	.347186	.347186			60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN	1.113550	1.113550	1.113550			60.25
60.26 MT ZION FAMILY PRACTICE	2.182428	2.182428	2.182428			60.26
60.27 DR POWELL	.144182	.144182	.144182			60.27
60.28 CHEMOTHEROPY	.696396	.696396	.696396			60.28
61 EMERGENCY	.191527	.191527	.191527			61
62 OBSERVATION BEDS (NON-DISTINCT	.633307	.633307	.633307			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (8/2002)

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PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.204695	1
2	PROGRAM VACCINE CHARGES	30722	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	6289	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0166) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3186533						37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY		524314						37.02
38 RECOVERY ROOM		636809						38
39 DELIVERY ROOM & LABOR ROOM		4940						39
40 ANESTHESIOLOGY		1018465						40
40.01 PAIN CENTER		2688459						40.01
41 RADIOLOGY-DIAGNOSTIC		12459084						41
43 RADIOISOTOPE		440222						43
44 LABORATORY		693274						44
46 WHOLE BLOOD & PACKED RED BLOOD		48828						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		270341						49
50 PHYSICAL THERAPY		255271						50
53 ELECTROCARDIOLOGY		6460418						53
54 ELECTROENCEPHALOGRAPHY		883389						54
55 MEDICAL SUPPLIES CHARGED TO PA		9326						55
55.30 IMPL. DEV. CHARGED TO PATIENT		1894714						55.30
56 DRUGS CHARGED TO PATIENTS		3528780						56
59 TREATMENT CENTER								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 PRENATAL CLINIC								60.01
60.02 OUTPATIENT PSYCHIATRIC		254184						60.02
60.03 WOUND CLINIC								60.03
60.04 NEUROSURGERY								60.04
60.05 DR JATOI								60.05
60.06 UROLOGY PHYSICIAN								60.06
60.07 DR. CHU								60.07
60.08 SPORTS MEDICINE CLINIC								60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI								60.11
60.12 CT\PET		367597						60.12
60.13 RADIATION ONCOLOGY		4011028						60.13
60.14 SPORTS MED-REHAB		13						60.14
60.15 MACON COUNT MEDICAL ASSOCIATES								60.15
60.16 DR BRITT								60.16
60.17 ARTHUR FAMILY MEDICINE CENTER								60.17
60.18 DR BOCK								60.18
60.19 PEDIATRIC PROF SERVICES								60.19
60.20 DR ANDERSON								60.20
60.21 DR HABIB								60.21
60.22 DR HANNEKEN								60.22
60.23 DR MUNESSES								60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN								60.25
60.26 MT ZION FAMILY PRACTICE								60.26
60.27 DR POWELL								60.27
60.28 CHEMOTHEROPY		7723						60.28
61 EMERGENCY		4123803						61
62 OBSERVATION BEDS (NON-DISTINCT		498673						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		44266188						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		44266188						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0166) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		623620					37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY		91559					37.02
38 RECOVERY ROOM		188804					38
39 DELIVERY ROOM & LABOR ROOM		4193					39
40 ANESTHESIOLOGY		222586					40
40.01 PAIN CENTER		433033					40.01
41 RADIOLOGY-DIAGNOSTIC		1331938					41
43 RADIOISOTOPE		48438					43
44 LABORATORY		110741					44
46 WHOLE BLOOD & PACKED RED BLOOD		18713					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		67770					49
50 PHYSICAL THERAPY		69268					50
53 ELECTROCARDIOLOGY		791091					53
54 ELECTROENCEPHALOGRAPHY		171402					54
55 MEDICAL SUPPLIES CHARGED TO PAT		5324					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1221348					55.30
56 DRUGS CHARGED TO PATIENTS		722324					56
59 TREATMENT CENTER							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PRENATAL CLINIC							60.01
60.02 OUTPATIENT PSYCHIATRIC		148012					60.02
60.03 WOUND CLINIC							60.03
60.04 NEUROSURGERY							60.04
60.05 DR JATOI							60.05
60.06 UROLOGY PHYSICIAN							60.06
60.07 DR. CHU							60.07
60.08 SPORTS MEDICINE CLINIC							60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI							60.11
60.12 CT\PET		167314					60.12
60.13 RADIATION ONCOLOGY		667720					60.13
60.14 SPORTS MED-REHAB		268					60.14
60.15 MACON COUNT MEDICAL ASSOCIATES							60.15
60.16 DR BRITT							60.16
60.17 ARTHUR FAMILY MEDICINE CENTER							60.17
60.18 DR BOCK							60.18
60.19 PEDIATRIC PROF SERVICES							60.19
60.20 DR ANDERSON							60.20
60.21 DR HABIB							60.21
60.22 DR HANNEKEN							60.22
60.23 DR MUNESSES							60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN							60.25
60.26 MT ZION FAMILY PRACTICE							60.26
60.27 DR POWELL							60.27
60.28 CHEMOTHEROPY		5378					60.28
61 EMERGENCY		789820					61
62 OBSERVATION BEDS (NON-DISTINCT)		315813					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		8216477					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8216477					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T166) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF COST TO CHARGES	OLD CAPITAL COSTS	RATIO OF COST TO CHARGES	NEW CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1797	492558	34510522	46922	.000052	2	.014273	670
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	282	77064	1881697	1491	.000150		.040955	61
38 RECOVERY ROOM	221	60893	3166267	4580	.000070		.019232	88
39 DELIVERY ROOM & LABOR ROOM	851	231882	2752290		.000309		.084251	39
40 ANESTHESIOLOGY	152	42022	7731671	2608	.000020		.005435	14
40.01 PAIN CENTER	331	90671	5976614	2056	.000055		.015171	31
41 RADIOLOGY-DIAGNOSTIC	1656	427693	54364043	197246	.000030	6	.007867	1552
43 RADIOISOTOPE	95	26666	6330867	4590	.000015		.004212	19
44 LABORATORY	1210	333399	43741038	235063	.000028	7	.007622	1792
46 WHOLE BLOOD & PACKED RED BLOO	44	12080	1483119	5391	.000030		.008145	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	131	36458	6439143	26401	.000020	1	.005662	149
50 PHYSICAL THERAPY	1239	339312	13534448	2230777	.000092	205	.025070	55926
53 ELECTROCARDIOLOGY	839	230230	22437559	13284	.000037		.010261	136
54 ELECTROENCEPHALOGRAPHY	240	65855	3700553	23184	.000065	2	.017796	413
55 MEDICAL SUPPLIES CHARGED TO P	408	111020	1032130	122587	.000395	48	.107564	13186
55.30 IMPL. DEV. CHARGED TO PATIENT	236	65139	12081014		.000020		.005392	55.30
56 DRUGS CHARGED TO PATIENTS	582	161680	35019529	739130	.000017	13	.004617	3413
59 TREATMENT CENTER	118	32318	286141		.000412		.112944	56
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	11	3212	420352		.000026		.007641	60
60.01 PRENATAL CLINIC	8	1887	410278		.000019		.004599	60.01
60.02 OUTPATIENT PSYCHIATRIC	297	80915	567337	4078	.000523	2	.142622	582
60.03 WOUND CLINIC	31	8141	798800		.000039		.010192	60.03
60.04 NEUROSURGERY	46	12766	3856769		.000012		.003310	60.04
60.05 DR JATOI	22	6123	519741		.000042		.011781	60.05
60.06 UROLOGY PHYSICIAN	36	10254	2610834		.000014		.003927	60.06
60.07 DR. CHU	42	11360	2500936		.000017		.004542	60.07
60.08 SPORTS MEDICINE CLINIC	12	3232	391883		.000031		.008247	60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI	21	5709	323708		.000065		.017636	60.11
60.12 CT/PET	15	4008	815446		.000018		.004915	60.12
60.13 RADIATION ONCOLOGY	43	12476	6202185		.000007		.002012	60.13
