

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 10. NPR DATE: _____
 - 1 - AS SUBMITTED
 7. CONTRACTOR NO: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 - 2 - SETTLED WITHOUT AUDIT
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 - 3 - SETTLED WITH AUDIT
 9. FINAL REPORT FOR THIS PROVIDER CCN
 - NUMBER OF TIMES REOPENED - 0-9.
 - 4 - REOPENED
 - 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY'S HOSPITAL (14-0166) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 AND ENDING 06/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1	HOSPITAL	59,831	35,804	-125,133	1
2	SUBPROVIDER - IPF	887			2
3	SUBPROVIDER - IRF	-101,032			3
4	SUBPROVIDER (OTHER)				4
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	-4,371			7
8	NURSING FACILITY				8
9	HOME HEALTH AGENCY				9
10	HEALTH CLINIC - RHC				10
11	HEALTH CLINIC - FQHC				11
12	OUTPATIENT REHABILITATION PROVIDER				12
200	TOTAL	-44,685	35,804	-125,133	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
 1 STREET: 1800 EAST LAKE SHORE DRIVE P.O. BOX: 1
 2 CITY: DECATUR STATE: IL ZIP CODE: 62521 COUNTY: MACON 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)		
				V	XVIII	XIX
14-0166	19500	1	07/01/1966	N	P	O 3
14-S166	19500	4	07/01/2011	N	P	N 4
14-T166	19500	5	07/01/2008	N	P	N 5
14-5551	19500		12/06/1985	N	P	N 9

20 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2012 TO: 06/30/2013 20
 21 TYPE OF CONTROL 1 21

INPATIENT PPS INFORMATION

IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID HMO PAID DAYS	OTHER MEDICAID DAYS	
						1
9,390	104			7	1,063	24
69	158					25
						26
						27
						35
						36
						37
						38
						39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

V	XVIII	XIX
1	2	3
N	Y	N
N	N	N

CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L,
PART III AND L-1, PARTS I THROUGH III.

47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	Y	Y		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				61.20
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N	71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N	76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX	
		1	2	
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	109
			PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	
MISCELLANEOUS COST REPORTING INFORMATION				
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.		N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.		N	118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

		1	2
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	148005 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 05101	141
142	STREET: STREET: 4936 LAVERNA ROAD P.O. BOX:		142
143	CITY: SPRINGFIELD STATE: IL	ZIP CODE: 62707	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		161
161.10 CORF				161.10

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
-----	--	---	-----

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyyy) (SEE INSTRUCTIONS)	07/12/2012 06/30/2013	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES				
			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1	2
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36			WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 36
37			IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
38	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: MICHAEL	LAST NAME: CADDICK	TITLE: VICE PRESIDENT	41
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC.			42
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

LINE NUMBER	DESCRIPTION	WKST A	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)
1		2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	42,170,857		42,170,857	1,770,070.00	23.82
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B		1,787,145		1,787,145	19,590.00	91.23
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	392,099		392,099	19,647.00	19.96
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		2,643,980		2,643,980	174,105.00	15.19
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		152,413		152,413	2,389.00	63.80
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		129,523		129,523	1,882.00	68.82
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		3,888,478		3,888,478	65,176.00	59.66
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		13,697,178		13,697,178		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,113,477		1,113,477		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		279,169		279,169		21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS DEPARTMENT		254,715		254,715	8,874.00	28.70
27	ADMINISTRATIVE & GENERAL		6,057,621		6,057,621	254,603.00	23.79
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		797,535		797,535	5,591.00	142.65
29	MAINTENANCE & REPAIRS		115,359		115,359	4,150.00	27.80
30	OPERATION OF PLANT		984,410		984,410	59,410.00	16.57
31	LAUNDRY & LINEN SERVICE		39,621		39,621	3,931.00	10.08
32	HOUSEKEEPING		921,686		921,686	82,435.00	11.18
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,090,690	-819,415	271,275	22,090.00	12.28
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			819,415	819,415	66,626.00	12.30
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		427,375		427,375	14,892.00	28.70
39	CENTRAL SERVICES AND SUPPLY		155,180		155,180	9,608.00	16.15
40	PHARMACY		1,475,261		1,475,261	41,465.00	35.58
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,131,518		1,131,518	56,618.00	19.99
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	41,181,247		41,181,247	1,756,071.00	23.45	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,036,079		3,036,079	193,752.00	15.67	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38,145,168		38,145,168	1,562,319.00	24.42	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	4,170,414		4,170,414	69,447.00	60.05	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	13,697,178		13,697,178		35.91	5
6	TOTAL (SUM OF LINES 3 THRU 5)	56,012,760		56,012,760	1,631,766.00	34.33	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	13,450,971		13,450,971	630,293.00	21.34	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3,346,663
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,525,597
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	80,893
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	1,002,474
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	2,947,418
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	104,931
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	79,863
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	15,087,839

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25
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PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/24/2013 20:25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N 1	DATE 2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
3	RUX			3
4	RUL			4
5	RVX			5
6	RVL			6
7	RHX			7
8	RHL			8
9	RMX	16		16
10	RML	101		101
11	RLX	11		11
12	RUC			12
13	RUB			13
14	RUA			14
15	RVC			15
16	RVB	14		14
17	RVA			17
18	RHC	69		69
19	RHB	43		43
20	RHA	136		136
21	RMC	258		258
22	RMB	508		508
23	RMA	600		600
24	RLB	107		107
25	RLA	70		70
26	ES3			26
27	ES2	31		31
28	ES1	62		62
29	HE2			29
30	HE1	8		8
31	HD2			31
32	HD1	14		14
33	HC2	22		22
34	HC1	61		61
35	HB2			35
36	HB1	385		385
37	LE2			37
38	LE1	2		2
39	LD2			39
40	LD1	16		16
41	LC2	3		3
42	LC1	20		20
43	LB2			43
44	LB1	55		55
45	CE2			45
46	CE1	19		19
47	CD2			47
48	CD1	16		16
49	CC2			49
50	CC1	48		48
51	CB2			51
52	CB1	141		141
53	CA2			53
54	CA1	193		193
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2	13		13
66	BB1	4		4
67	BA2			67
68	BA1	10		10

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP		SNF	SWING BED	TOTAL
1		DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2	14		14 73
74	PC1	20		20 74
75	PB2	18		18 75
76	PB1	8		8 76
77	PA2			77
78	PA1	21		21 78
199	AAA			199
200	TOTAL	3,137		3,137 200

SNF SERVICES		CBSA AT	CBSA ON/AFTER	
		BEGINNING	OCT 1 OF THE	
		OF COST	COST REPORTING	
		REPORTING	PERIOD (IF	
		PERIOD	APPLICABLE)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	02040	19500	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED
		1	2	WITH
				DIRECT
				PATIENT
				CARE AND
				RELATED
				EXPENSES?
				1
				2
				3
202	STAFFING	50		202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (TEMPORARY EMPLOYEES)	2		206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	1,081,980		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.228714	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				8,750,320	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				70,392,100	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				16,099,659	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				7,349,339	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				7,349,339	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	13,287,320	1,247,904	14,535,224		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,038,996	285,413	3,324,409		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	154,705	46,149	200,854		22
23	COST OF CHARITY CARE	2,884,291	239,264	3,123,555		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			12,745,291		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,123,838		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			11,621,453		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,657,989		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			5,781,544		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			13,130,883		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100				4,910,779	1
2	00200				4,645,696	2
3	00300					3
4	00400	254,715	16,678,151	16,932,866		4
5	00500	6,057,621	30,597,757	36,655,378	-9,235,553	5
6	00600	115,359	5,902	121,261		6
7	00700	984,410	2,242,256	3,226,666	-9,638	7
8	00800	39,621	564,332	603,953		8
9	00900	921,686	456,797	1,378,483	-398	9
10	01000	1,090,690	434,572	1,525,262	-1,145,991	10
11	01100				1,145,901	11
12	01200					12
13	01300	427,375	95,429	522,804		13
14	01400	155,180	144,240	299,420	-99,146	14
15	01500	1,475,261	4,496,056	5,971,317	-4,244,844	15
16	01600	1,131,518	1,152,332	2,283,850	-10,936	16
17	01700					17
19	01900					19
20	02000					20
21	02100		-6,400	-6,400		21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	7,017,342	907,083	7,924,425	-321,324	30
31	03100	1,280,994	257,891	1,538,885	-1,628	31
40	04000	833,341	278,455	1,111,796		40
41	04100	899,728	939,734	1,839,462		41
43	04300	227,165	232,646	459,811		43
44	04400	392,099	72,952	465,051	-2,178	44
ANCILLARY SERVICE COST CENTERS						
50	05000	1,203,676	4,598,765	5,802,441	-2,837,359	50
50.01	05001					50.01
50.02	05002	154,407	95,026	249,433		50.02
51	05100	376,708	32,758	409,466	-1,254	51
52	05200	1,045,005	132,824	1,177,829	-3,058	52
53	05300	2,024,149	1,411,197	3,435,346		53
53.01	05301	317,191	88,602	405,793	-3,788	53.01
54	05400	1,572,132	608,794	2,180,926	-45,313	54
56	05600	168,457	381,075	549,532		56
57	05700	342,725	405,712	748,437		57
58	05800	222,719	157,382	380,101		58
59	05900	1,190,760	6,394,869	7,585,629	-3,835,926	59
60	06000	2,104,127	2,677,503	4,781,630	-51,302	60
62	06200	59,520	397,865	457,385		62
62.30	06250					62.30
65	06500	790,731	161,542	952,273	-17,506	65
66	06600	2,123,806	93,212	2,217,018	-12,044	66
69	06900	780,688	1,046,631	1,827,319	-125,190	69
70	07000	274,917	92,868	367,785	-900	70
71	07100				99,146	71
72	07200				6,662,923	72
73	07300				4,243,535	73
74	07400					74
75	07500				308,716	75
76	03950	88,076	33,163	121,239	-2,239	76
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	103,703	154,588	258,291	-2,882	90
90.01	09001	58,388	163,600	221,988	-550	90.01
90.02	09002	79,694	2,736	82,430	-500	90.02
90.03	09003	231,676	135,037	366,713		90.03
90.04	09004					90.04
90.05	09005					90.05
90.06	09006					90.06
90.07	09007					90.07
90.08	09008					90.08
90.09	09009					90.09
90.10	09010					90.10
90.11	09011					90.11
90.12	09012	20,206	259,160	279,366		90.12
90.13	09013	298,495	336,497	634,992	-1,190	90.13
90.14	09014					90.14
90.15	09015					90.15
90.16	09016					90.16