60.14 SPORTS MED-REHAB	21	5824	29438		.000713		.197840	60.14
60.15 MACON COUNT MEDICAL ASSOCIATE	90	24934	3198864		.000028		.007795	60.15
60.16 DR BRITT	42	11340	1546354		.000027		.007333	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	8	2334	167393		.000048		.013943	60.17
60.18 DR BOCK	18	5129	630148		.000029		.008139	60.18
60.19 PEDIATRIC PROF SERVICES	3	1183	205392		.000015		.005760	60.19
60.20 DR ANDERSON	14	3519	821736		.000017		.004282	60.20
60.21 DR HABIB	28	7584	872131		.000032		.008696	60.21
60.22 DR HANNEKEN	29	7880	295868		.000098		.026633	60.22
60.23 DR MUNESSES	13	3764	1108976		.000012		.003394	60.23
60.24 DR KOHLI								60.24
60.25 DR DUNCAN	14	3894	427690		.000033		.009105	60.25
60.26 MT ZION FAMILY PRACTICE	18	4742	280341		.000064		.016915	60.26
60.27 DR POWELL	3	823	427690		.000007		.001924	60.27
60.28 CHEMOTHEROPY		167	22256				.007504	60.28
61 EMERGENCY	1230	337858	24612614	752	.000050		.013727	10
62 OBSERVATION BEDS (NON-DISTINC	653	178314	2055320		.000318		.086757	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	13200	3596312	312589125	3660140		286		78086

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T166) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34510522			46922		37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY		1881697			1491		37.02
38 RECOVERY ROOM		3166267			4580		38
39 DELIVERY ROOM & LABOR ROOM		2752290					39
40 ANESTHESIOLOGY		7731671			2608		40
40.01 PAIN CENTER		5976614			2056		40.01
41 RADIOLOGY-DIAGNOSTIC		54364043			197246		41
43 RADIOISOTOPE		6330867			4590		43
44 LABORATORY		43741038			235063		44
46 WHOLE BLOOD & PACKED RED BLOO		1483119			5391		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		6439143			26401		49
50 PHYSICAL THERAPY		13534448			2230777		50
53 ELECTROCARDIOLOGY		22437559			13284		53
54 ELECTROENCEPHALOGRAPHY		3700553			23184		54
55 MEDICAL SUPPLIES CHARGED TO P		1032130			122587		55
55.30 IMPL. DEV. CHARGED TO PATIENT		12081014					55.30
56 DRUGS CHARGED TO PATIENTS		35019529			739130		56
59 TREATMENT CENTER		286141					59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		420352					60
60.01 PRENATAL CLINIC		410278					60.01
60.02 OUTPATIENT PSYCHIATRIC		567337			4078		60.02
60.03 WOUND CLINIC		798800					60.03
60.04 NEUROSURGERY		3856769					60.04
60.05 DR JATOI		519741					60.05
60.06 UROLOGY PHYSICIAN		2610834					60.06
60.07 DR. CHU		2500936					60.07
60.08 SPORTS MEDICINE CLINIC		391883					60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI		323708					60.11
60.12 CT/PET		815446					60.12
60.13 RADIATION ONCOLOGY		6202185					60.13
60.14 SPORTS MED-REHAB		29438					60.14
60.15 MACON COUNT MEDICAL ASSOCIATE		3198864					60.15
60.16 DR BRITT		1546354					60.16
60.17 ARTHUR FAMILY MEDICINE CENTER		167393					60.17
60.18 DR BOCK		630148					60.18
60.19 PEDIATRIC PROF SERVICES		205392					60.19
60.20 DR ANDERSON		821736					60.20
60.21 DR HABIB		872131					60.21
60.22 DR HANNEKEN		295868					60.22
60.23 DR MUNESSES		1108976					60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN		427690					60.25
60.26 MT ZION FAMILY PRACTICE		280341					60.26
60.27 DR POWELL		427690					60.27
60.28 CHEMOTHEROPY		22256					60.28
61 EMERGENCY		24612614			752		61
62 OBSERVATION BEDS (NON-DISTINC		2055320					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		312589125			3660140		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T166) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 STONE CENTER					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
40.01 PAIN CENTER					40.01
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 TREATMENT CENTER					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PRENATAL CLINIC					60.01
60.02 OUTPATIENT PSYCHIATRIC					60.02
60.03 WOUND CLINIC					60.03
60.04 NEUROSURGERY					60.04
60.05 DR JATOI					60.05
60.06 UROLOGY PHYSICIAN					60.06
60.07 DR. CHU					60.07
60.08 SPORTS MEDICINE CLINIC					60.08
60.09 DR. SHANKER					60.09
60.10 DR MIRMIRA					60.10
60.11 DR TOKHI					60.11
60.12 CT\PET					60.12
60.13 RADIATION ONCOLOGY					60.13
60.14 SPORTS MED-REHAB					60.14
60.15 MACON COUNT MEDICAL ASSOCIATE					60.15
60.16 DR BRITT					60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					60.17
60.18 DR BOCK					60.18
60.19 PEDIATRIC PROF SERVICES					60.19
60.20 DR ANDERSON					60.20
60.21 DR HABIB					60.21
60.22 DR HANNEKEN					60.22
60.23 DR MUNESSES					60.23
60.24 DR KOHLI					60.24
60.25 DR DUNCAN					60.25
60.26 MT ZION FAMILY PRACTICE					60.26
60.27 DR POWELL					60.27
60.28 CHEMOTHEROPY					60.28
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5551) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34510522			8264		37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY		1881697					37.02
38 RECOVERY ROOM		3166267			3843		38
39 DELIVERY ROOM & LABOR ROOM		2752290					39
40 ANESTHESIOLOGY		7731671					40
40.01 PAIN CENTER		5976614					40.01
41 RADIOLOGY-DIAGNOSTIC		54364043			82263		41
43 RADIOISOTOPE		6330867			3858		43
44 LABORATORY		43741038			246133		44
46 WHOLE BLOOD & PACKED RED BLOO		1483119			7146		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		6439143			126287		49
50 PHYSICAL THERAPY		13534448			977302		50
53 ELECTROCARDIOLOGY		22437559			15537		53
54 ELECTROENCEPHALOGRAPHY		3700553			608		54
55 MEDICAL SUPPLIES CHARGED TO P		1032130			108323		55
55.30 IMPL. DEV. CHARGED TO PATIENT		12081014					55.30
56 DRUGS CHARGED TO PATIENTS		35019529			742892		56
59 TREATMENT CENTER		286141					59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		420352					60
60.01 PRENATAL CLINIC		410278					60.01
60.02 OUTPATIENT PSYCHIATRIC		567337			672		60.02
60.03 WOUND CLINIC		798800					60.03
60.04 NEUROSURGERY		3856769					60.04
60.05 DR JATOI		519741					60.05
60.06 UROLOGY PHYSICIAN		2610834					60.06
60.07 DR. CHU		2500936					60.07
60.08 SPORTS MEDICINE CLINIC		391883					60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI		323708					60.11
60.12 CT/PET		815446					60.12
60.13 RADIATION ONCOLOGY		6202185					60.13
60.14 SPORTS MED-REHAB		29438					60.14
60.15 MACON COUNT MEDICAL ASSOCIATE		3198864					60.15
60.16 DR BRITT		1546354					60.16
60.17 ARTHUR FAMILY MEDICINE CENTER		167393					60.17
60.18 DR BOCK		630148					60.18
60.19 PEDIATRIC PROF SERVICES		205392					60.19
60.20 DR ANDERSON		821736					60.20
60.21 DR HABIB		872131					60.21
60.22 DR HANNEKEN		295868					60.22
60.23 DR MUNESSES		1108976					60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN		427690					60.25
60.26 MT ZION FAMILY PRACTICE		280341					60.26
60.27 DR POWELL		427690					60.27
60.28 CHEMOTHEROPY		22256					60.28
61 EMERGENCY		24612614					61
62 OBSERVATION BEDS (NON-DISTINC		2055320					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		312589125			2323128		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5551) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 STONE CENTER					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
40.01 PAIN CENTER					40.01
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 TREATMENT CENTER					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PRENATAL CLINIC					60.01
60.02 OUTPATIENT PSYCHIATRIC					60.02
60.03 WOUND CLINIC					60.03
60.04 NEUROSURGERY					60.04
60.05 DR JATOI					60.05
60.06 UROLOGY PHYSICIAN					60.06
60.07 DR. CHU					60.07
60.08 SPORTS MEDICINE CLINIC					60.08
60.09 DR. SHANKER					60.09
60.10 DR MIRMIRA					60.10
60.11 DR TOKHI					60.11
60.12 CT\PET					60.12
60.13 RADIATION ONCOLOGY					60.13
60.14 SPORTS MED-REHAB					60.14
60.15 MACON COUNT MEDICAL ASSOCIATE					60.15
60.16 DR BRITT					60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					60.17
60.18 DR BOCK					60.18
60.19 PEDIATRIC PROF SERVICES					60.19
60.20 DR ANDERSON					60.20
60.21 DR HABIB					60.21
60.22 DR HANNEKEN					60.22
60.23 DR MUNESSES					60.23
60.24 DR KOHLI					60.24
60.25 DR DUNCAN					60.25
60.26 MT ZION FAMILY PRACTICE					60.26
60.27 DR POWELL					60.27
60.28 CHEMOTHEROPY					60.28
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0166)	SUB I (PPS) (14-T166)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5551)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	30407	2876				3249	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30407	2876				3249	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30407	2876				3249	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11988	1714				2648	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0166)	SUB I (PPS) (14-T166)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5551)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19306855	2539194				1489028	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19306855	2539194				1489028	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18580983	2670193				880133	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18580983	2670193				880133	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.039065	.950940				1.691822	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	611.08	928.44				270.89	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19306855	2539194				1489028	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0166)	SUB I (PPS) (14-T166)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	634.95	882.89				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7611781	1513273				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7611781	1513273				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	2587375	2123	1218.74	1197	1458832	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0166)	SUB I (PPS) (14-T166)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	11968195	914776				48
49 TOTAL PROGRAM INPATIENT COSTS	21038808	2428049				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1157693	194522				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	536460	78372				51
52 TOTAL PROGRAM EXCLUDABLE COST	1694153	272894				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	19344655	2155155				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0166)	SUB I (PPS) (14-T166)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET REPORT UPDATED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
12/06/2010 14:47

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

	SNF (PPS) (14-5551)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	1489028	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	458.30	67
68 PROGRAM ROUTINE SERVICE COST	1213578	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1213578	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	184413	71
72 PER DIEM CAPITAL RELATED COSTS	56.76	72
73 PROGRAM CAPITAL RELATED COSTS	150300	73
74 INPATIENT ROUTINE SERVICE COST	1063278	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1063278	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1213578	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	567199	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	1780777	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0166)(14-T166)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2050	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	634.95	84
85 OBSERVATION BED COST	1301648	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	9687	19306855	.000502	1301648	653	86
87 NEW CAPITAL-RELATED COST	2644870	19306855	.136991	1301648	178314	87
88 NON PHYSICIAN ANESTHETIST		19306855		1301648		88
89 MEDICAL EDUCATION		19306855		1301648		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0166) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		7921802		25
26 INTENSIVE CARE UNIT		1489259		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.195705	6670495	1305449	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	.174626	254090	44371	37.02
38 RECOVERY ROOM	.296485	509402	151030	38
39 DELIVERY ROOM & LABOR ROOM	.848871	12519	10627	39
40 ANESTHESIOLOGY	.218550	1460893	319278	40
40.01 PAIN CENTER	.161071	23781	3830	40.01
41 RADIOLOGY-DIAGNOSTIC	.106905	8687822	928772	41
43 RADIOISOTOPE	.110030	259287	28529	43
44 LABORATORY	.159736	8293908	1324836	44
46 WHOLE BLOOD & PACKED RED BLOOD	.383243	666292	255352	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.250682	3622420	908075	49
50 PHYSICAL THERAPY	.271352	1702223	461902	50
53 ELECTROCARDIOLOGY	.122452	5107133	625379	53
54 ELECTROENCEPHALOGRAPHY	.194028	259096	50272	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.570891	373262	213092	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.644608	3608843	2326289	55.30
56 DRUGS CHARGED TO PATIENTS	.204695	12276934	2513027	56
59 TREATMENT CENTER	.896404			59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.726229			60
60.01 PRENATAL CLINIC	.349256	945	330	60.01
60.02 OUTPATIENT PSYCHIATRIC	.582301			60.02
60.03 WOUND CLINIC	.533403			60.03
60.04 NEUROSURGERY	.358549			60.04
60.05 DR JATOI	1.388846			60.05
60.06 UROLOGY PHYSICIAN	.394439			60.06
60.07 DR. CHU	.486211			60.07
60.08 SPORTS MEDICINE CLINIC	.901790			60.08
60.09 DR. SHANKER				60.09
60.10 DR MIRMIRA				60.10
60.11 DR TOKHI	1.960872			60.11
60.12 CT\PET	.455157	18874	8591	60.12
60.13 RADIATION ONCOLOGY	.166471			60.13
60.14 SPORTS MED-REHAB	20.630478			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	.882128			60.15
60.16 DR BRITT	.784135			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	1.606549			60.17
60.18 DR BOCK	.912527			60.18
60.19 PEDIATRIC PROF SERVICES	.628671			60.19
60.20 DR ANDERSON	.433738			60.20
60.21 DR HABIB	.975156			60.21
60.22 DR HANNEKEN	2.990682			60.22
60.23 DR MUNESSES	.347186			60.23
60.24 DR KOHLI				60.24
60.25 DR DUNCAN	1.113550			60.25
60.26 MT ZION FAMILY PRACTICE	2.182428			60.26
60.27 DR POWELL	.144182			60.27
60.28 CHEMOTHEROPY	.696396			60.28
61 EMERGENCY	.191527	2554019	489164	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.633307			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		56362238	11968195	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		56362238		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-T166)	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1618165		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.195705	46922	9183	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	.174626	1491	260	37.02