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
90.17 09017 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 09018 DR BOCK					90.18
90.19 09019 PEDIATRIC PROF SERVICES					90.19
90.20 09020 DR ANDERSON					90.20
90.21 09021 DR HABIB					90.21
90.22 09022 DR HANNEKEN					90.22
90.23 09023 DR MUNESSES					90.23
90.24 09024 DR KOHLI					90.24
90.25 09025 DR DUNCAN					90.25
90.26 09026 MT ZION FAMILY PRACTICE					90.26
90.27 09027 DR POWELL					90.27
90.28 09028 CHEMOTHEROPY	17,057	2,142	19,199		90.28
91 09100 EMERGENCY	2,306,828	2,641,369	4,948,197	-4,059	91
92 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					92
94 09400 HOME PROGRAM DIALYSIS					94
99.10 09910 CORF					99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	41,259,946	82,055,102	123,315,048		118
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,052	165,740	242,792		190
192 19200 PHYSICIANS' PRIVATE OFFICES	2,688	7,393,277	7,395,965		192
194 07950 SENIOR SERVICES	54,186	107,189	161,375		194
194.01 07951 ADULT DAY CARE	139,739	82,024	221,763		194.01
194.02 07952 SPORTS MEDICINE REHAB	258,159	18,490	276,649		194.02
194.04 07953 CANCER CARE	399	43,581	43,980		194.04
194.05 07954 RESIDENTIAL PROPERTIES					194.05
194.07 07976 BLUE MOUND	359	4,471	4,830		194.07
194.08 07955 ARTHUR CLINIC		40,481	40,481		194.08
194.09 07974 OCCUPATIONAL HEALTH					194.09
194.11 07956 2981 NORTH MAIN	240	4,134	4,374		194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	3,419	199,666	203,085		194.13
194.14 07958 MEDICAL ARTS					194.14
194.15 07959 MT. ZION CLINIC	628	19,996	20,624		194.15
194.16 07960 CERRO GORDO	422	22,745	23,167		194.16
194.17 07961 LIFELINE					194.17
194.18 07980 COUNTY JAIL CONTRACT					194.18
194.19 07962 ST. JOHN'S HOME HEALTH					194.19
194.23 07963 ST. MARY'S SURGERY CENTER					194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	57,859	6,690	64,549		194.24
194.25 07965 3915 N COWGILL	368	323,336	323,704		194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES		19	19		194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM		138	138		194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILDING	3,669	389,574	393,243		194.36
194.37 07968 DAY CARE CENTER	334	5,794	6,128		194.37
194.38 07969 SCHOOL HEALTH SERVICES	162,073	4,745	166,818		194.38
194.40 07977 PRAIRIE CARDIOVASCULAR					194.40
194.41 07978 G I SUITES	160	638	798		194.41
194.42 07979 RESPIRATORY CARE NURSING HOME					194.42
194.43 07970 VACANT SPACE					194.43
194.44 07971 PHYSICIAN POOL	11,356	99,624	110,980		194.44
194.48 07972 MRI BUILDING	71	4,493	4,564		194.48
194.49 07973 FUND DEVELOPMENT	137,730	-120,898	16,832		194.49
194.50 07981 CENTRAL ILLINOIS LUNG					194.50
200 TOTAL (SUM OF LINES 118-199)	42,170,857	90,871,049	133,041,906		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	4,910,779	879	4,911,658	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,645,696		4,645,696	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	16,932,866	-5,173,813	11,759,053	4
5	00500	ADMINISTRATIVE & GENERAL	27,419,825	-4,647,992	22,771,833	5
6	00600	MAINTENANCE & REPAIRS	121,261	-3,241	118,020	6
7	00700	OPERATION OF PLANT	3,217,028		3,217,028	7
8	00800	LAUNDRY & LINEN SERVICE	603,953	-7,724	596,229	8
9	00900	HOUSEKEEPING	1,378,085	-73	1,378,012	9
10	01000	DIETARY	379,271	-14,554	364,717	10
11	01100	CAFETERIA	1,145,901	-7,634	1,138,267	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	522,804		522,804	13
14	01400	CENTRAL SERVICES & SUPPLY	200,274		200,274	14
15	01500	PHARMACY	1,726,473	-9,349	1,717,124	15
16	01600	MEDICAL RECORDS & LIBRARY	2,272,914	-8,755	2,264,159	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-6,400	6,400		21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	7,603,101	-226,657	7,376,444	30
31	03100	INTENSIVE CARE UNIT	1,537,257	-4,276	1,532,981	31
40	04000	SUBPROVIDER - IPF	1,111,796		1,111,796	40
41	04100	SUBPROVIDER - IRF	1,839,462		1,839,462	41
43	04300	NURSERY	459,811	-178,538	281,273	43
44	04400	SKILLED NURSING FACILITY	462,873	-1,555	461,318	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	2,965,082		2,965,082	50
50.01	05001	STONE CENTER				50.01
50.02	05002	ENDOSCOPY	249,433		249,433	50.02
51	05100	RECOVERY ROOM	408,212		408,212	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,174,771		1,174,771	52
53	05300	ANESTHESIOLOGY	3,435,346	-2,933,421	501,925	53
53.01	05301	PAIN CENTER	402,005		402,005	53.01
54	05400	RADIOLOGY-DIAGNOSTIC	2,135,613	-19,709	2,115,904	54
56	05600	RADIOISOTOPE	549,532		549,532	56
57	05700	CT SCAN	748,437		748,437	57
58	05800	MRI	380,101		380,101	58
59	05900	CARDIAC CATHETERIZATION	3,749,703	-1,298,571	2,451,132	59
60	06000	LABORATORY	4,730,328	-44,756	4,685,572	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	457,385		457,385	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	934,767	-12,882	921,885	65
66	06600	PHYSICAL THERAPY	2,204,974	-7,609	2,197,365	66
69	06900	ELECTROCARDIOLOGY	1,702,129	-389,464	1,312,665	69
70	07000	ELECTROENCEPHALOGRAPHY	366,885	-58,631	308,254	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,146		99,146	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	6,662,923		6,662,923	72
73	07300	DRUGS CHARGED TO PATIENTS	4,243,535		4,243,535	73
74	07400	RENAL DIALYSIS				74
75	07500	ASC (NON-DISTINCT PART)	308,716		308,716	75
76	03950	TREATMENT CENTER	119,000	-23,906	95,094	76
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	255,409	-100,539	154,870	90
90.01	09001	PRENATAL CLINIC	221,438	-157,424	64,014	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	81,930		81,930	90.02
90.03	09003	WOUND CLINIC	366,713	-1,711	365,002	90.03
90.04	09004	NEUROSURGERY				90.04
90.05	09005	DR JATOI				90.05
90.06	09006	UROLOGY PHYSICIAN				90.06
90.07	09007	DR. CHU				90.07
90.08	09008	SPORTS MEDICINE CLINIC				90.08
90.09	09009	DR. SHANKER				90.09
90.10	09010	DR MIRMIRA				90.10
90.11	09011	DR TOKHI				90.11
90.12	09012	CT\PET	279,366		279,366	90.12
90.13	09013	RADIATION ONCOLOGY	633,802		633,802	90.13
90.14	09014	SPORTS MED-REHAB				90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	09016	DR BRITT				90.16

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
	5	6	7	
90.17 09017 ARTHUR FAMILY MEDICINE CENTER				90.17
90.18 09018 DR BOCK				90.18
90.19 09019 PEDIATRIC PROF SERVICES				90.19
90.20 09020 DR ANDERSON				90.20
90.21 09021 DR HABIB				90.21
90.22 09022 DR HANNEKEN				90.22
90.23 09023 DR MUNESES				90.23
90.24 09024 DR KOHLI				90.24
90.25 09025 DR DUNCAN				90.25
90.26 09026 MT ZION FAMILY PRACTICE				90.26
90.27 09027 DR POWELL				90.27
90.28 09028 CHEMOTHEROPY	19,199		19,199	90.28
91 09100 EMERGENCY	4,944,138	-2,197,298	2,746,840	91
92 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				92
94 09400 HOME PROGRAM DIALYSIS				94
99.10 09910 CORF				99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	123,315,048	-17,522,803	105,792,245	118
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	242,792		242,792	190
192 19200 PHYSICIANS' PRIVATE OFFICES	7,395,965		7,395,965	192
194 07950 SENIOR SERVICES	161,375		161,375	194
194.01 07951 ADULT DAY CARE	221,763		221,763	194.01
194.02 07952 SPORTS MEDICINE REHAB	276,649		276,649	194.02
194.04 07953 CANCER CARE	43,980		43,980	194.04
194.05 07954 RESIDENTIAL PROPERTIES				194.05
194.07 07976 BLUE MOUND	4,830		4,830	194.07
194.08 07955 ARTHUR CLINIC	40,481		40,481	194.08
194.09 07974 OCCUPATIONAL HEALTH				194.09
194.11 07956 2981 NORTH MAIN	4,374		4,374	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	203,085		203,085	194.13
194.14 07958 MEDICAL ARTS				194.14
194.15 07959 MT. ZION CLINIC	20,624		20,624	194.15
194.16 07960 CERRO GORDO	23,167		23,167	194.16
194.17 07961 LIFELINE				194.17
194.18 07980 COUNTY JAIL CONTRACT				194.18
194.19 07962 ST. JOHN'S HOME HEALTH				194.19
194.23 07963 ST. MARY'S SURGERY CENTER				194.23
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	64,549		64,549	194.24
194.25 07965 3915 N COWGILL	323,704		323,704	194.25
194.28 07975 LAUNDRY OUTSIDE SERVICES	19		19	194.28
194.35 07966 MEDICAL MANAGEMENT SYSTEM	138		138	194.35
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILDING	393,243		393,243	194.36
194.37 07968 DAY CARE CENTER	6,128		6,128	194.37
194.38 07969 SCHOOL HEALTH SERVICES	166,818		166,818	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR				194.40
194.41 07978 G I SUITES	798		798	194.41
194.42 07979 RESPIRATORY CARE NURSING HOME				194.42
194.43 07970 VACANT SPACE				194.43
194.44 07971 PHYSICIAN POOL	110,980		110,980	194.44
194.48 07972 MRI BUILDING	4,564		4,564	194.48
194.49 07973 FUND DEVELOPMENT	16,832		16,832	194.49
194.50 07981 CENTRAL ILLINOIS LUNG				194.50
200 TOTAL (SUM OF LINES 118-199)	133,041,906	-17,522,803	115,519,103	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 OLD CAPITAL RECLASS	A	CAP REL COSTS-BLDG & FIXT	1			3,724,170 1
2		CAP REL COSTS-MVBLE EQUIP	2			4,236,990 2
500 TOTAL RECLASSIFICATIONS						7,961,160 500
CODE LETTER - A						
1 CAFETERIA RECLASS	B	CAFETERIA	11		819,415	326,486 1
500 TOTAL RECLASSIFICATIONS					819,415	326,486 500
CODE LETTER - B						
1 LEASE EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2			408,706 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
500 TOTAL RECLASSIFICATIONS						408,706 500
CODE LETTER - D						
1 RECLASS BOND ISSUANCE EXPENSE	E	CAP REL COSTS-BLDG & FIXT	1			17,371 1
500 TOTAL RECLASSIFICATIONS						17,371 500
CODE LETTER - E						
1 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73			4,243,535 1
500 TOTAL RECLASSIFICATIONS						4,243,535 500
CODE LETTER - F						
1 INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1			1,010,613 1
500 TOTAL RECLASSIFICATIONS						1,010,613 500
CODE LETTER - G						
1 MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO P	71			99,146 1
500 TOTAL RECLASSIFICATIONS						99,146 500
CODE LETTER - H						
1 IMPLANT SUPPLIES	I	IMPL. DEV. CHARGED TO PATIENT	72			6,662,923 1
2						2
500 TOTAL RECLASSIFICATIONS						6,662,923 500
CODE LETTER - I						
1 PROPERTY INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1			158,625 1
500 TOTAL RECLASSIFICATIONS						158,625 500
CODE LETTER - K						
1 SAME DAY CARE	L	ASC (NON-DISTINCT PART)	75		287,020	21,696 1
500 TOTAL RECLASSIFICATIONS					287,020	21,696 500
CODE LETTER - L						
GRAND TOTAL (INCREASES)					1,106,435	20,910,261

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 OLD CAPITAL RECLASS	A					9 1
2		ADMINISTRATIVE & GENERAL	5		7,961,160	9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					7,961,160	500
1 CAFETERIA RECLASS	B	DIETARY	10	819,415	326,486	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				819,415	326,486	500
1 LEASE EXPENSE	D	ADMINISTRATIVE & GENERAL	5		87,784	9 1
2		OPERATION OF PLANT	7		9,638	9 2
3		HOUSEKEEPING	9		398	3
4		DIETARY	10		90	9 4
5		PHARMACY	15		1,309	9 5
6		MEDICAL RECORDS & LIBRARY	16		10,936	9 6
7		ADULTS & PEDIATRICS	30		12,608	9 7
8		INTENSIVE CARE UNIT	31		1,628	9 8
9		SKILLED NURSING FACILITY	44		2,178	9 9
10		OPERATING ROOM	50		10,362	9 10
11		RECOVERY ROOM	51		1,254	9 11
12		DELIVERY ROOM & LABOR ROOM	52		3,058	9 12
13		PAIN CENTER	53.01		3,788	9 13
14		RADIOLOGY-DIAGNOSTIC	54		45,313	9 14
15		LABORATORY	60		51,302	9 15
16		RESPIRATORY THERAPY	65		17,506	9 16
17		PHYSICAL THERAPY	66		12,044	9 17
18		ELECTROCARDIOLOGY	69		125,190	9 18
19		ELECTROENCEPHALOGRAPHY	70		900	9 19
20		TREATMENT CENTER	76		2,239	9 20
21		CLINIC	90		2,882	9 21
22		PRENATAL CLINIC	90.01		550	9 22
23		OUTPATIENT PSYCHIATRIC	90.02		500	9 23
24		RADIATION ONCOLOGY	90.13		1,190	9 24
25		EMERGENCY	91		4,059	9 25
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					408,706	500
1 RECLASS BOND ISSUANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	5		17,371	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					17,371	500
1 CHARGEABLE DRUGS	F	PHARMACY	15		4,243,535	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					4,243,535	500
1 INTEREST EXPENSE	G	ADMINISTRATIVE & GENERAL	5		1,010,613	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					1,010,613	500
1 MEDICAL SUPPLIES	H	CENTRAL SERVICES & SUPPLY	14		99,146	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					99,146	500
1 IMPLANT SUPPLIES	I	OPERATING ROOM	50		2,826,997	1
2		CARDIAC CATHETERIZATION	59		3,835,926	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					6,662,923	500
1 PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	5		158,625	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					158,625	500
1 SAME DAY CARE	L	ADULTS & PEDIATRICS	30	287,020	21,696	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				287,020	21,696	500
GRAND TOTAL (DECREASES)				1,106,435	20,910,261	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	3,295,160					3,295,160		1
2 LAND IMPROVEMENTS	5,604,195	175,981		175,981		5,780,176		2
3 BUILDINGS AND FIXTURES	83,897,936	5,931,424		5,931,424		89,829,360		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	29,899,553	6,409,347		6,409,347		36,308,900		5
6 MOVABLE EQUIPMENT	75,150,060	5,065,680		5,065,680	13,837,726	66,378,014		6
7 HIT DESIGNATED ASSETS	10,165,525	1,664,724		1,664,724		11,830,249		7
8 SUBTOTAL (SUM OF LINES 1-7)	208,012,429	19,247,156		19,247,156	13,837,726	213,421,859		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	208,012,429	19,247,156		19,247,156	13,837,726	213,421,859		10

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS			RATIO (SEE INSTR.) 4	ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	(COL. 1 - COL. 2) 3		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,911,658						4,911,658 1
2 CAP REL COSTS-MVBLE EQUIP	4,645,696						4,645,696 2
3 TOTAL	9,557,354						9,557,354 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-252,560	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-1,843	ADMINISTRATIVE & GENERAL	5	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,984,280			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	2,125,819			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-7,634	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-114,771	CAP REL COSTS-BLDG & FIXT	1	9 15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,349	PHARMACY	15	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-8,755	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND OTHER REVENUE	B	-40	ADULTS & PEDIATRICS	30	32
33					33
34					34
35 WORKSHOP	B	-12,750	EMERGENCY	91	35
36					36
37 SERVICES	B	-6,771	CARDIAC CATHETERIZATION	59	37
38 OTHER REVENUE	B	-19,709	RADIOLOGY-DIAGNOSTIC	54	38
39					39
40					40
41 GME COSTS	A	6,400	I&R SERVICES-SALARY & FRINGES A	21	41
42 OTHER REVENUE	B	-100,539	CLINIC	90	42
43					43
44 MEDICAID TAX	A	-3,817,932	ADMINISTRATIVE & GENERAL	5	44
44.02 DIETARY	B	-14,554	DIETARY	10	44.02
44.03 LINEN OTHER REV	B	-7,724	LAUNDRY & LINEN SERVICE	8	44.03
44.04 PATIENT ACCTG REVENUE	B	-32,163	ADMINISTRATIVE & GENERAL	5	44.04
44.06 OTHER REVENUE	B	-26	EMPLOYEE BENEFITS DEPARTMENT	4	44.06
44.07 EDUCATION REVENUE	B	-1,133	ADMINISTRATIVE & GENERAL	5	44.07
45 LOSS ON REFINANCING	A	368,210	CAP REL COSTS-BLDG & FIXT	1	9 45
45.03 BIOMED SERVICES	B	-3,241	MAINTENANCE & REPAIRS	6	45.03
45.04 HOUSEKEEPING VENDING	B	-73	HOUSEKEEPING	9	45.04
45.06 ADVERTISING	A	-478,808	ADMINISTRATIVE & GENERAL	5	45.06
45.07 OTHER REVENUE	B	-680	RESPIRATORY THERAPY	65	45.07
45.08 PHYSICIAN RECRUITMENT	A	-571	ADMINISTRATIVE & GENERAL	5	45.08
45.09 CASE MANAGEMENT REVENUE	B	-3,672	ADMINISTRATIVE & GENERAL	5	45.09
45.11 LOBBYING COSTS	A	-40,528	ADMINISTRATIVE & GENERAL	5	45.11
45.14 SELF INSURED HEALTH PREMIUMS	A	-4,677,288	EMPLOYEE BENEFITS DEPARTMENT	4	45.14
45.21 CRNA SALARIES	A	-1,787,145	ANESTHESIOLOGY	53	45.21
45.22 CRNA BENEFITS	A	-277,184	EMPLOYEE BENEFITS DEPARTMENT	4	45.22
45.26 COMMUNITY PROMOTIONS	A	-181,920	ADMINISTRATIVE & GENERAL	5	45.26

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.27 TRANSPORTATION	A	-20,960	ADMINISTRATIVE & GENERAL	5	45.27
45.35 PURCHASED SERVICES HSHS MEDICAL GR	A	-1,931,975	ADMINISTRATIVE & GENERAL	5	45.35
45.36 SPONSORSHIP COSTS	A	-217,930	ADMINISTRATIVE & GENERAL	5	45.36
45.37 HSHS MEDICAL GROUP	A	-8,724	EMPLOYEE BENEFITS DEPARTMENT	4	45.37
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,522,803			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJ- USTMENTS (COL. 4-5) 6	WKST A-7 REF 7
1	5	ADMINISTRATIVE & GENERAL	8,872,464	6,536,054	2,336,410	1
2	4	EMPLOYEE BENEFITS DEPARTMENT HEALTH INSURANCE COSTS	9,620,293	9,830,884	-210,591	2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	18,492,757	16,366,938	2,125,819	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) 1	NAME 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS 6	
		PERCENT OF OWNERSHIP 3	NAME 4		
6	B ST. MARY'S HOSPITAL		HSHS	HEALTH CARE	6
7					7
8					8
9					9
10					10

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2		3	4	5	6	7	8	9	
1	43	NURSERY	178,538	178,538						1
2	90.01	PRENATAL CLINIC	157,424	157,424						2
3	60	LABORATORY	86,726	44,756	41,970	219,500	881	92,971	4,649	3
4	30	ADULTS & PEDIATRICS	226,617	226,617						4
5	76	TREATMENT CENTER	24,000		24,000	195,000	1	94	5	5
6	31	INTENSIVE CARE UNIT	16,500		16,500	154,100	165	12,224	611	6
7	91	EMERGENCY	2,184,548	2,184,548						7
8	69	ELECTROCARDIOLOGY	389,464	389,464						8
9	59	CARDIAC CATHETERIZATION	1,291,800	1,291,800						9
10	66	PHYSICAL THERAPY	29,316		29,316	154,100	293	21,707	1,085	10
11	53	ANESTHESIOLOGY	1,146,276	1,146,276						11
12	52	DELIVERY ROOM & LABOR RO	1,500		1,500	194,500	55	5,143	257	12
13	5	ADMINISTRATIVE & GENERAL	255,041	222,421	32,620	154,100	1	74	4	13
14	44	SKILLED NURSING FACILITY	6,000		6,000	154,100	60	4,445	222	14
15	70	ELECTROENCEPHALOGRAPHY	58,631	58,631						15
16	90.03	WOUND CLINIC	6,675		6,675	154,100	67	4,964	248	16
17	65	RESPIRATORY THERAPY	29,316		29,316	154,100	231	17,114	856	17
18	57	CT SCAN	5,746		5,746	231,100	57	6,333	317	18
200		TOTAL	6,094,118	5,900,475	193,643		1,811	165,069	8,254	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	43 NURSERY			NEONATOLOGY				178,538	1
2	90.01 PRENATAL CLINIC			CLINIC				157,424	2
3	60 LABORATORY			LABORATORY		92,971		44,756	3
4	30 ADULTS & PEDIATRICS			PSYCHOLOGY				226,617	4
5	76 TREATMENT CENTER			SMTC		94	23,906	23,906	5
6	31 INTENSIVE CARE UNIT			ICU		12,224	4,276	4,276	6
7	91 EMERGENCY			AGGREGATE				2,184,548	7
8	69 ELECTROCARDIOLOGY			PRAIRIE CARDIO				389,464	8
9	59 CARDIAC CATHETERIZATION			CATH LAB				1,291,800	9
10	66 PHYSICAL THERAPY			CARDIAC REHAB		21,707	7,609	7,609	10
11	53 ANESTHESIOLOGY			ANESTHESIOLOGY				1,146,276	11
12	52 DELIVERY ROOM & LABOR RO					5,143			12
13	5 ADMINISTRATIVE & GENERAL			AGGREGATE		74	32,546	254,967	13
14	44 SKILLED NURSING FACILITY			SNF		4,445	1,555	1,555	14
15	70 ELECTROENCEPHALOGRAPHY			EEG				58,631	15
16	90.03 WOUND CLINIC			MEDICAL DIRECT		4,964	1,711	1,711	16
17	65 RESPIRATORY THERAPY			MEDICAL DIRECTO		17,114	12,202	12,202	17
18	57 CT SCAN			CT SCAN		6,333			18
200	TOTAL					165,069	83,805	5,984,280	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,911,658	4,911,658				1
2 CAP REL COSTS-MVBLE EQUIP	4,645,696		4,645,696			2
4 EMPLOYEE BENEFITS DEPARTMENT	11,759,053	18,445	17,446	11,794,944		4
5 ADMINISTRATIVE & GENERAL	22,771,833	625,618	591,741	1,704,578	25,693,770	5
6 MAINTENANCE & REPAIRS	118,020	35,914	33,969	32,461	220,364	6
7 OPERATION OF PLANT	3,217,028	407,156	385,108	277,007	4,286,299	7
8 LAUNDRY & LINEN SERVICE	596,229	161,499	152,754	11,149	921,631	8
9 HOUSEKEEPING	1,378,012	58,184	55,033	259,357	1,750,586	9
10 DIETARY	364,717	164,673	155,756	76,335	761,481	10
11 CAFETERIA	1,138,267	39,159	37,039	230,578	1,445,043	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	522,804	18,140	17,158	120,261	678,363	13
14 CENTRAL SERVICES & SUPPLY	200,274	99,500	94,112	43,667	437,553	14
15 PHARMACY	1,717,124	38,844	36,740	415,130	2,207,838	15
16 MEDICAL RECORDS & LIBRARY	2,264,159	87,067	82,353	318,402	2,751,981	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,376,444	834,454	789,272	1,893,865	10,894,035	30
31 INTENSIVE CARE UNIT	1,532,981	60,382	57,112	360,464	2,010,939	31
40 SUBPROVIDER - IPF	1,111,796	70,983	67,139	234,497	1,484,415	40
41 SUBPROVIDER - IRF	1,839,462	116,948	110,615	253,178	2,320,203	41
43 NURSERY	281,273	23,410	22,142	63,923	390,748	43
44 SKILLED NURSING FACILITY	461,318	51,540	48,750	110,334	671,942	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,965,082	178,967	169,276	338,707	3,652,032	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	249,433	33,767	31,938	43,449	358,587	50.02
51 RECOVERY ROOM	408,212	23,054	21,805	106,003	559,074	51
52 DELIVERY ROOM & LABOR ROOM	1,174,771	96,244	91,033	294,058	1,656,106	52
53 ANESTHESIOLOGY	501,925	3,205	3,031	569,583	1,077,744	53
53.01 PAIN CENTER	402,005	35,680	33,748	89,256	560,689	53.01
54 RADIOLOGY-DIAGNOSTIC	2,115,904	146,167	138,252	442,389	2,842,712	54
56 RADIOISOTOPE	549,532	6,745	6,380	47,403	610,060	56
57 CT SCAN	748,437	5,677	5,370	96,441	855,925	57
58 MRI	380,101	8,983	8,497	62,672	460,253	58
59 CARDIAC CATHETERIZATION	2,451,132	50,737	47,989	335,073	2,884,931	59
60 LABORATORY	4,685,572	361,129	341,574	592,089	5,980,364	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	457,385	2,767	2,617	16,749	479,518	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	921,885	7,702	7,285	222,507	1,159,379	65
66 PHYSICAL THERAPY	2,197,365	139,808	132,238	597,626	3,067,037	66
69 ELECTROCARDIOLOGY	1,312,665	38,447	36,365	219,681	1,607,158	69
70 ELECTROENCEPHALOGRAPHY	308,254	26,798	25,347	77,360	437,759	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	99,146				99,146	71
72 IMPL. DEV. CHARGED TO PATIENTS	6,662,923				6,662,923	72
73 DRUGS CHARGED TO PATIENTS	4,243,535				4,243,535	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	308,716			80,766	389,482	75
76 TREATMENT CENTER	95,094	13,928	13,174	24,784	146,980	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	154,870			29,181	184,051	90
90.01 PRENATAL CLINIC	64,014			16,430	80,444	90.01
90.02 OUTPATIENT PSYCHIATRIC	81,930	36,402	34,431	22,425	175,188	90.02
90.03 WOUND CLINIC	365,002			65,192	430,194	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	279,366			5,686	285,052	90.12
90.13 RADIATION ONCOLOGY	633,802			83,995	717,797	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	19,199			4,800	23,999	90.28
91 EMERGENCY	2,746,840	381,904	361,224	649,128	4,139,096	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	105,792,245	4,510,027	4,265,813	11,538,619	104,754,406	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	242,792	5,341	5,052	21,682	274,867	190
192 PHYSICIANS' PRIVATE OFFICES	7,395,965			756	7,396,721	192
194 SENIOR SERVICES	161,375			15,248	176,623	194
194.01 ADULT DAY CARE	221,763			39,322	261,085	194.01
194.02 SPORTS MEDICINE REHAB	276,649			72,644	349,293	194.02
194.04 CANCER CARE	43,980			112	44,092	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	4,830			101	4,931	194.07
194.08 ARTHUR CLINIC	40,481				40,481	194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	4,374			68	4,442	194.11
194.13 MEDICAL OFFICE BUILDING 1750	203,085			962	204,047	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	20,624			177	20,801	194.15
194.16 CERRO GORDO	23,167			119	23,286	194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH		51,795	48,990		100,785	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	64,549			16,281	80,830	194.24
194.25 3915 N COWGILL	323,704			104	323,808	194.25
194.28 LAUNDRY OUTSIDE SERVICES	19				19	194.28
194.35 MEDICAL MANAGEMENT SYSTEM	138				138	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	393,243			1,032	394,275	194.36
194.37 DAY CARE CENTER	6,128			94	6,222	194.37
194.38 SCHOOL HEALTH SERVICES	166,818			45,606	212,424	194.38
194.40 PRAIRIE CARDIOVASCULAR		54,949	51,973		106,922	194.40
194.41 G I SUITES	798			45	843	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE		254,345	240,573		494,918	194.43
194.44 PHYSICIAN POOL	110,980			3,196	114,176	194.44
194.48 MRI BUILDING	4,564			20	4,584	194.48
194.49 FUND DEVELOPMENT	16,832	10,214	9,661	38,756	75,463	194.49
194.50 CENTRAL ILLINOIS LUNG		24,987	23,634		48,621	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	115,519,103	4,911,658	4,645,696	11,794,944	115,519,103	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	25,693,770					5
6 MAINTENANCE & REPAIRS	63,033	283,397				6
7 OPERATION OF PLANT	1,226,057	27,267	5,539,623			7
8 LAUNDRY & LINEN SERVICE	263,624	10,816	233,923	1,429,994		8
9 HOUSEKEEPING	500,739	3,897	84,276		2,339,498	9
10 DIETARY	217,815	11,028	238,520		106,871	10
11 CAFETERIA	413,342	2,622	56,720		25,414	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	194,040	1,215	26,275		11,773	13
14 CENTRAL SERVICES & SUPPLY	125,158	6,664	144,120		64,574	14
15 PHARMACY	631,532	2,601	56,263		25,209	15
16 MEDICAL RECORDS & LIBRARY	787,179	5,831	126,113		56,506	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,116,184	55,880	1,208,665	961,736	541,550	30
31 INTENSIVE CARE UNIT	575,211	4,044	87,459	83,420	39,187	31
40 SUBPROVIDER - IPF	424,604	4,754	102,815	133,891	46,067	40
41 SUBPROVIDER - IRF	663,673	7,832	169,393	146,402	75,898	41
43 NURSERY	111,770	1,568	33,908		15,193	43
44 SKILLED NURSING FACILITY	192,203	3,452	74,654	104,545	33,449	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,044,631	11,986	259,225		116,148	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	102,571	2,261	48,909		21,914	50.02
51 RECOVERY ROOM	159,918	1,544	33,392		14,962	51
52 DELIVERY ROOM & LABOR ROOM	473,714	6,446	139,405		62,461	52
53 ANESTHESIOLOGY	308,279	215	4,642		2,080	53
53.01 PAIN CENTER	160,380	2,389	51,680		23,156	53.01
54 RADIOLOGY-DIAGNOSTIC	813,132	9,789	211,715		94,861	54
56 RADIOISOTOPE	174,502	452	9,770		4,378	56
57 CT SCAN	244,830	380	8,223		3,684	57
58 MRI	131,651	602	13,012		5,830	58
59 CARDIAC CATHETERIZATION	825,209	3,398	73,489		32,928	59
60 LABORATORY	1,710,629	24,185	523,077		234,368	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	137,162	185	4,008		1,796	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	331,630	516	11,155		4,998	65
66 PHYSICAL THERAPY	877,298	9,363	202,505		90,734	66
69 ELECTROCARDIOLOGY	459,713	2,575	55,688		24,951	69
70 ELECTROENCEPHALOGRAPHY	125,217	1,795	38,815		17,391	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,360					71
72 IMPL. DEV. CHARGED TO PATIENTS	1,905,869					72
73 DRUGS CHARGED TO PATIENTS	1,213,825					73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	111,408					75
76 TREATMENT CENTER	42,042	933	20,174		9,039	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	52,646					90
90.01 PRENATAL CLINIC	23,010					90.01
90.02 OUTPATIENT PSYCHIATRIC	50,111	2,438	52,726		23,624	90.02
90.03 WOUND CLINIC	123,053					90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	81,537					90.12
90.13 RADIATION ONCOLOGY	205,319					90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	6,865					90.28
91 EMERGENCY	1,183,951	25,576	553,168		247,851	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	22,614,626	256,499	4,957,882	1,429,994	2,078,845	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,623	358	7,737		3,466	190
192 PHYSICIANS' PRIVATE OFFICES	2,115,765					192
194 SENIOR SERVICES	50,521					194
194.01 ADULT DAY CARE	74,681					194.01
194.02 SPORTS MEDICINE REHAB	99,912					194.02
194.04 CANCER CARE	12,612					194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	1,410					194.07
194.08 ARTHUR CLINIC	11,579					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	1,271					194.11
194.13 MEDICAL OFFICE BUILDING 1750	58,366					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	5,950					194.15
194.16 CERRO GORDO	6,661					194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	28,829	3,469	75,022		33,614	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	23,121					194.24
194.25 3915 N COWGILL	92,622					194.25
194.28 LAUNDRY OUTSIDE SERVICES	5					194.28
194.35 MEDICAL MANAGEMENT SYSTEM	39					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	112,779					194.36
194.37 DAY CARE CENTER	1,780					194.37
194.38 SCHOOL HEALTH SERVICES	60,762					194.38
194.40 PRAIRIE CARDIOVASCULAR	30,584	3,680	79,590		35,661	194.40
194.41 G I SUITES	241					194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE	141,567	17,034	368,405		165,067	194.43
194.44 PHYSICIAN POOL	32,659					194.44
194.48 MRI BUILDING	1,311					194.48
194.49 FUND DEVELOPMENT	21,586	684	14,795		6,629	194.49
194.50 CENTRAL ILLINOIS LUNG	13,908	1,673	36,192		16,216	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	25,693,770	283,397	5,539,623	1,429,994	2,339,498	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,335,715					10
11 CAFETERIA		1,943,141				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		25,391	937,057			13
14 CENTRAL SERVICES & SUPPLY		9,219		787,288		14
15 PHARMACY		87,647		4,310	3,015,400	15
16 MEDICAL RECORDS & LIBRARY		67,225				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	898,329	399,855	316,251	26,488		30
31 INTENSIVE CARE UNIT	77,920	76,105	60,191	12,784		31
40 SUBPROVIDER - IPF	125,064	49,510	39,157	735		40
41 SUBPROVIDER - IRF	136,750	53,454	42,276	4,046		41
43 NURSERY		13,496	10,674	1,871		43
44 SKILLED NURSING FACILITY	97,652	23,295	18,424	2,519		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		71,512	56,558	76,858		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		9,173	7,255	4,247		50.02
51 RECOVERY ROOM		22,381	17,701	1,437		51
52 DELIVERY ROOM & LABOR ROOM		62,085	49,103	5,066		52
53 ANESTHESIOLOGY		120,257	95,111	11,442		53
53.01 PAIN CENTER		18,845	14,904	3,305		53.01
54 RADIOLOGY-DIAGNOSTIC		93,402	73,871	4,827		54
56 RADIOISOTOPE		10,008		16,839		56
57 CT SCAN		20,362		6,206		57
58 MRI		13,232		1,860		58
59 CARDIAC CATHETERIZATION		70,744		66,717		59
60 LABORATORY		125,008		87,752		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		3,536		3,222		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		46,978		4,010		65
66 PHYSICAL THERAPY		126,177		1,429		66
69 ELECTROCARDIOLOGY		46,381		19,585		69
70 ELECTROENCEPHALOGRAPHY		16,333		767		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,706		71
72 IMPL. DEV. CHARGED TO PATIENTS				383,459		72
73 DRUGS CHARGED TO PATIENTS					3,015,400	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)		17,052				75
76 TREATMENT CENTER		5,233	4,139	140		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		6,161	4,873	278		90
90.01 PRENATAL CLINIC		3,469	2,744	169		90.01
90.02 OUTPATIENT PSYCHIATRIC		4,735	3,745	7		90.02
90.03 WOUND CLINIC		13,764	10,886	6,898		90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET		1,200		3,827		90.12
90.13 RADIATION ONCOLOGY		17,734		346		90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY		1,013	801	114		90.28
91 EMERGENCY		137,051	108,393	17,605		91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,335,715	1,889,023	937,057	786,871	3,015,400	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,578		1		190
192 PHYSICIANS' PRIVATE OFFICES		160				192
194 SENIOR SERVICES		3,219				194
194.01 ADULT DAY CARE		8,302		47		194.01
194.02 SPORTS MEDICINE REHAB		15,337		346		194.02
194.04 CANCER CARE		24		20		194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND		21				194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN		14				194.11
194.13 MEDICAL OFFICE BUILDING 1750		203		1		194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC		37				194.15
194.16 CERRO GORDO		25				194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH						194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		3,437				194.24
194.25 3915 N COWGILL		22				194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		218				194.36
194.37 DAY CARE CENTER		20				194.37
194.38 SCHOOL HEALTH SERVICES		9,629				194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES		10		2		194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE						194.43
194.44 PHYSICIAN POOL		675				194.44
194.48 MRI BUILDING		4				194.48
194.49 FUND DEVELOPMENT		8,183				194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,335,715	1,943,141	937,057	787,288	3,015,400	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	3,794,835				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	218,851	18,637,824		18,637,824	30
31 INTENSIVE CARE UNIT	35,068	3,062,328		3,062,328	31
40 SUBPROVIDER - IPF	25,398	2,436,410		2,436,410	40
41 SUBPROVIDER - IRF	43,914	3,663,841		3,663,841	41
43 NURSERY	8,120	587,348		587,348	43
44 SKILLED NURSING FACILITY	9,321	1,231,456		1,231,456	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	209,286	5,498,236		5,498,236	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	16,540	571,457		571,457	50.02
51 RECOVERY ROOM	32,848	843,257		843,257	51
52 DELIVERY ROOM & LABOR ROOM	31,107	2,485,493		2,485,493	52
53 ANESTHESIOLOGY	52,205	1,671,975		1,671,975	53
53.01 PAIN CENTER	40,638	875,986		875,986	53.01
54 RADIOLOGY-DIAGNOSTIC	183,180	4,327,489		4,327,489	54
56 RADIOISOTOPE	41,731	867,740		867,740	56
57 CT SCAN	350,949	1,490,559		1,490,559	57
58 MRI	115,915	742,355		742,355	58
59 CARDIAC CATHETERIZATION	303,029	4,260,445		4,260,445	59
60 LABORATORY	511,290	9,196,673		9,196,673	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	14,362	643,789		643,789	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	88,583	1,647,249		1,647,249	65
66 PHYSICAL THERAPY	183,700	4,558,243		4,558,243	66
69 ELECTROCARDIOLOGY	203,085	2,419,136		2,419,136	69
70 ELECTROENCEPHALOGRAPHY	40,048	678,125		678,125	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,159	139,371		139,371	71
72 IMPL. DEV. CHARGED TO PATIENTS	173,776	9,126,027		9,126,027	72
73 DRUGS CHARGED TO PATIENTS	398,812	8,871,572		8,871,572	73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)	13,360	531,302		531,302	75
76 TREATMENT CENTER	3,338	232,018		232,018	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	4,538	252,547		252,547	90
90.01 PRENATAL CLINIC	1,071	110,907		110,907	90.01
90.02 OUTPATIENT PSYCHIATRIC	5,348	317,922		317,922	90.02
90.03 WOUND CLINIC	10,615	595,410		595,410	90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	8,452	380,068		380,068	90.12
90.13 RADIATION ONCOLOGY	55,657	996,853		996,853	90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY	1,453	34,245		34,245	90.28
91 EMERGENCY	353,088	6,765,779		6,765,779	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	3,794,835	100,751,435		100,751,435	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		369,630		369,630	190
192 PHYSICIANS' PRIVATE OFFICES		9,512,646		9,512,646	192
194 SENIOR SERVICES		230,363		230,363	194
194.01 ADULT DAY CARE		344,115		344,115	194.01
194.02 SPORTS MEDICINE REHAB		464,888		464,888	194.02
194.04 CANCER CARE		56,748		56,748	194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND		6,362		6,362	194.07
194.08 ARTHUR CLINIC		52,060		52,060	194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN		5,727		5,727	194.11
194.13 MEDICAL OFFICE BUILDING 1750		262,617		262,617	194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC		26,788		26,788	194.15