38 RECOVERY ROOM	.296485	4580	1358	38
39 DELIVERY ROOM & LABOR ROOM	.848871			39
40 ANESTHESIOLOGY	.218550	2608	570	40
40.01 PAIN CENTER	.161071	2056	331	40.01
41 RADIOLOGY-DIAGNOSTIC	.106905	197246	21087	41
43 RADIOISOTOPE	.110030	4590	505	43
44 LABORATORY	.159736	235063	37548	44
46 WHOLE BLOOD & PACKED RED BLOOD	.383243	5391	2066	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.250682	26401	6618	49
50 PHYSICAL THERAPY	.271352	2230777	605326	50
53 ELECTROCARDIOLOGY	.122452	13284	1627	53
54 ELECTROENCEPHALOGRAPHY	.194028	23184	4498	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.570891	122587	69984	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.644608			55.30
56 DRUGS CHARGED TO PATIENTS	.204695	739130	151296	56
59 TREATMENT CENTER	.896404			59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.726229			60
60.01 PRENATAL CLINIC	.349256			60.01
60.02 OUTPATIENT PSYCHIATRIC	.582301	4078	2375	60.02
60.03 WOUND CLINIC	.533403			60.03
60.04 NEUROSURGERY	.358549			60.04
60.05 DR JATOI	1.388846			60.05
60.06 UROLOGY PHYSICIAN	.394439			60.06
60.07 DR. CHU	.486211			60.07
60.08 SPORTS MEDICINE CLINIC	.901790			60.08
60.09 DR. SHANKER				60.09
60.10 DR MIRMIRA				60.10
60.11 DR TOKHI	1.960872			60.11
60.12 CT\PET	.455157			60.12
60.13 RADIATION ONCOLOGY	.166471			60.13
60.14 SPORTS MED-REHAB	20.630478			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	.882128			60.15
60.16 DR BRITT	.784135			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	1.606549			60.17
60.18 DR BOCK	.912527			60.18
60.19 PEDIATRIC PROF SERVICES	.628671			60.19
60.20 DR ANDERSON	.433738			60.20
60.21 DR HABIB	.975156			60.21
60.22 DR HANNEKEN	2.990682			60.22
60.23 DR MUNESSES	.347186			60.23
60.24 DR KOHLI				60.24
60.25 DR DUNCAN	1.113550			60.25
60.26 MT ZION FAMILY PRACTICE	2.182428			60.26
60.27 DR POWELL	.144182			60.27
60.28 CHEMOTHEROPY	.696396			60.28
61 EMERGENCY	.191527	752	144	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.633307			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3660140	914776	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3660140		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[XX] SNF (14-5551)	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.195705	8264	1617	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	.174626			37.02
38 RECOVERY ROOM	.296485	3843	1139	38
39 DELIVERY ROOM & LABOR ROOM	.848871			39
40 ANESTHESIOLOGY	.218550			40
40.01 PAIN CENTER	.161071			40.01
41 RADIOLOGY-DIAGNOSTIC	.106905	82263	8794	41
43 RADIOISOTOPE	.110030	3858	424	43
44 LABORATORY	.159736	246133	39316	44
46 WHOLE BLOOD & PACKED RED BLOOD	.383243	7146	2739	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.250682	126287	31658	49
50 PHYSICAL THERAPY	.271352	977302	265193	50
53 ELECTROCARDIOLOGY	.122452	15537	1903	53
54 ELECTROENCEPHALOGRAPHY	.194028	608	118	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.570891	108323	61841	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.644608			55.30
56 DRUGS CHARGED TO PATIENTS	.204695	742892	152066	56
59 TREATMENT CENTER	.896404			59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.726229			60
60.01 PRENATAL CLINIC	.349256			60.01
60.02 OUTPATIENT PSYCHIATRIC	.582301	672	391	60.02
60.03 WOUND CLINIC	.533403			60.03
60.04 NEUROSURGERY	.358549			60.04
60.05 DR JATOI	1.388846			60.05
60.06 UROLOGY PHYSICIAN	.394439			60.06
60.07 DR. CHU	.486211			60.07
60.08 SPORTS MEDICINE CLINIC	.901790			60.08
60.09 DR. SHANKER				60.09
60.10 DR MIRMIRA				60.10
60.11 DR TOKHI	1.960872			60.11
60.12 CT\PET	.455157			60.12
60.13 RADIATION ONCOLOGY	.166471			60.13
60.14 SPORTS MED-REHAB	20.630478			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	.882128			60.15
60.16 DR BRITT	.784135			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	1.606549			60.17
60.18 DR BOCK	.912527			60.18
60.19 PEDIATRIC PROF SERVICES	.628671			60.19
60.20 DR ANDERSON	.433738			60.20
60.21 DR HABIB	.975156			60.21
60.22 DR HANNEKEN	2.990682			60.22
60.23 DR MUNESSES	.347186			60.23
60.24 DR KOHLI				60.24
60.25 DR DUNCAN	1.113550			60.25
60.26 MT ZION FAMILY PRACTICE	2.182428			60.26
60.27 DR POWELL	.144182			60.27
60.28 CHEMOTHEROPY	.696396			60.28
61 EMERGENCY	.191527			61
62 OBSERVATION BEDS (NON-DISTINCT	.633307			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2323128	567199	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2323128		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0166)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	4368917					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4368917					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	8737834					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	55903					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	55903					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	111805					1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	256555					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	176.68					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	4.38					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	4.38	0.00	4.38			3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.40					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE	1.40					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.02					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	1.22					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	1.55	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0166)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.008773				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.011100				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.008773				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	21168				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	21168				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	42337				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	84673 0	84673			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0598				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3142				4.01
4.02	SUM OF 4 AND 4.01	0.3740				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2007				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3507367				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	21324263				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	21324263				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1592532				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	27112				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	22943907				16
17	PRIMARY PAYER PAYMENTS	46963				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22896944				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2104180				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	80377				20
21	REIMBURSABLE BAD DEBTS	615841				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	431089				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	383986				21.02