194.16 CERRO GORDO		29,972		29,972	194.16
194.17 LIFELINE					194.17
194.18 COUNTY JAIL CONTRACT					194.18
194.19 ST. JOHN'S HOME HEALTH		241,719		241,719	194.19
194.23 ST. MARY'S SURGERY CENTER					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		107,388		107,388	194.24
194.25 3915 N COWGILL		416,452		416,452	194.25
194.28 LAUNDRY OUTSIDE SERVICES		24		24	194.28
194.35 MEDICAL MANAGEMENT SYSTEM		177		177	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		507,272		507,272	194.36
194.37 DAY CARE CENTER		8,022		8,022	194.37
194.38 SCHOOL HEALTH SERVICES		282,815		282,815	194.38
194.40 PRAIRIE CARDIOVASCULAR		256,437		256,437	194.40
194.41 G I SUITES		1,096		1,096	194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 VACANT SPACE		1,186,991		1,186,991	194.43
194.44 PHYSICIAN POOL		147,510		147,510	194.44
194.48 MRI BUILDING		5,899		5,899	194.48
194.49 FUND DEVELOPMENT		127,340		127,340	194.49
194.50 CENTRAL ILLINOIS LUNG		116,610		116,610	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,794,835	115,519,103		115,519,103	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		18,445	17,446	35,891	35,891	4
5 ADMINISTRATIVE & GENERAL	2,116,517	625,618	591,741	3,333,876	5,185	5
6 MAINTENANCE & REPAIRS		35,914	33,969	69,883	99	6
7 OPERATION OF PLANT		407,156	385,108	792,264	843	7
8 LAUNDRY & LINEN SERVICE		161,499	152,754	314,253	34	8
9 HOUSEKEEPING		58,184	55,033	113,217	789	9
10 DIETARY		164,673	155,756	320,429	232	10
11 CAFETERIA		39,159	37,039	76,198	701	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		18,140	17,158	35,298	366	13
14 CENTRAL SERVICES & SUPPLY		99,500	94,112	193,612	133	14
15 PHARMACY		38,844	36,740	75,584	1,263	15
16 MEDICAL RECORDS & LIBRARY		87,067	82,353	169,420	969	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		834,454	789,272	1,623,726	5,772	30
31 INTENSIVE CARE UNIT		60,382	57,112	117,494	1,097	31
40 SUBPROVIDER - IPF		70,983	67,139	138,122	713	40
41 SUBPROVIDER - IRF		116,948	110,615	227,563	770	41
43 NURSERY		23,410	22,142	45,552	194	43
44 SKILLED NURSING FACILITY		51,540	48,750	100,290	336	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		178,967	169,276	348,243	1,030	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		33,767	31,938	65,705	132	50.02
51 RECOVERY ROOM		23,054	21,805	44,859	322	51
52 DELIVERY ROOM & LABOR ROOM		96,244	91,033	187,277	895	52
53 ANESTHESIOLOGY		3,205	3,031	6,236	1,733	53
53.01 PAIN CENTER		35,680	33,748	69,428	272	53.01
54 RADIOLOGY-DIAGNOSTIC		146,167	138,252	284,419	1,346	54
56 RADIOISOTOPE		6,745	6,380	13,125	144	56
57 CT SCAN		5,677	5,370	11,047	293	57
58 MRI		8,983	8,497	17,480	191	58
59 CARDIAC CATHETERIZATION		50,737	47,989	98,726	1,019	59
60 LABORATORY		361,129	341,574	702,703	1,801	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,767	2,617	5,384	51	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		7,702	7,285	14,987	677	65
66 PHYSICAL THERAPY		139,808	132,238	272,046	1,818	66
69 ELECTROCARDIOLOGY		38,447	36,365	74,812	668	69
70 ELECTROENCEPHALOGRAPHY		26,798	25,347	52,145	235	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)					246	75
76 TREATMENT CENTER		13,928	13,174	27,102	75	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					89	90
90.01 PRENATAL CLINIC					50	90.01
90.02 OUTPATIENT PSYCHIATRIC		36,402	34,431	70,833	68	90.02
90.03 WOUND CLINIC					198	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET					17	90.12
90.13 RADIATION ONCOLOGY					256	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	DEPARTMENT	
	0	1	2		4	
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY					15	90.28
91 EMERGENCY		381,904	361,224	743,128	1,975	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,116,517	4,510,027	4,265,813	10,892,357	35,112	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,341	5,052	10,393	66	190
192 PHYSICIANS' PRIVATE OFFICES					2	192
194 SENIOR SERVICES					46	194
194.01 ADULT DAY CARE					120	194.01
194.02 SPORTS MEDICINE REHAB					221	194.02
194.04 CANCER CARE						194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND						194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN						194.11
194.13 MEDICAL OFFICE BUILDING 1750					3	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC					1	194.15
194.16 CERRO GORDO						194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH		51,795	48,990	100,785		194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE					50	194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING					3	194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES					139	194.38
194.40 PRAIRIE CARDIOVASCULAR		54,949	51,973	106,922		194.40
194.41 G I SUITES						194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE		254,345	240,573	494,918		194.43
194.44 PHYSICIAN POOL					10	194.44
194.48 MRI BUILDING						194.48
194.49 FUND DEVELOPMENT		10,214	9,661	19,875	118	194.49
194.50 CENTRAL ILLINOIS LUNG		24,987	23,634	48,621		194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,116,517	4,911,658	4,645,696	11,673,871	35,891	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	3,339,061					5
6 MAINTENANCE & REPAIRS	8,192	78,174				6
7 OPERATION OF PLANT	159,335	7,522	959,964			7
8 LAUNDRY & LINEN SERVICE	34,260	2,983	40,537	392,067		8
9 HOUSEKEEPING	65,075	1,075	14,604		194,760	9
10 DIETARY	28,307	3,042	41,333		8,897	10
11 CAFETERIA	53,717	723	9,829		2,116	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	25,217	335	4,553		980	13
14 CENTRAL SERVICES & SUPPLY	16,265	1,838	24,975		5,376	14
15 PHARMACY	82,072	718	9,750		2,099	15
16 MEDICAL RECORDS & LIBRARY	102,299	1,608	21,854		4,704	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	404,947	15,418	209,449	263,682	45,082	30
31 INTENSIVE CARE UNIT	74,753	1,115	15,156	22,872	3,262	31
40 SUBPROVIDER - IPF	55,180	1,311	17,817	36,709	3,835	40
41 SUBPROVIDER - IRF	86,249	2,160	29,354	40,140	6,318	41
43 NURSERY	14,525	432	5,876		1,265	43
44 SKILLED NURSING FACILITY	24,978	952	12,937	28,664	2,785	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	135,757	3,306	44,921		9,669	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	13,330	624	8,476		1,824	50.02
51 RECOVERY ROOM	20,782	426	5,787		1,246	51
52 DELIVERY ROOM & LABOR ROOM	61,562	1,778	24,157		5,200	52
53 ANESTHESIOLOGY	40,063	59	804		173	53
53.01 PAIN CENTER	20,842	659	8,956		1,928	53.01
54 RADIOLOGY-DIAGNOSTIC	105,672	2,700	36,688		7,897	54
56 RADIOISOTOPE	22,678	125	1,693		364	56
57 CT SCAN	31,817	105	1,425		307	57
58 MRI	17,109	166	2,255		485	58
59 CARDIAC CATHETERIZATION	107,242	937	12,735		2,741	59
60 LABORATORY	222,308	6,671	90,644		19,511	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	17,825	51	695		150	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	43,098	142	1,933		416	65
66 PHYSICAL THERAPY	114,011	2,583	35,092		7,553	66
69 ELECTROCARDIOLOGY	59,743	710	9,650		2,077	69
70 ELECTROENCEPHALOGRAPHY	16,273	495	6,726		1,448	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,686					71
72 IMPL. DEV. CHARGED TO PATIENTS	247,681					72
73 DRUGS CHARGED TO PATIENTS	157,745					73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	14,478					75
76 TREATMENT CENTER	5,464	257	3,496		752	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,842					90
90.01 PRENATAL CLINIC	2,990					90.01
90.02 OUTPATIENT PSYCHIATRIC	6,512	672	9,137		1,967	90.02
90.03 WOUND CLINIC	15,992					90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	10,596					90.12
90.13 RADIATION ONCOLOGY	26,683					90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	892					90.28
91 EMERGENCY	153,863	7,055	95,859		20,633	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,938,907	70,753	859,153	392,067	173,060	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,218	99	1,341		289	190
192 PHYSICIANS' PRIVATE OFFICES	274,958					192
194 SENIOR SERVICES	6,566					194
194.01 ADULT DAY CARE	9,705					194.01
194.02 SPORTS MEDICINE REHAB	12,984					194.02
194.04 CANCER CARE	1,639					194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	183					194.07
194.08 ARTHUR CLINIC	1,505					194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	165					194.11
194.13 MEDICAL OFFICE BUILDING 1750	7,585					194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	773					194.15
194.16 CERRO GORDO	866					194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	3,746	957	13,001		2,798	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	3,005					194.24
194.25 3915 N COWGILL	12,037					194.25
194.28 LAUNDRY OUTSIDE SERVICES	1					194.28
194.35 MEDICAL MANAGEMENT SYSTEM	5					194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	14,656					194.36
194.37 DAY CARE CENTER	231					194.37
194.38 SCHOOL HEALTH SERVICES	7,896					194.38
194.40 PRAIRIE CARDIOVASCULAR	3,975	1,015	13,792		2,969	194.40
194.41 G I SUITES	31					194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE	18,398	4,699	63,841		13,742	194.43
194.44 PHYSICIAN POOL	4,244					194.44
194.48 MRI BUILDING	170					194.48
194.49 FUND DEVELOPMENT	2,805	189	2,564		552	194.49
194.50 CENTRAL ILLINOIS LUNG	1,807	462	6,272		1,350	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,339,061	78,174	959,964	392,067	194,760	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	402,240					10
11 CAFETERIA		143,284				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,872	68,621			13
14 CENTRAL SERVICES & SUPPLY		680		242,879		14
15 PHARMACY		6,463		1,330	179,279	15
16 MEDICAL RECORDS & LIBRARY		4,957				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	270,525	29,482	23,158	8,172		30
31 INTENSIVE CARE UNIT	23,465	5,612	4,408	3,944		31
40 SUBPROVIDER - IPF	37,662	3,651	2,868	227		40
41 SUBPROVIDER - IRF	41,181	3,942	3,096	1,248		41
43 NURSERY		995	782	577		43
44 SKILLED NURSING FACILITY	29,407	1,718	1,349	777		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		5,273	4,142	23,711		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY		676	531	1,310		50.02
51 RECOVERY ROOM		1,650	1,296	443		51
52 DELIVERY ROOM & LABOR ROOM		4,578	3,596	1,563		52
53 ANESTHESIOLOGY		8,868	6,965	3,530		53
53.01 PAIN CENTER		1,390	1,091	1,020		53.01
54 RADIOLOGY-DIAGNOSTIC		6,888	5,410	1,489		54
56 RADIOISOTOPE		738		5,195		56
57 CT SCAN		1,501		1,915		57
58 MRI		976		574		58
59 CARDIAC CATHETERIZATION		5,217		20,582		59
60 LABORATORY		9,218		27,072		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		261		994		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		3,464		1,237		65
66 PHYSICAL THERAPY		9,304		441		66
69 ELECTROCARDIOLOGY		3,420		6,042		69
70 ELECTROENCEPHALOGRAPHY		1,204		236		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,760		71
72 IMPL. DEV. CHARGED TO PATIENTS				118,297		72
73 DRUGS CHARGED TO PATIENTS					179,279	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)		1,257				75
76 TREATMENT CENTER		386	303	43		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		454	357	86		90
90.01 PRENATAL CLINIC		256	201	52		90.01
90.02 OUTPATIENT PSYCHIATRIC		349	274	2		90.02
90.03 WOUND CLINIC		1,015	797	2,128		90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET		89		1,181		90.12
90.13 RADIATION ONCOLOGY		1,308		107		90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY		75	59	35		90.28
91 EMERGENCY		10,106	7,938	5,431		91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	402,240	139,293	68,621	242,751	179,279	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		338				190
192 PHYSICIANS' PRIVATE OFFICES		12				192
194 SENIOR SERVICES		237				194
194.01 ADULT DAY CARE		612		14		194.01
194.02 SPORTS MEDICINE REHAB		1,131		107		194.02
194.04 CANCER CARE		2		6		194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND		2				194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN		1				194.11
194.13 MEDICAL OFFICE BUILDING 1750		15				194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC		3				194.15
194.16 CERRO GORDO		2				194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH						194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		253				194.24
194.25 3915 N COWGILL		2				194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		16				194.36
194.37 DAY CARE CENTER		1				194.37
194.38 SCHOOL HEALTH SERVICES		710				194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES		1		1		194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE						194.43
194.44 PHYSICIAN POOL		50				194.44
194.48 MRI BUILDING						194.48
194.49 FUND DEVELOPMENT		603				194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	402,240	143,284	68,621	242,879	179,279	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	305,811				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	17,630	2,917,043		2,917,043	30
31 INTENSIVE CARE UNIT	2,825	276,003		276,003	31
40 SUBPROVIDER - IPF	2,046	300,141		300,141	40
41 SUBPROVIDER - IRF	3,538	445,559		445,559	41
43 NURSERY	654	70,852		70,852	43
44 SKILLED NURSING FACILITY	751	204,944		204,944	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	16,859	592,911		592,911	50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	1,332	93,940		93,940	50.02
51 RECOVERY ROOM	2,646	79,457		79,457	51
52 DELIVERY ROOM & LABOR ROOM	2,506	293,112		293,112	52
53 ANESTHESIOLOGY	4,205	72,636		72,636	53
53.01 PAIN CENTER	3,274	108,860		108,860	53.01
54 RADIOLOGY-DIAGNOSTIC	14,756	467,265		467,265	54
56 RADIOISOTOPE	3,362	47,424		47,424	56
57 CT SCAN	28,271	76,681		76,681	57
58 MRI	9,338	48,574		48,574	58
59 CARDIAC CATHETERIZATION	24,411	273,610		273,610	59
60 LABORATORY	41,299	1,121,227		1,121,227	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,157	26,568		26,568	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	7,136	73,090		73,090	65
66 PHYSICAL THERAPY	14,798	457,646		457,646	66
69 ELECTROCARDIOLOGY	16,360	173,482		173,482	69
70 ELECTROENCEPHALOGRAPHY	3,226	81,988		81,988	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	496	5,942		5,942	71
72 IMPL. DEV. CHARGED TO PATIENTS	13,999	379,977		379,977	72
73 DRUGS CHARGED TO PATIENTS	32,127	369,151		369,151	73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)	1,076	17,057		17,057	75
76 TREATMENT CENTER	269	38,147		38,147	76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	366	8,194		8,194	90
90.01 PRENATAL CLINIC	86	3,635		3,635	90.01
90.02 OUTPATIENT PSYCHIATRIC	431	90,245		90,245	90.02
90.03 WOUND CLINIC	855	20,985		20,985	90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	681	12,564		12,564	90.12
90.13 RADIATION ONCOLOGY	4,484	32,838		32,838	90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY	117	1,193		1,193	90.28
91 EMERGENCY	28,444	1,074,432		1,074,432	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	305,811	10,357,373		10,357,373	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,744		22,744	190
192 PHYSICIANS' PRIVATE OFFICES		274,972		274,972	192
194 SENIOR SERVICES		6,849		6,849	194
194.01 ADULT DAY CARE		10,451		10,451	194.01
194.02 SPORTS MEDICINE REHAB		14,443		14,443	194.02
194.04 CANCER CARE		1,647		1,647	194.04
194.05 RESIDENTIAL PROPERTIES					194.05
194.07 BLUE MOUND		185		185	194.07
194.08 ARTHUR CLINIC		1,505		1,505	194.08
194.09 OCCUPATIONAL HEALTH					194.09
194.11 2981 NORTH MAIN		166		166	194.11
194.13 MEDICAL OFFICE BUILDING 1750		7,603		7,603	194.13
194.14 MEDICAL ARTS					194.14
194.15 MT. ZION CLINIC		777		777	194.15
194.16 CERRO GORDO		868		868	194.16
194.17 LIFELINE					194.17
194.18 COUNTY JAIL CONTRACT					194.18
194.19 ST. JOHN'S HOME HEALTH		121,287		121,287	194.19
194.23 ST. MARY'S SURGERY CENTER					194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		3,308		3,308	194.24
194.25 3915 N COWGILL		12,039		12,039	194.25
194.28 LAUNDRY OUTSIDE SERVICES		1		1	194.28
194.35 MEDICAL MANAGEMENT SYSTEM		5		5	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		14,675		14,675	194.36
194.37 DAY CARE CENTER		232		232	194.37
194.38 SCHOOL HEALTH SERVICES		8,745		8,745	194.38
194.40 PRAIRIE CARDIOVASCULAR		128,673		128,673	194.40
194.41 G I SUITES		33		33	194.41
194.42 RESPIRATORY CARE NURSING HOME					194.42
194.43 VACANT SPACE		595,598		595,598	194.43
194.44 PHYSICIAN POOL		4,304		4,304	194.44
194.48 MRI BUILDING		170		170	194.48
194.49 FUND DEVELOPMENT		26,706		26,706	194.49
194.50 CENTRAL ILLINOIS LUNG		58,512		58,512	194.50
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	305,811	11,673,871		11,673,871	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	482,775					1
2 CAP REL COSTS-MVBLE EQUIP		482,775				2
4 EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	41,916,142			4
5 ADMINISTRATIVE & GENERAL	61,493	61,493	6,057,621	-25,693,770	89,825,333	5
6 MAINTENANCE & REPAIRS	3,530	3,530	115,359		220,364	6
7 OPERATION OF PLANT	40,020	40,020	984,410		4,286,299	7
8 LAUNDRY & LINEN SERVICE	15,874	15,874	39,621		921,631	8
9 HOUSEKEEPING	5,719	5,719	921,686		1,750,586	9
10 DIETARY	16,186	16,186	271,275		761,481	10
11 CAFETERIA	3,849	3,849	819,415		1,445,043	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,783	1,783	427,375		678,363	13
14 CENTRAL SERVICES & SUPPLY	9,780	9,780	155,180		437,553	14
15 PHARMACY	3,818	3,818	1,475,261		2,207,838	15
16 MEDICAL RECORDS & LIBRARY	8,558	8,558	1,131,518		2,751,981	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	82,020	82,020	6,730,322		10,894,035	30
31 INTENSIVE CARE UNIT	5,935	5,935	1,280,994		2,010,939	31
40 SUBPROVIDER - IPF	6,977	6,977	833,341		1,484,415	40
41 SUBPROVIDER - IRF	11,495	11,495	899,728		2,320,203	41
43 NURSERY	2,301	2,301	227,165		390,748	43
44 SKILLED NURSING FACILITY	5,066	5,066	392,099		671,942	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,591	17,591	1,203,676		3,652,032	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	3,319	3,319	154,407		358,587	50.02
51 RECOVERY ROOM	2,266	2,266	376,708		559,074	51
52 DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,045,005		1,656,106	52
53 ANESTHESIOLOGY	315	315	2,024,149		1,077,744	53
53.01 PAIN CENTER	3,507	3,507	317,191		560,689	53.01
54 RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,572,132		2,842,712	54
56 RADIOISOTOPE	663	663	168,457		610,060	56
57 CT SCAN	558	558	342,725		855,925	57
58 MRI	883	883	222,719		460,253	58
59 CARDIAC CATHETERIZATION	4,987	4,987	1,190,760		2,884,931	59
60 LABORATORY	35,496	35,496	2,104,127		5,980,364	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	272	272	59,520		479,518	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	757	757	790,731		1,159,379	65
66 PHYSICAL THERAPY	13,742	13,742	2,123,806		3,067,037	66
69 ELECTROCARDIOLOGY	3,779	3,779	780,688		1,607,158	69
70 ELECTROENCEPHALOGRAPHY	2,634	2,634	274,917		437,759	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					99,146	71
72 IMPL. DEV. CHARGED TO PATIENTS					6,662,923	72
73 DRUGS CHARGED TO PATIENTS					4,243,535	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)			287,020		389,482	75
76 TREATMENT CENTER	1,369	1,369	88,076		146,980	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			103,703		184,051	90
90.01 PRENATAL CLINIC			58,388		80,444	90.01
90.02 OUTPATIENT PSYCHIATRIC	3,578	3,578	79,694		175,188	90.02
90.03 WOUND CLINIC			231,676		430,194	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET			20,206		285,052	90.12
90.13 RADIATION ONCOLOGY			298,495		717,797	90.13
90.14 SPORTS MED-REHAB						90.14

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY			17,057		23,999	90.28
91 EMERGENCY	37,538	37,538	2,306,828		4,139,096	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	443,298	443,298	41,005,231	-25,693,770	79,060,636	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525	77,052		274,867	190
192 PHYSICIANS' PRIVATE OFFICES			2,688		7,396,721	192
194 SENIOR SERVICES			54,186		176,623	194
194.01 ADULT DAY CARE			139,739		261,085	194.01
194.02 SPORTS MEDICINE REHAB			258,159		349,293	194.02
194.04 CANCER CARE			399		44,092	194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND			359		4,931	194.07
194.08 ARTHUR CLINIC					40,481	194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN			240		4,442	194.11
194.13 MEDICAL OFFICE BUILDING 1750			3,419		204,047	194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC			628		20,801	194.15
194.16 CERRO GORDO			422		23,286	194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	5,091	5,091			100,785	194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE			57,859		80,830	194.24
194.25 3915 N COWGILL			368		323,808	194.25
194.28 LAUNDRY OUTSIDE SERVICES					19	194.28
194.35 MEDICAL MANAGEMENT SYSTEM					138	194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING			3,669		394,275	194.36
194.37 DAY CARE CENTER			334		6,222	194.37
194.38 SCHOOL HEALTH SERVICES			162,073		212,424	194.38
194.40 PRAIRIE CARDIOVASCULAR	5,401	5,401			106,922	194.40
194.41 G I SUITES			160		843	194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE	25,000	25,000			494,918	194.43
194.44 PHYSICIAN POOL			11,356		114,176	194.44
194.48 MRI BUILDING			71		4,584	194.48
194.49 FUND DEVELOPMENT	1,004	1,004	137,730		75,463	194.49
194.50 CENTRAL ILLINOIS LUNG	2,456	2,456			48,621	194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,911,658	4,645,696	11,794,944		25,693,770	202
203 UNIT COST MULT-WS B PT I	10.173804	9.622901	0.281394		0.286041	203
204 COST TO BE ALLOC PER B PT II			35,891		3,339,061	204
205 UNIT COST MULT-WS B PT II			0.000856		0.037173	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	415,939					6
7 OPERATION OF PLANT	40,020	375,919				7
8 LAUNDRY & LINEN SERVICE	15,874	15,874	43,661			8
9 HOUSEKEEPING	5,719	5,719		354,326		9
10 DIETARY	16,186	16,186		16,186	43,661	10
11 CAFETERIA	3,849	3,849		3,849		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,783	1,783		1,783		13
14 CENTRAL SERVICES & SUPPLY	9,780	9,780		9,780		14
15 PHARMACY	3,818	3,818		3,818		15
16 MEDICAL RECORDS & LIBRARY	8,558	8,558		8,558		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	82,020	82,020	29,364	82,020	29,364	30
31 INTENSIVE CARE UNIT	5,935	5,935	2,547	5,935	2,547	31
40 SUBPROVIDER - IPF	6,977	6,977	4,088	6,977	4,088	40
41 SUBPROVIDER - IRF	11,495	11,495	4,470	11,495	4,470	41
43 NURSERY	2,301	2,301		2,301		43
44 SKILLED NURSING FACILITY	5,066	5,066	3,192	5,066	3,192	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,591	17,591		17,591		50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	3,319	3,319		3,319		50.02
51 RECOVERY ROOM	2,266	2,266		2,266		51
52 DELIVERY ROOM & LABOR ROOM	9,460	9,460		9,460		52
53 ANESTHESIOLOGY	315	315		315		53
53.01 PAIN CENTER	3,507	3,507		3,507		53.01
54 RADIOLOGY-DIAGNOSTIC	14,367	14,367		14,367		54
56 RADIOISOTOPE	663	663		663		56
57 CT SCAN	558	558		558		57
58 MRI	883	883		883		58
59 CARDIAC CATHETERIZATION	4,987	4,987		4,987		59
60 LABORATORY	35,496	35,496		35,496		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	272	272		272		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	757	757		757		65
66 PHYSICAL THERAPY	13,742	13,742		13,742		66
69 ELECTROCARDIOLOGY	3,779	3,779		3,779		69
70 ELECTROENCEPHALOGRAPHY	2,634	2,634		2,634		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER	1,369	1,369		1,369		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC	3,578	3,578		3,578		90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	
	6	7	8	9	10	
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY	37,538	37,538		37,538		91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	376,462	336,442	43,661	314,849	43,661	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525		525		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 SENIOR SERVICES						194
194.01 ADULT DAY CARE						194.01
194.02 SPORTS MEDICINE REHAB						194.02
194.04 CANCER CARE						194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND						194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN						194.11
194.13 MEDICAL OFFICE BUILDING 1750						194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC						194.15
194.16 CERRO GORDO						194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH	5,091	5,091		5,091		194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE						194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING						194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES						194.38
194.40 PRAIRIE CARDIOVASCULAR	5,401	5,401		5,401		194.40
194.41 G I SUITES						194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE	25,000	25,000		25,000		194.43
194.44 PHYSICIAN POOL						194.44
194.48 MRI BUILDING						194.48
194.49 FUND DEVELOPMENT	1,004	1,004		1,004		194.49
194.50 CENTRAL ILLINOIS LUNG	2,456	2,456		2,456		194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	283,397	5,539,623	1,429,994	2,339,498	1,335,715	202
203 UNIT COST MULT-WS B PT I	0.681343	14.736214	32.752204	6.602671	30.592863	203
204 COST TO BE ALLOC PER B PT II	78,174	959,964	392,067	194,760	402,240	204
205 UNIT COST MULT-WS B PT II	0.187946	2.553646	8.979799	0.549663	9.212799	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	
	GROSS SALARIES 11	GROSS SALARIES 13	COSTED REQUIS. 14	COSTED REQUIS. 15	GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11	32,706,755					11
12						12
13	427,375	19,942,339				13
14	155,180		13,679,709			14
15	1,475,261		74,894	100,000		15
16	1,131,518				440,513,483	16
17						17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	6,730,322	6,730,322	460,249		25,403,468	30
31	1,280,994	1,280,994	222,122		4,070,546	31
40	833,341	833,341	12,768		2,948,135	40
41	899,728	899,728	70,305		5,097,433	41
43	227,165	227,165	32,505		942,490	43
44	392,099	392,099	43,771		1,081,980	44
ANCILLARY SERVICE COST CENTERS						
50	1,203,676	1,203,676	1,335,446		24,293,187	50
50.01						50.01
50.02	154,407	154,407	73,795		1,919,955	50.02
51	376,708	376,708	24,966		3,812,885	51
52	1,045,005	1,045,005	88,030		3,610,779	52
53	2,024,149	2,024,149	198,818		6,059,748	53
53.01	317,191	317,191	57,435		4,717,133	53.01
54	1,572,132	1,572,132	83,871		21,262,890	54
56	168,457		292,587		4,844,002	56
57	342,725		107,839		40,736,953	57
58	222,719		32,315		13,455,072	58
59	1,190,760		1,159,249		35,174,618	59
60	2,104,127		1,524,738		59,370,522	60
62	59,520		55,984		1,667,109	62
62.30						62.30
65	790,731		69,681		10,282,391	65
66	2,123,806		24,828		21,323,292	66
69	780,688		340,293		23,573,435	69
70	274,917		13,320		4,648,662	70
71			99,146		714,914	71
72			6,662,923		20,171,299	72
73				100,000	46,292,803	73
74						74
75	287,020				1,550,811	75
76	88,076	88,076	2,428		387,520	76
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90	103,703	103,703	4,830		526,729	90
90.01	58,388	58,388	2,942		124,349	90.01
90.02	79,694	79,694	130		620,782	90.02
90.03	231,676	231,676	119,851		1,232,112	90.03
90.04						90.04
90.05						90.05
90.06						90.06
90.07						90.07
90.08						90.08
90.09						90.09
90.10						90.10
90.11						90.11
90.12	20,206		66,504		981,045	90.12
90.13	298,495		6,016		6,460,480	90.13
90.14						90.14