22	SUBTOTAL	21143476				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0166)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	21143476					26
27						27
28	21170405					28
28.01						28.01
29	-26929					29
30	381880					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0166) 1	HOSPITAL (14-0166) 1.01	HOSPITAL (14-0166) 1.02	
1 MEDICAL AND OTHER SERVICES	6289			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8216477			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8257612			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	6289			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	30722			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	30722			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	30722			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	24433			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	6289			17
17.01 TOTAL PPS PAYMENTS	8257612			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0166) 1	HOSPITAL (14-0166) 1.01	HOSPITAL (14-0166) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1951634		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	679		18.01
19 SUBTOTAL	6311588		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	9050		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6320638		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	6320638		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	202939		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	142057		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	55697		27.02
28 SUBTOTAL	6462695		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	6462695		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6626267		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-163572		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T166)	SUB I (14-T166)	SUB I (14-T166)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T166) 1	SUB I (14-T166) 1.01	SUB I (14-T166) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5551)	SNF (14-5551)	SNF (14-5551)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5551)	SNF (14-5551)	SNF (14-5551)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0166)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20934351		6542665	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	05/28/2010 236054	05/28/2010	83602	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	236054		83602	3.99
4 TOTAL INTERIM PAYMENTS		21170405		6626267	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T166)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1840395		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1840395		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T166)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		1726460			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0500			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		208196			1.04
1.05	OUTLIER PAYMENTS		159125			1.05
1.06	TOTAL PPS PAYMENTS		2093781			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	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 INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
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 INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		7.879452			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL		2093781			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		2093781			6
7	DEDUCTIBLES		17376			7
8	SUBTOTAL		2076405			8
9	COINSURANCE		27813			9
10	SUBTOTAL		2048592			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		10146			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		7102			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL		2055694			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T166)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2055694				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1840395				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	215299				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5551) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
COMPUTATION OF LESSER OF COST OR CHARGES			
10			10
11			11
12			12
13			13
14			14
15			15
16			16
CUSTOMARY CHARGES			
17			17
18			18
19			19
20			20
21			21
22			22
23			23
PROSPECTIVE PAYMENT AMOUNT			
24		815550	24
25			25
26			26
27			27
28			28
29			29
30		815550	30
31			31
32		815550	32
33			33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5551) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	815550	35
36 COINSURANCE	68097	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS		38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	747453	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 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)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 OTHER ADJUSTMENTS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	747453	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	747453	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	747453	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM		58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	6.19	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP 6.19	6.19	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	1.40	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	1.40	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08		3.09
3.10	SEE INSTRUCTIONS		3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS		3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)		3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)		3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		3.16
3.17	SEE INSTRUCTIONS	74962.35	3.17
3.18	SEE INSTRUCTIONS		3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		2.02	3.19
3.20	SEE INSTRUCTIONS		1.22	3.20
3.21	SEE INSTRUCTIONS		1.08	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		1.08	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		74962.35	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		80959	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		80959	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		14899	4
5	TOTAL INPATIENT DAYS		33356	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.446666	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 36162	0	36162	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		33356	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	24680435	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	46963	15
16	TOTAL PART A REASONABLE COST	24633472	16
PART B REASONABLE COST			
17	REASONABLE COST	8222766	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	8222766	19
20	TOTAL REASONABLE COST	32856238	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.749735	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.250265	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	36162	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	27112	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	9050	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	6.19 2
3	UNADJUSTED DIRECT GME FTE CAP	6.19 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	6.19 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	4.38 13