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	GROSS	ADMINIS-	SERVICES &		RECORDS +	
	SALARIES	TRATION	SUPPLY		LIBRARY	
	11	GROSS	COSTED	COSTED	GROSS	
		SALARIES	REQUIS.	REQUIS.	REVENUE	
		13	14	15	16	
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	17,057	17,057	1,988		168,673	90.28
91 EMERGENCY	2,306,828	2,306,828	305,889		40,985,281	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	31,795,844	19,942,339	13,672,456	100,000	440,513,483	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,052		18			190
192 PHYSICIANS' PRIVATE OFFICES	2,688					192
194 SENIOR SERVICES	54,186					194
194.01 ADULT DAY CARE	139,739		812			194.01
194.02 SPORTS MEDICINE REHAB	258,159		6,020			194.02
194.04 CANCER CARE	399		348			194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND	359					194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN	240					194.11
194.13 MEDICAL OFFICE BUILDING 1750	3,419		24			194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC	628					194.15
194.16 CERRO GORDO	422					194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH						194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	57,859					194.24
194.25 3915 N COWGILL	368					194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING	3,669					194.36
194.37 DAY CARE CENTER	334					194.37
194.38 SCHOOL HEALTH SERVICES	162,073					194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES	160		31			194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE						194.43
194.44 PHYSICIAN POOL	11,356					194.44
194.48 MRI BUILDING	71					194.48
194.49 FUND DEVELOPMENT	137,730					194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,943,141	937,057	787,288	3,015,400	3,794,835	202
203 UNIT COST MULT-WS B PT I	0.059411	0.046988	0.057552	30.154000	0.008615	203
204 COST TO BE ALLOC PER B PT II	143,284	68,621	242,879	179,279	305,811	204
205 UNIT COST MULT-WS B PT II	0.004381	0.003441	0.017755	1.792790	0.000694	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
	21	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS DEPARTMENT		4
5 ADMINISTRATIVE & GENERAL		5
6 MAINTENANCE & REPAIRS		6
7 OPERATION OF PLANT		7
8 LAUNDRY & LINEN SERVICE		8
9 HOUSEKEEPING		9
10 DIETARY		10
11 CAFETERIA		11
12 MAINTENANCE OF PERSONNEL		12
13 NURSING ADMINISTRATION		13
14 CENTRAL SERVICES & SUPPLY		14
15 PHARMACY		15
16 MEDICAL RECORDS & LIBRARY		16
17 SOCIAL SERVICE		17
19 NONPHYSICIAN ANESTHETISTS		19
20 NURSING SCHOOL		20
21 I&R SERVICES-SALARY & FRINGES APPRVD	100	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	100	30
31 INTENSIVE CARE UNIT		31
40 SUBPROVIDER - IPF		40
41 SUBPROVIDER - IRF		41
43 NURSERY		43
44 SKILLED NURSING FACILITY		44
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM		50
50.01 STONE CENTER		50.01
50.02 ENDOSCOPY		50.02
51 RECOVERY ROOM		51
52 DELIVERY ROOM & LABOR ROOM		52
53 ANESTHESIOLOGY		53
53.01 PAIN CENTER		53.01
54 RADIOLOGY-DIAGNOSTIC		54
56 RADIOISOTOPE		56
57 CT SCAN		57
58 MRI		58
59 CARDIAC CATHETERIZATION		59
60 LABORATORY		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65 RESPIRATORY THERAPY		65
66 PHYSICAL THERAPY		66
69 ELECTROCARDIOLOGY		69
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENTS		72
73 DRUGS CHARGED TO PATIENTS		73
74 RENAL DIALYSIS		74
75 ASC (NON-DISTINCT PART)		75
76 TREATMENT CENTER		76
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC		90
90.01 PRENATAL CLINIC		90.01
90.02 OUTPATIENT PSYCHIATRIC		90.02
90.03 WOUND CLINIC		90.03
90.04 NEUROSURGERY		90.04
90.05 DR JATOI		90.05
90.06 UROLOGY PHYSICIAN		90.06
90.07 DR. CHU		90.07
90.08 SPORTS MEDICINE CLINIC		90.08
90.09 DR. SHANKER		90.09
90.10 DR MIRMIRA		90.10
90.11 DR TOKHI		90.11
90.12 CT\PET		90.12
90.13 RADIATION ONCOLOGY		90.13
90.14 SPORTS MED-REHAB		90.14

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
	21	
90.15 MACON COUNT MEDICAL ASSOCIATES		90.15
90.16 DR BRITT		90.16
90.17 ARTHUR FAMILY MEDICINE CENTER		90.17
90.18 DR BOCK		90.18
90.19 PEDIATRIC PROF SERVICES		90.19
90.20 DR ANDERSON		90.20
90.21 DR HABIB		90.21
90.22 DR HANNEKEN		90.22
90.23 DR MUNESSES		90.23
90.24 DR KOHLI		90.24
90.25 DR DUNCAN		90.25
90.26 MT ZION FAMILY PRACTICE		90.26
90.27 DR POWELL		90.27
90.28 CHEMOTHEROPY		90.28
91 EMERGENCY		91
92 OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS		
94 HOME PROGRAM DIALYSIS		94
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	100	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
192 PHYSICIANS' PRIVATE OFFICES		192
194 SENIOR SERVICES		194
194.01 ADULT DAY CARE		194.01
194.02 SPORTS MEDICINE REHAB		194.02
194.04 CANCER CARE		194.04
194.05 RESIDENTIAL PROPERTIES		194.05
194.07 BLUE MOUND		194.07
194.08 ARTHUR CLINIC		194.08
194.09 OCCUPATIONAL HEALTH		194.09
194.11 2981 NORTH MAIN		194.11
194.13 MEDICAL OFFICE BUILDING 1750		194.13
194.14 MEDICAL ARTS		194.14
194.15 MT. ZION CLINIC		194.15
194.16 CERRO GORDO		194.16
194.17 LIFELINE		194.17
194.18 COUNTY JAIL CONTRACT		194.18
194.19 ST. JOHN'S HOME HEALTH		194.19
194.23 ST. MARY'S SURGERY CENTER		194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		194.24
194.25 3915 N COWGILL		194.25
194.28 LAUNDRY OUTSIDE SERVICES		194.28
194.35 MEDICAL MANAGEMENT SYSTEM		194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		194.36
194.37 DAY CARE CENTER		194.37
194.38 SCHOOL HEALTH SERVICES		194.38
194.40 PRAIRIE CARDIOVASCULAR		194.40
194.41 G I SUITES		194.41
194.42 RESPIRATORY CARE NURSING HOME		194.42
194.43 VACANT SPACE		194.43
194.44 PHYSICIAN POOL		194.44
194.48 MRI BUILDING		194.48
194.49 FUND DEVELOPMENT		194.49
194.50 CENTRAL ILLINOIS LUNG		194.50
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I		202
203 UNIT COST MULT-WS B PT I		203
204 COST TO BE ALLOC PER B PT II		204
205 UNIT COST MULT-WS B PT II		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,637,824		18,637,824		18,637,824	30
31 INTENSIVE CARE UNIT	3,062,328		3,062,328	4,276	3,066,604	31
40 SUBPROVIDER - IPF	2,436,410		2,436,410		2,436,410	40
41 SUBPROVIDER - IRF	3,663,841		3,663,841		3,663,841	41
43 NURSERY	587,348		587,348		587,348	43
44 SKILLED NURSING FACILITY	1,231,456		1,231,456	1,555	1,233,011	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,498,236		5,498,236		5,498,236	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	571,457		571,457		571,457	50.02
51 RECOVERY ROOM	843,257		843,257		843,257	51
52 DELIVERY ROOM & LABOR ROOM	2,485,493		2,485,493		2,485,493	52
53 ANESTHESIOLOGY	1,671,975		1,671,975		1,671,975	53
53.01 PAIN CENTER	875,986		875,986		875,986	53.01
54 RADIOLOGY-DIAGNOSTIC	4,327,489		4,327,489		4,327,489	54
56 RADIOISOTOPE	867,740		867,740		867,740	56
57 CT SCAN	1,490,559		1,490,559		1,490,559	57
58 MRI	742,355		742,355		742,355	58
59 CARDIAC CATHETERIZATION	4,260,445		4,260,445		4,260,445	59
60 LABORATORY	9,196,673		9,196,673		9,196,673	60
62 WHOLE BLOOD & PACKED RED BL	643,789		643,789		643,789	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,647,249		1,647,249	12,202	1,659,451	65
66 PHYSICAL THERAPY	4,558,243		4,558,243	7,609	4,565,852	66
69 ELECTROCARDIOLOGY	2,419,136		2,419,136		2,419,136	69
70 ELECTROENCEPHALOGRAPHY	678,125		678,125		678,125	70
71 MEDICAL SUPPLIES CHARGED TO	139,371		139,371		139,371	71
72 IMPL. DEV. CHARGED TO PATIE	9,126,027		9,126,027		9,126,027	72
73 DRUGS CHARGED TO PATIENTS	8,871,572		8,871,572		8,871,572	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	531,302		531,302		531,302	75
76 TREATMENT CENTER	232,018		232,018	23,906	255,924	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	252,547		252,547		252,547	90
90.01 PRENATAL CLINIC	110,907		110,907		110,907	90.01
90.02 OUTPATIENT PSYCHIATRIC	317,922		317,922		317,922	90.02
90.03 WOUND CLINIC	595,410		595,410	1,711	597,121	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	380,068		380,068		380,068	90.12
90.13 RADIATION ONCOLOGY	996,853		996,853		996,853	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIA						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENT						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	34,245		34,245		34,245	90.28
91 EMERGENCY	6,765,779		6,765,779		6,765,779	91
92 OBSERVATION BEDS (NON-DISTI	1,148,652		1,148,652		1,148,652	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	101,900,087		101,900,087	51,259	101,951,346	200

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

COST CENTER DESCRIPTION		TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
201	LESS OBSERVATION BEDS	1,148,652		1,148,652		1,148,652	201
202	TOTAL (SEE INSTRUCTIONS)	100,751,435		100,751,435		100,802,694	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8				
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	23,436,801		23,436,801				30
31 INTENSIVE CARE UNIT	4,070,546		4,070,546				31
40 SUBPROVIDER - IPF	2,948,135		2,948,135				40
41 SUBPROVIDER - IRF	5,097,433		5,097,433				41
43 NURSERY	942,490		942,490				43
44 SKILLED NURSING FACILITY	1,081,980		1,081,980				44
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,123,965	12,169,222	24,293,187	0.226328	0.226328	0.226328	50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	322,010	1,597,945	1,919,955	0.297641	0.297641	0.297641	50.02
51 RECOVERY ROOM	1,205,390	2,607,495	3,812,885	0.221160	0.221160	0.221160	51
52 DELIVERY ROOM & LABOR ROOM	2,867,722	743,057	3,610,779	0.688354	0.688354	0.688354	52
53 ANESTHESIOLOGY	3,685,681	2,374,067	6,059,748	0.275915	0.275915	0.275915	53
53.01 PAIN CENTER	52,669	4,664,464	4,717,133	0.185703	0.185703	0.185703	53.01
54 RADIOLOGY-DIAGNOSTIC	5,770,409	15,492,481	21,262,890	0.203523	0.203523	0.203523	54
56 RADIOISOTOPE	584,074	4,259,928	4,844,002	0.179137	0.179137	0.179137	56
57 CT SCAN	13,191,490	27,545,463	40,736,953	0.036590	0.036590	0.036590	57
58 MRI	2,680,334	10,774,738	13,455,072	0.055173	0.055173	0.055173	58
59 CARDIAC CATHETERIZATION	16,751,679	18,422,939	35,174,618	0.121123	0.121123	0.121123	59
60 LABORATORY	28,230,836	31,139,686	59,370,522	0.154903	0.154903	0.154903	60
62 WHOLE BLOOD & PACKED RED BL	1,221,061	446,048	1,667,109	0.386171	0.386171	0.386171	62
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
65 RESPIRATORY THERAPY	8,822,914	1,459,477	10,282,391	0.160201	0.160201	0.161388	65
66 PHYSICAL THERAPY	13,243,836	8,079,456	21,323,292	0.213768	0.213768	0.214125	66
69 ELECTROCARDIOLOGY	6,628,598	16,944,837	23,573,435	0.102621	0.102621	0.102621	69
70 ELECTROENCEPHALOGRAPHY	367,722	4,280,940	4,648,662	0.145875	0.145875	0.145875	70
71 MEDICAL SUPPLIES CHARGED TO	683,318	31,596	714,914	0.194948	0.194948	0.194948	71
72 IMPL. DEV. CHARGED TO PATIE	12,496,973	7,674,326	20,171,299	0.452426	0.452426	0.452426	72
73 DRUGS CHARGED TO PATIENTS	31,601,135	14,691,668	46,292,803	0.191640	0.191640	0.191640	73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)	24,018	1,526,793	1,550,811	0.342596	0.342596	0.342596	75
76 TREATMENT CENTER	102,077	285,443	387,520	0.598725	0.598725	0.660415	76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	439	526,290	526,729	0.479463	0.479463	0.479463	90
90.01 PRENATAL CLINIC	416	123,933	124,349	0.891901	0.891901	0.891901	90.01
90.02 OUTPATIENT PSYCHIATRIC	13,473	607,309	620,782	0.512131	0.512131	0.512131	90.02
90.03 WOUND CLINIC	331,432	900,680	1,232,112	0.483243	0.483243	0.484632	90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT\PET	27,608	953,437	981,045	0.387411	0.387411	0.387411	90.12
90.13 RADIATION ONCOLOGY	14,304	6,446,176	6,460,480	0.154300	0.154300	0.154300	90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIA							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENT							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	368	168,305	168,673	0.203026	0.203026	0.203026	90.28
91 EMERGENCY	10,641,410	30,343,871	40,985,281	0.165078	0.165078	0.165078	91
92 OBSERVATION BEDS (NON-DISTI	146,524	1,820,143	1,966,667	0.584060	0.584060	0.584060	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THE							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	211,411,270	229,102,213	440,513,483				200

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	211,411,270	229,102,213	440,513,483			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		CAP COST (COL.5 x COL.6)		
	1	2	3	4	5	6	7		
30 INPAT ROUTINE SERV COST CTRS									
31 ADULTS & PEDIATRICS	2,917,043		2,917,043	31,121	93.73	12,880	1,207,242	30	
32 INTENSIVE CARE UNIT	276,003		276,003	2,547	108.36	1,635	177,169	31	
33 CORONARY CARE UNIT								32	
34 BURN INTENSIVE CARE UNIT								33	
35 SURGICAL INTENSIVE CARE UNIT								34	
40 OTHER SPECIAL CARE (SPECIFY)								35	
41 SUBPROVIDER - IPF	300,141		300,141	4,088	73.42	3,533	259,393	40	
42 SUBPROVIDER - IRF	445,559		445,559	4,470	99.68	3,581	356,954	41	
43 SUBPROVIDER I								42	
44 NURSERY	70,852		70,852	1,447	48.96			43	
45 SKILLED NURSING FACILITY	204,944		204,944	3,192	64.21	3,137	201,427	44	
45 NURSING FACILITY								45	
200 TOTAL (LINES 30-199)	4,214,542		4,214,542	46,865		24,766	2,202,185	200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0166) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	592,911	24,293,187	0.024406	7,103,355	173,364	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	93,940	1,919,955	0.048928	191,676	9,378	50.02
51	RECOVERY ROOM	79,457	3,812,885	0.020839	537,771	11,207	51
52	DELIVERY ROOM & LABOR ROOM	293,112	3,610,779	0.081177	10,949	889	52
53	ANESTHESIOLOGY	72,636	6,059,748	0.011987	1,390,187	16,664	53
53.01	PAIN CENTER	108,860	4,717,133	0.023078	35,033	808	53.01
54	RADIOLOGY-DIAGNOSTIC	467,265	21,262,890	0.021976	3,235,578	71,105	54
56	RADIOISOTOPE	47,424	4,844,002	0.009790	363,453	3,558	56
57	CT SCAN	76,681	40,736,953	0.001882	7,340,916	13,816	57
58	MRI	48,574	13,455,072	0.003610	1,470,063	5,307	58
59	CARDIAC CATHETERIZATION	273,610	35,174,618	0.007779	8,526,394	66,327	59
60	LABORATORY	1,121,227	59,370,522	0.018885	13,782,565	260,284	60
62	WHOLE BLOOD & PACKED RED BLOO	26,568	1,667,109	0.015937	607,978	9,689	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	73,090	10,282,391	0.007108	5,367,040	38,149	65
66	PHYSICAL THERAPY	457,646	21,323,292	0.021462	2,401,846	51,548	66
69	ELECTROCARDIOLOGY	173,482	23,573,435	0.007359	3,500,639	25,761	69
70	ELECTROENCEPHALOGRAPHY	81,988	4,648,662	0.017637	210,336	3,710	70
71	MEDICAL SUPPLIES CHARGED TO P	5,942	714,914	0.008311	324,654	2,698	71
72	IMPL. DEV. CHARGED TO PATIENT	379,977	20,171,299	0.018838	7,272,049	136,991	72
73	DRUGS CHARGED TO PATIENTS	369,151	46,292,803	0.007974	14,989,836	119,529	73
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)	17,057	1,550,811	0.010999			75
76	TREATMENT CENTER	38,147	387,520	0.098439	15,679	1,543	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,194	526,729	0.015556			90
90.01	PRENATAL CLINIC	3,635	124,349	0.029232	1		90.01
90.02	OUTPATIENT PSYCHIATRIC	90,245	620,782	0.145373	9,201	1,338	90.02
90.03	WOUND CLINIC	20,985	1,232,112	0.017032	172,784	2,943	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT\PET	12,564	981,045	0.012807	15,387	197	90.12
90.13	RADIATION ONCOLOGY	32,838	6,460,480	0.005083	10,120	51	90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATE						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	1,193	168,673	0.007073			90.28
91	EMERGENCY	1,074,432	40,985,281	0.026215	5,499,006	144,156	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	179,778	1,966,667	0.091413	74,632	6,822	92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	6,322,609	402,936,098		84,459,128	1,177,832	200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/24/2013 20:25