14	UNADJUSTED IME FTE CAP	4.38 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	4.38 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5721000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	19712000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1527000			6
7	INVENTORY	2867000			7
8	PREPAID EXPENSES	935000			8
9	OTHER CURRENT ASSETS	10504000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	38212000			11
FIXED ASSETS					
12	LAND	3295000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	5388000			13
13.01	ACCUMULATED DEPRECIATION	-2760000			13.01
14	BUILDINGS	47012000			14
14.01	ACCUMULATED DEPRECIATION	-26955000			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	28407000			16
16.01	ACCUMULATED DEPRECIATION	-20240000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	77016000			18
18.01	ACCUMULATED DEPRECIATION	-61479000			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	49684000			21
OTHER ASSETS					
22	INVESTMENTS	52586000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	8701000			25
26	TOTAL OTHER ASSETS	61287000			26
27	TOTAL ASSETS	149183000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	9050000			28
29	SALARIES, WAGES & FEES PAYABLE	5490000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	7550000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	4515000			35
36	TOTAL CURRENT LIABILITIES	26605000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	22184000			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	34691000			41
42	TOTAL LONG TERM LIABILITIES	56875000			42
43	TOTAL LIABILITIES	83480000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	65703000			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	65703000			51
52	TOTAL LIABILITIES AND FUND BALANCES	149183000			52

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
12/06/2010 14:47

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	82623000			1
2 NET INCOME (LOSS)	-5173949			2
3 TOTAL	77449051			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	2799000			5
6				6
7 NET ASSEST RELEASED FROM RESTRICTIO	405000			7
8 OTHER FUND BALANCE ADJUSTMENTS	76949			8
9				9
10 TOTAL ADDITIONS	3280949			10
11 SUBTOTAL	80730000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 PENSION FUNDED CHANGES	13434000			13
14				14
15				15
16 TRANSFER TO AFFILIATESS	1593000			16
17				17
18 TOTAL DEDUCTIONS	15027000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	65703000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	19270307		19270307	1
4 SUBPROVIDER I	2670193		2670193	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	880133		880133	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	22820633		22820633	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	2598754		2598754	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2598754		2598754	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	25419387		25419387	16
18.50 ANCILLARY SERVICES	126563362	200943269	327506631	17
18.60 OUTPATIENT SERVICES				18
19 RHC				18.50
20 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	151982749	200943269	352926018	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		121653260	26
27 ADD (SPECIFY)			27
28 PROVISION FOR UNCOLLECTIBLE ACCOUNT	16927495		28
29 ROUNDING			29
30 A-8 ADJUSTMENT TO CONFORM TO			30
31 AUDITOR'S F/S PRESENTATION			31
32			32
33 TOTAL ADDITIONS		16927495	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		138580755	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	352926018	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	226218708	2
3	NET PATIENT REVENUES	126707310	3
4	LESS - TOTAL OPERATING EXPENSES	138580755	4
5	NET INCOME FROM SERVICE TO PATIENTS	-11873445	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	2211925	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	592602	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	49848	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED FOR OPERATIONS		24
24.01	OUTSIDE SERVICES		24.01
24.02	GAIN ON SALE OF ASSETS		24.02
24.03	PATIENT ACCOUNTS	131285	24.03
24.04	DIETARY REVENUE	88136	24.04
24.05	RADIOLOGY REVENUE	70626	24.05
24.06	GIFT SHOP REVENUE	161710	24.06
24.07	PHYSICIAN PRACTICES	2377210	24.07
24.08	OTHER HOSPITAL SERVICES		24.08
24.09	SCHOOL HEALTH REVENUE	231786	24.09
24.10	SENIOR SERVICES	33579	24.10
24.11	EAP REVENUE	297167	24.11
24.12	LINEN REVENUE	52408	24.12
24.13	OTHER NON-OPERATING REVENUE	401214	24.13
25	TOTAL OTHER INCOME	6699496	25
26	TOTAL	-5173949	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-5173949	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0166)	HOSPITAL (14-0166)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	1425635				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	47287				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	84.86				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01	1.55	0.00	1.55		4.01
					NO. OF INTERNS & RESIDENTS
4.02			0.52		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03			7413		4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0598				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.3142				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.3740				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0787				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	112197				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1592532				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 STONE CENTER					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
40.01 PAIN CENTER					40.01
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
59 TREATMENT CENTER					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PRENATAL CLINIC					60.01
60.02 OUTPATIENT PSYCHIATRIC					60.02
60.03 WOUND CLINIC					60.03
60.04 NEUROSURGERY					60.04
60.05 DR JATOI					60.05
60.06 UROLOGY PHYSICIAN					60.06
60.07 DR. CHU					60.07
60.08 SPORTS MEDICINE CLINIC					60.08
60.09 DR. SHANKER					60.09
60.10 DR MIRMIRA					60.10
60.11 DR TOKHI					60.11
60.12 CT\PET					60.12
60.13 RADIATION ONCOLOGY					60.13
60.14 SPORTS MED-REHAB					60.14
60.15 MACON COUNT MEDICAL ASSOCIATES					60.15
60.16 DR BRITT					60.16
60.17 ARTHUR FAMILY MEDICINE CENTER					60.17
60.18 DR BOCK					60.18
60.19 PEDIATRIC PROF SERVICES					60.19

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
60.20 DR ANDERSON					60.20
60.21 DR HABIB					60.21
60.22 DR HANNEKEN					60.22
60.23 DR MUNESSES					60.23
60.24 DR KOHLI					60.24
60.25 DR DUNCAN					60.25
60.26 MT ZION FAMILY PRACTICE					60.26
60.27 DR POWELL					60.27
60.28 CHEMOTHEROPY					60.28
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
100 SENIOR SERVICES					100
100.01 ADULT DAY CARE					100.01
100.02 FORSYTH COMMONS					100.02
100.04 CANCER CARE					100.04
100.05 RESIDENTIAL PROPERTIES					100.05
100.07 BLUE MOUND					100.07
100.08 ARTHUR CLINIC					100.08
100.09 OCCUPATIONAL HEALTH					100.09
100.11 2981 NORTH MAIN					100.11
100.13 MEDICAL OFFICE BUILDING 1750					100.13
100.14 MEDICAL ARTS					100.14
100.15 MT. ZION CLINIC					100.15
100.16 CERRO GORDO					100.16
100.17 LIFELINE					100.17
100.18 COUNTY JAIL CONTRACT					100.18
100.19 ST. JOHN'S HOME HEALTH					100.19
100.23 ST. MARY'S SURGERY CENTER					100.23
100.24 FIELDS WRIGHT MEDICAL PRACTICE					100.24
100.25 3915 N COWGILL					100.25
100.28 LAUNDRY OUTSIDE SERVICES					100.28
100.35 MEDICAL MANAGEMENT SYSTEM					100.35
100.36 LAKE SHORE MEDICAL OFFICE BUIL					100.36
100.37 DAY CARE CENTER					100.37
100.38 SCHOOL HEALTH SERVICES					100.38
100.40 PRAIRIE CARDIOVASCULAR					100.40
100.41 G I SUITES					100.41
100.42 RESPIRATORY CARE NURSING HOME					100.42
100.43 OCCUPATIONAL HEALTH CLINIC					100.43
100.44 PHYSICIAN POOL					100.44
100.48 MRI BUILDING					100.48
100.49 FUND DEVELOPMENT					100.49
100.50 CENTRAL ILLINOIS LUNG					100.50
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	39.43		30.10				69.53 25
26 INTENSIVE CARE UNIT	56.38						56.38 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	19.33	9.23					28.56 37
37.02 ENDOSCOPY	13.50	27.86					41.36 37.02
38 RECOVERY ROOM	16.09	20.11					36.20 38
39 DELIVERY ROOM & LABOR ROOM	0.45	0.18					0.63 39
40 ANESTHESIOLOGY	18.89	13.17					32.06 40
40.01 PAIN CENTER	0.40	44.98					45.38 40.01
41 RADIOLOGY-DIAGNOSTIC	15.98	22.92					38.90 41
43 RADIOISOTOPE	4.10	6.95					11.05 43
44 LABORATORY	18.96	1.58					20.54 44
46 WHOLE BLOOD & PACKED RED BLOOD	44.93	3.29					48.22 46
49 RESPIRATORY THERAPY	56.26	4.20					60.46 49
50 PHYSICAL THERAPY	12.58	1.89					14.47 50
53 ELECTROCARDIOLOGY	22.76	28.79					51.55 53
54 ELECTROENCEPHALOGRAPHY	7.00	23.87					30.87 54
55 MEDICAL SUPPLIES CHARGED TO PAT	36.16	0.90					37.06 55
55.30 IMPL. DEV. CHARGED TO PATIENT	29.87	15.68					45.55 55.30
56 DRUGS CHARGED TO PATIENTS	35.06	10.08					45.14 56
60.01 PRENATAL CLINIC	0.23						0.23 60.01
60.02 OUTPATIENT PSYCHIATRIC		44.80					44.80 60.02
60.12 CT\PET	2.31	45.08					47.39 60.12
60.13 RADIATION ONCOLOGY		64.67					64.67 60.13
60.14 SPORTS MED-REHAB		0.04					0.04 60.14
60.28 CHEMOTHEROPY		34.70					34.70 60.28
61 EMERGENCY	10.38	16.75					27.13 61
62 OBSERVATION BEDS (NON-DISTINCT		24.26					24.26 62
101 TOTAL CHARGES	16.68	13.10					29.78 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	59.60						59.60 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.14						0.14 37
37.02 ENDOSCOPY	0.08						0.08 37.02
38 RECOVERY ROOM	0.14						0.14 38
40 ANESTHESIOLOGY	0.03						0.03 40
40.01 PAIN CENTER	0.03						0.03 40.01
41 RADIOLOGY-DIAGNOSTIC	0.36						0.36 41
43 RADIOISOTOPE	0.07						0.07 43
44 LABORATORY	0.54						0.54 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.36						0.36 46
49 RESPIRATORY THERAPY	0.41						0.41 49
50 PHYSICAL THERAPY	16.48						16.48 50
53 ELECTROCARDIOLOGY	0.06						0.06 53
54 ELECTROENCEPHALOGRAPHY	0.63						0.63 54
55 MEDICAL SUPPLIES CHARGED TO PAT	11.88						11.88 55
56 DRUGS CHARGED TO PATIENTS	2.11						2.11 56
60.02 OUTPATIENT PSYCHIATRIC	0.72						0.72 60.02
101 TOTAL CHARGES	1.08						1.08 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	81.50						81.50	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.02						0.02	37
38 RECOVERY ROOM	0.12						0.12	38
41 RADIOLOGY-DIAGNOSTIC	0.15						0.15	41
43 RADIOISOTOPE	0.06						0.06	43
44 LABORATORY	0.56						0.56	44
46 WHOLE BLOOD & PACKED RED BLOOD	0.48						0.48	46
49 RESPIRATORY THERAPY	1.96						1.96	49
50 PHYSICAL THERAPY	7.22						7.22	50
53 ELECTROCARDIOLOGY	0.07						0.07	53
54 ELECTROENCEPHALOGRAPHY	0.02						0.02	54
55 MEDICAL SUPPLIES CHARGED TO PAT	10.50						10.50	55
56 DRUGS CHARGED TO PATIENTS	2.12						2.12	56
60.02 OUTPATIENT PSYCHIATRIC	0.12						0.12	60.02
101 TOTAL CHARGES	0.69						0.69	101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	26466	.02	-26466	-.06			1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1931966	1.82	-1931966	-4.03			3
4	NEW CAP REL COSTS-MVBLE EQUIP	5286366	4.99	-5286366	-11.01			4
5	EMPLOYEE BENEFITS	9783043	9.24	-9783043	-20.38			5
6	ADMINISTRATIVE & GENERAL	20337816	19.20	-20337816	-42.37			6
7	MAINTENANCE & REPAIRS	93105	.09	-93105	-.19			7
8	OPERATION OF PLANT	3324575	3.14	-3324575	-6.93			8
9	LAUNDRY & LINEN SERVICE	375288	.35	-375288	-.78			9
10	HOUSEKEEPING	1148081	1.08	-1148081	-2.39			10
11	DIETARY	1045051	.99	-1045051	-2.18			11
12	CAFETERIA	654424	.62	-654424	-1.36			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	477240	.45	-477240	-.99			14
15	CENTRAL SERVICES & SUPPLY	231821	.22	-231821	-.48			15
16	PHARMACY	1552681	1.47	-1552681	-3.23			16
17	MEDICAL RECORDS & LIBRARY	1722528	1.63	-1722528	-3.59			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	8688	.01	-8688	-.02			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	7494744	7.08	11823145	24.63	19317889	18.24	25
26	INTENSIVE CARE UNIT	1289400	1.22	1297975	2.70	2587375	2.44	26
31	SUBPROVIDER I	1179159	1.11	1360035	2.83	2539194	2.40	31
33	NURSERY	395808	.37	501707	1.05	897515	.85	33
34	SKILLED NURSING FACILITY	575970	.54	913058	1.90	1489028	1.41	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	3856190	3.64	2897680	6.04	6753870	6.38	37
37.01	STONE CENTER							37.01
37.02	ENDOSCOPY	111942	.11	216652	.45	328594	.31	37.02
38	RECOVERY ROOM	495646	.47	443105	.92	938751	.89	38
39	DELIVERY ROOM & LABOR ROOM	1153264	1.09	1183076	2.46	2336340	2.21	39
40	ANESTHESIOLOGY	543383	.51	1146376	2.39	1689759	1.60	40
40.01	PAIN CENTER	474371	.45	488289	1.02	962660	.91	40.01
41	RADIOLOGY-DIAGNOSTIC	3052243	2.88	2759544	5.75	5811787	5.49	41
43	RADIOISOTOPE	386500	.36	310084	.65	696584	.66	43
44	LABORATORY	4191392	3.96	2795614	5.82	6987006	6.60	44
46	WHOLE BLOOD & PACKED RED BLOOD	423170	.40	145225	.30	568395	.54	46
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	977265	.92	636911	1.33	1614176	1.52	49
50	PHYSICAL THERAPY	1808699	1.71	1863897	3.88	3672596	3.47	50
53	ELECTROCARDIOLOGY	1398569	1.32	1348948	2.81	2747517	2.59	53
54	ELECTROENCEPHALOGRAPHY	366337	.35	351674	.73	718011	.68	54

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	127193	.12	462041	.96	589234	.56	55
55.30 IMPL. DEV. CHARGED TO PATIENT	6046638	5.71	1740880	3.63	7787518	7.35	55.30
56 DRUGS CHARGED TO PATIENTS	3352548	3.16	3815761	7.95	7168309	6.77	56
59 TREATMENT CENTER	118295	.11	138203	.29	256498	.24	59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	203777	.19	101495	.21	305272	.29	60
60.01 PRENATAL CLINIC	87394	.08	55898	.12	143292	.14	60.01
60.02 OUTPATIENT PSYCHIATRIC	90687	.09	239674	.50	330361	.31	60.02
60.03 WOUND CLINIC	300063	.28	126019	.26	426082	.40	60.03
60.04 NEUROSURGERY	1047299	.99	335543	.70	1382842	1.31	60.04
60.05 DR JATOI	534623	.50	187217	.39	721840	.68	60.05
60.06 UROLOGY PHYSICIAN	777595	.73	252220	.53	1029815	.97	60.06
60.07 DR. CHU	873492	.82	342491	.71	1215983	1.15	60.07
60.08 SPORTS MEDICINE CLINIC	262031	.25	91365	.19	353396	.33	60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI	438759	.41	195991	.41	634750	.60	60.11
60.12 CT\PET	279696	.26	91460	.19	371156	.35	60.12
60.13 RADIATION ONCOLOGY	680354	.64	352131	.73	1032485	.97	60.13
60.14 SPORTS MED-REHAB	381698	.36	225622	.47	607320	.57	60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	2073806	1.96	748001	1.56	2821807	2.66	60.15
60.16 DR BRITT	870343	.82	342207	.71	1212550	1.14	60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	195842	.18	73083	.15	268925	.25	60.17
60.18 DR BOCK	420445	.40	154582	.32	575027	.54	60.18
60.19 PEDIATRIC PROF SERVICES	92290	.09	36834	.08	129124	.12	60.19
60.20 DR ANDERSON	257002	.24	99416	.21	356418	.34	60.20
60.21 DR HABIB	607606	.57	242858	.51	850464	.80	60.21
60.22 DR HANNEKEN	651340	.61	233507	.49	884847	.84	60.22
60.23 DR MUNESSES	275406	.26	109615	.23	385021	.36	60.23
60.24 DR KOHLI							60.24
60.25 DR DUNCAN	371717	.35	104537	.22	476254	.45	60.25
60.26 MT ZION FAMILY PRACTICE	479771	.45	132053	.28	611824	.58	60.26
60.27 DR POWELL	36127	.03	25538	.05	61665	.06	60.27
60.28 CHEMOTHEROPY	10732	.01	4767	.01	15499	.01	60.28
61 EMERGENCY	2398165	2.26	2315811	4.82	4713976	4.45	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	161712	.15	97447	.20	259159	.24	96
100	SENIOR SERVICES	94993	.09	43884	.09	138877	.13	100
100.01	ADULT DAY CARE	199538	.19	105002	.22	304540	.29	100.01
100.02	FORSYTH COMMONS	14148	.01	4234	.01	18382	.02	100.02
100.04	CANCER CARE	113323	.11	38696	.08	152019	.14	100.04
100.05	RESIDENTIAL PROPERTIES	50		14		64		100.05
100.07	BLUE MOUND	16812	.02	5278	.01	22090	.02	100.07
100.08	ARTHUR CLINIC	52175	.05	14089	.03	66264	.06	100.08
100.09	OCCUPATIONAL HEALTH	30466	.03	10291	.02	40757	.04	100.09
100.11	2981 NORTH MAIN	136874	.13	38537	.08	175411	.17	100.11
100.13	MEDICAL OFFICE BUILDING 1750	303895	.29	92355	.19	396250	.37	100.13
100.14	MEDICAL ARTS	209840	.20	67574	.14	277414	.26	100.14
100.15	MT. ZION CLINIC	23196	.02	6925	.01	30121	.03	100.15
100.16	CERRO GORDO	12700	.01	3644	.01	16344	.02	100.16
100.17	LIFELINE	76652	.07	30302	.06	106954	.10	100.17
100.18	COUNTY JAIL CONTRACT	175232	.17	99144	.21	274376	.26	100.18
100.19	ST. JOHN'S HOME HEALTH	2568		252158	.53	254726	.24	100.19
100.23	ST. MARY'S SURGERY CENTER	492		166		658		100.23
100.24	FIELDS WRIGHT MEDICAL PRACTICE	115188	.11	67887	.14	183075	.17	100.24
100.25	3915 N COWGILL	302351	.29	81636	.17	383987	.36	100.25
100.28	LAUNDRY OUTSIDE SERVICES	31763	.03	14885	.03	46648	.04	100.28
100.35	MEDICAL MANAGEMENT SYSTEM	37759	.04	10195	.02	47954	.05	100.35
100.36	LAKE SHORE MEDICAL OFFICE BUILD	507291	.48	150981	.31	658272	.62	100.36
100.37	DAY CARE CENTER	10434	.01	2817	.01	13251	.01	100.37
100.38	SCHOOL HEALTH SERVICES	194265	.18	115113	.24	309378	.29	100.38
100.40	PRAIRIE CARDIOVASCULAR			265883	.55	265883	.25	100.40
100.41	G I SUITES	13183	.01	7750	.02	20933	.02	100.41
100.42	RESPIRATORY CARE NURSING HOME							100.42
100.43	OCCUPATIONAL HEALTH CLINIC							100.43
100.44	PHYSICIAN POOL	442102	.42	235862	.49	677964	.64	100.44
100.48	MRI BUILDING							100.48
100.49	FUND DEVELOPMENT	135990	.13	155671	.32	291661	.28	100.49
100.50	CENTRAL ILLINOIS LUNG			120904	.25	120904	.11	100.50
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	105930917	100.00	0	.00	105930917	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	494355	34510522	.014325	6670495	95555	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	77346	1881697	.041105	254090	10444	37.02
38 RECOVERY ROOM	61114	3166267	.019302	509402	9833	38
39 DELIVERY ROOM & LABOR ROOM	232733	2752290	.084560	12519	1059	39
40 ANESTHESIOLOGY	42174	7731671	.005455	1460893	7969	40
40.01 PAIN CENTER	91002	5976614	.015226	23781	362	40.01
41 RADIOLOGY-DIAGNOSTIC	429349	54364043	.007897	8687822	68608	41
43 RADIOISOTOPE	26761	6330867	.004227	259287	1096	43
44 LABORATORY	334609	43741038	.007650	8293908	63448	44
46 WHOLE BLOOD & PACKED RED BLOOD	12124	1483119	.008175	666292	5447	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	36589	6439143	.005682	3622420	20582	49
50 PHYSICAL THERAPY	340551	13534448	.025162	1702223	42832	50
53 ELECTROCARDIOLOGY	231069	22437559	.010298	5107133	52593	53
54 ELECTROENCEPHALOGRAPHY	66095	3700553	.017861	259096	4628	54
55 MEDICAL SUPPLIES CHARGED TO PAT	111428	1032130	.107959	373262	40297	55
55.30 IMPL. DEV. CHARGED TO PATIENT	65375	12081014	.005412	3608843	19531	55.30
56 DRUGS CHARGED TO PATIENTS	162262	35019529	.004634	12276934	56892	56
59 TREATMENT CENTER	32436	286141	.113356			59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3223	420352	.007667			60
60.01 PRENATAL CLINIC	1895	410278	.004618	945	4	60.01
60.02 OUTPATIENT PSYCHIATRIC	81212	567337	.143145			60.02
60.03 WOUND CLINIC	8172	798800	.010231			60.03
60.04 NEUROSURGERY	12812	3856769	.003322			60.04
60.05 DR JATOI	6145	519741	.011823			60.05
60.06 UROLOGY PHYSICIAN	10290	2610834	.003941			60.06
60.07 DR. CHU	11402	2500936	.004559			60.07
60.08 SPORTS MEDICINE CLINIC	3244	391883	.008278			60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI	5730	323708	.017701			60.11
60.12 CT/PET	4023	815446	.004933	18874	93	60.12
60.13 RADIATION ONCOLOGY	12519	6202185	.002019			60.13
60.14 SPORTS MED-REHAB	5845	29438	.198553			60.14
60.15 MACON COUNT MEDICAL ASSOCIATES	25024	3198864	.007823			60.15
60.16 DR BRITT	11382	1546354	.007360			60.16
60.17 ARTHUR FAMILY MEDICINE CENTER	2342	167393	.013991			60.17
60.18 DR BOCK	5147	630148	.008168			60.18
60.19 PEDIATRIC PROF SERVICES	1186	205392	.005775			60.19
60.20 DR ANDERSON	3533	821736	.004299			60.20
60.21 DR HABIB	7612	872131	.008728			60.21
60.22 DR HANNEKEN	7909	295868	.026731			60.22
60.23 DR MUNESSES	3777	1108976	.003406			60.23
60.24 DR KOHLI						60.24
60.25 DR DUNCAN	3908	427690	.009138			60.25
60.26 MT ZION FAMILY PRACTICE	4760	280341	.016979			60.26
60.27 DR POWELL	826	427690	.001931			60.27
60.28 CHEMOTHEROPY	167	22256	.007504			60.28
61 EMERGENCY	339088	24612614	.013777	2554019	35187	61
62 OBSERVATION BEDS (NON-DISTINCT	178967	2055320	.087075			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3609512	312589125		56362238	536460	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2654557		2654557	30407	87.30	11988	1046552 25
26	INTENSIVE CARE UNIT	197113		197113	2123	92.85	1197	111141 26
101	TOTAL	2851670		2851670			13185	1157693 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1157693	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							536460	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1694153	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2886	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13185	
PER DISCHARGE CAPITAL COSTS							587.02	
PER DIEM CAPITAL COSTS							128.49	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	19344655
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	65773299
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.294

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2428049
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	5250977
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.462

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	1694153
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.026

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8147209
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	44010917
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.185