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	31,121		12,880		30
31	INTENSIVE CARE UNIT	2,547		1,635		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,088		3,533		40
41	SUBPROVIDER - IRF	4,470		3,581		41
42	SUBPROVIDER I					42
43	NURSERY	1,447				43
44	SKILLED NURSING FACILITY	3,192		3,137		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	46,865		24,766		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0166)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES (COL. 8 x COL. 10) 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES (COL. 9 x COL. 12) 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	24,293,187		7,103,355		3,208,920	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	1,919,955		191,676		630,999	50.02
51	RECOVERY ROOM	3,812,885		537,771		888,882	51
52	DELIVERY ROOM & LABOR ROOM	3,610,779		10,949		38	52
53	ANESTHESIOLOGY	6,059,748		1,390,187		877,146	53
53.01	PAIN CENTER	4,717,133		35,033		2,437,801	53.01
54	RADIOLOGY-DIAGNOSTIC	21,262,890		3,235,578		4,584,348	54
56	RADIOISOTOPE	4,844,002		363,453		487,507	56
57	CT SCAN	40,736,953		7,340,916		9,492,257	57
58	MRI	13,455,072		1,470,063		3,891,589	58
59	CARDIAC CATHETERIZATION	35,174,618		8,526,394		11,677,833	59
60	LABORATORY	59,370,522		13,782,565		387,182	60
62	WHOLE BLOOD & PACKED RED BLO	1,667,109		607,978		56,562	62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	10,282,391		5,367,040		545,849	65
66	PHYSICAL THERAPY	21,323,292		2,401,846		527,005	66
69	ELECTROCARDIOLOGY	23,573,435		3,500,639		10,710,416	69
70	ELECTROENCEPHALOGRAPHY	4,648,662		210,336		1,507,379	70
71	MEDICAL SUPPLIES CHARGED TO	714,914		324,654		10,190	71
72	IMPL. DEV. CHARGED TO PATIEN	20,171,299		7,272,049		4,692,162	72
73	DRUGS CHARGED TO PATIENTS	46,292,803		14,989,836		5,847,504	73
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)	1,550,811				1,203,083	75
76	TREATMENT CENTER	387,520		15,679		23,491	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	526,729					90
90.01	PRENATAL CLINIC	124,349		1		18	90.01
90.02	OUTPATIENT PSYCHIATRIC	620,782		9,201		330,066	90.02
90.03	WOUND CLINIC	1,232,112		172,784		190,203	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT\PET	981,045		15,387		510,468	90.12
90.13	RADIATION ONCOLOGY	6,460,480		10,120		3,955,989	90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIAT						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTE						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	168,673				34,292	90.28
91	EMERGENCY	40,985,281		5,499,006		5,786,028	91
92	OBSERVATION BEDS (NON-DISTIN	1,966,667		74,632		584,663	92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	402,936,098		84,459,128		75,079,870	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS		5	6	7	
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 6				COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.226328	3,208,920				726,268			50
50.01 STONE CENTER									50.01
50.02 ENDOSCOPY	0.297641	630,999				187,811			50.02
51 RECOVERY ROOM	0.221160	888,882				196,585			51
52 DELIVERY ROOM & LABOR ROOM	0.688354	38				26			52
53 ANESTHESIOLOGY	0.275915	877,146				242,018			53
53.01 PAIN CENTER	0.185703	2,437,801				452,707			53.01
54 RADIOLOGY-DIAGNOSTIC	0.203523	4,584,348				933,020			54
56 RADIOISOTOPE	0.179137	487,507				87,331			56
57 CT SCAN	0.036590	9,492,257				347,322			57
58 MRI	0.055173	3,891,589				214,711			58
59 CARDIAC CATHETERIZATION	0.121123	11,677,833				1,414,454			59
60 LABORATORY	0.154903	387,182	877			59,976	136		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.386171	56,562				21,843			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.160201	545,849	15,167			87,446	2,430		65
66 PHYSICAL THERAPY	0.213768	527,005				112,657			66
69 ELECTROCARDIOLOGY	0.102621	10,710,416				1,099,114			69
70 ELECTROENCEPHALOGRAPHY	0.145875	1,507,379				219,889			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.194948	10,190	145			1,987	28		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.452426	4,692,162				2,122,856			72
73 DRUGS CHARGED TO PATIENTS	0.191640	5,847,504			63,942	1,120,616		12,254	73
74 RENAL DIALYSIS									74
75 ASC (NON-DISTINCT PART)	0.342596	1,203,083				412,171			75
76 TREATMENT CENTER	0.598725	23,491				14,065			76
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.479463								90
90.01 PRENATAL CLINIC	0.891901	18				16			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.512131	330,066				169,037			90.02
90.03 WOUND CLINIC	0.483243	190,203				91,914			90.03
90.04 NEUROSURGERY									90.04
90.05 DR JATOI									90.05
90.06 UROLOGY PHYSICIAN									90.06
90.07 DR. CHU									90.07
90.08 SPORTS MEDICINE CLINIC									90.08
90.09 DR. SHANKER									90.09
90.10 DR MIRMIRA									90.10
90.11 DR TOKHI									90.11
90.12 CT\PET	0.387411	510,468				197,761			90.12
90.13 RADIATION ONCOLOGY	0.154300	3,955,989				610,409			90.13
90.14 SPORTS MED-REHAB									90.14
90.15 MACON COUNT MEDICAL ASSOCIATES									90.15
90.16 DR BRITT									90.16
90.17 ARTHUR FAMILY MEDICINE CENTER									90.17
90.18 DR BOCK									90.18
90.19 PEDIATRIC PROF SERVICES									90.19
90.20 DR ANDERSON									90.20
90.21 DR HABIB									90.21
90.22 DR HANNEKEN									90.22
90.23 DR MUNESSES									90.23
90.24 DR KOHLI									90.24
90.25 DR DUNCAN									90.25
90.26 MT ZION FAMILY PRACTICE									90.26
90.27 DR POWELL									90.27
90.28 CHEMOTHEROPY	0.203026	34,292				6,962			90.28
91 EMERGENCY	0.165078	5,786,028				955,146			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.584060	584,663				341,478			92
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)		75,079,870	16,189	63,942	12,447,596	2,594	12,254		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		75,079,870	16,189	63,942	12,447,596	2,594	12,254		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S166) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
	COST CENTER DESCRIPTION							
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	592,911	24,293,187	0.024406	10,985	268		50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	93,940	1,919,955	0.048928	1,452	71		50.02
51	RECOVERY ROOM	79,457	3,812,885	0.020839	56,518	1,178		51
52	DELIVERY ROOM & LABOR ROOM	293,112	3,610,779	0.081177				52
53	ANESTHESIOLOGY	72,636	6,059,748	0.011987	16,459	197		53
53.01	PAIN CENTER	108,860	4,717,133	0.023078	1,865	43		53.01
54	RADIOLOGY-DIAGNOSTIC	467,265	21,262,890	0.021976	121,449	2,669		54
56	RADIOISOTOPE	47,424	4,844,002	0.009790	21,793	213		56
57	CT SCAN	76,681	40,736,953	0.001882	184,954	348		57
58	MRI	48,574	13,455,072	0.003610	13,732	50		58
59	CARDIAC CATHETERIZATION	273,610	35,174,618	0.007779				59
60	LABORATORY	1,121,227	59,370,522	0.018885	727,738	13,743		60
62	WHOLE BLOOD & PACKED RED BLOO	26,568	1,667,109	0.015937	1,319	21		62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	73,090	10,282,391	0.007108	91,786	652		65
66	PHYSICAL THERAPY	457,646	21,323,292	0.021462	477,773	10,254		66
69	ELECTROCARDIOLOGY	173,482	23,573,435	0.007359	50,489	372		69
70	ELECTROENCEPHALOGRAPHY	81,988	4,648,662	0.017637	4,665	82		70
71	MEDICAL SUPPLIES CHARGED TO P	5,942	714,914	0.008311	21,101	175		71
72	IMPL. DEV. CHARGED TO PATIENT	379,977	20,171,299	0.018838				72
73	DRUGS CHARGED TO PATIENTS	369,151	46,292,803	0.007974	1,181,691	9,423		73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)	17,057	1,550,811	0.010999				75
76	TREATMENT CENTER	38,147	387,520	0.098439	789	78		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,194	526,729	0.015556				90
90.01	PRENATAL CLINIC	3,635	124,349	0.029232				90.01
90.02	OUTPATIENT PSYCHIATRIC	90,245	620,782	0.145373				90.02
90.03	WOUND CLINIC	20,985	1,232,112	0.017032	7,315	125		90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT\PET	12,564	981,045	0.012807				90.12
90.13	RADIATION ONCOLOGY	32,838	6,460,480	0.005083				90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATE							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY	1,193	168,673	0.007073				90.28
91	EMERGENCY	1,074,432	40,985,281	0.026215	159,650	4,185		91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		1,966,667	1,966,667				92
94	HOME PROGRAM DIALYSIS							94
200	TOTAL (SUM OF LINES 50-199)	6,142,831	402,936,098		3,153,523	44,147		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	24,293,187			10,985			50
50.01 STONE CENTER							50.01
50.02 ENDOSCOPY	1,919,955			1,452			50.02
51 RECOVERY ROOM	3,812,885			56,518			51
52 DELIVERY ROOM & LABOR ROOM	3,610,779						52
53 ANESTHESIOLOGY	6,059,748			16,459			53
53.01 PAIN CENTER	4,717,133			1,865			53.01
54 RADIOLOGY-DIAGNOSTIC	21,262,890			121,449			54
56 RADIOISOTOPE	4,844,002			21,793			56
57 CT SCAN	40,736,953			184,954			57
58 MRI	13,455,072			13,732			58
59 CARDIAC CATHETERIZATION	35,174,618						59
60 LABORATORY	59,370,522			727,738			60
62 WHOLE BLOOD & PACKED RED BLO	1,667,109			1,319			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	10,282,391			91,786			65
66 PHYSICAL THERAPY	21,323,292			477,773			66
69 ELECTROCARDIOLOGY	23,573,435			50,489			69
70 ELECTROENCEPHALOGRAPHY	4,648,662			4,665			70
71 MEDICAL SUPPLIES CHARGED TO	714,914			21,101			71
72 IMPL. DEV. CHARGED TO PATIEN	20,171,299						72
73 DRUGS CHARGED TO PATIENTS	46,292,803			1,181,691			73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)	1,550,811						75
76 TREATMENT CENTER	387,520			789			76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	526,729						90
90.01 PRENATAL CLINIC	124,349						90.01
90.02 OUTPATIENT PSYCHIATRIC	620,782						90.02
90.03 WOUND CLINIC	1,232,112			7,315			90.03
90.04 NEUROSURGERY							90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC							90.08
90.09 DR. SHANKER							90.09
90.10 DR MIRMIRA							90.10
90.11 DR TOKHI							90.11
90.12 CT\PET	981,045						90.12
90.13 RADIATION ONCOLOGY	6,460,480						90.13
90.14 SPORTS MED-REHAB							90.14
90.15 MACON COUNT MEDICAL ASSOCIAT							90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENTE							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	168,673						90.28
91 EMERGENCY	40,985,281			159,650			91
92 OBSERVATION BEDS (NON-DISTIN	1,966,667						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	402,936,098			3,153,523			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T166)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
					1	2	3	4	5	
					ANCILLARY SERVICE COST CENTERS					
50					592,911	24,293,187	0.024406	145,226	3,544	50
50.01										50.01
50.02										50.02
51					93,940	1,919,955	0.048928	1,452	71	51
51					79,457	3,812,885	0.020839	9,491	198	51
52					293,112	3,610,779	0.081177			52
53					72,636	6,059,748	0.011987	8,957	107	53
53.01					108,860	4,717,133	0.023078			53.01
54					467,265	21,262,890	0.021976	3,235	71	54
56					47,424	4,844,002	0.009790	30,664	300	56
57					76,681	40,736,953	0.001882	198,144	373	57
58					48,574	13,455,072	0.003610	57,344	207	58
59					273,610	35,174,618	0.007779	10,500	82	59
60					1,121,227	59,370,522	0.018885	680,590	12,853	60
62					26,568	1,667,109	0.015937	5,480	87	62
62.30										62.30
65					73,090	10,282,391	0.007108	449,844	3,197	65
66					457,646	21,323,292	0.021462	6,288,397	134,962	66
69					173,482	23,573,435	0.007359	60,791	447	69
70					81,988	4,648,662	0.017637	32,927	581	70
71					5,942	714,914	0.008311	59,136	491	71
72					379,977	20,171,299	0.018838	13,156	248	72
73					369,151	46,292,803	0.007974	1,368,794	10,915	73
74										74
75					17,057	1,550,811	0.010999			75
76					38,147	387,520	0.098439			76
76.97										76.97
76.98										76.98
76.99										76.99
					OUTPATIENT SERVICE COST CENTERS					
90					8,194	526,729	0.015556			90
90.01					3,635	124,349	0.029232			90.01
90.02					90,245	620,782	0.145373			90.02
90.03					20,985	1,232,112	0.017032	5,895	100	90.03
90.04										90.04
90.05										90.05
90.06										90.06
90.07										90.07
90.08										90.08
90.09										90.09
90.10										90.10
90.11										90.11
90.12					12,564	981,045	0.012807			90.12
90.13					32,838	6,460,480	0.005083	787	4	90.13
90.14										90.14
90.15										90.15
90.16										90.16
90.17										90.17
90.18										90.18
90.19										90.19
90.20										90.20
90.21										90.21
90.22										90.22
90.23										90.23
90.24										90.24
90.25										90.25
90.26										90.26
90.27										90.27
90.28					1,193	168,673	0.007073			90.28
91					1,074,432	40,985,281	0.026215	40,603	1,064	91
92						1,966,667	1,966,667			92
94										94
200					6,142,831	402,936,098		9,471,413	169,902	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T166) [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T166)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	24,293,187		145,226			50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	1,919,955		1,452			50.02
51	RECOVERY ROOM	3,812,885		9,491			51
52	DELIVERY ROOM & LABOR ROOM	3,610,779					52
53	ANESTHESIOLOGY	6,059,748		8,957			53
53.01	PAIN CENTER	4,717,133					53.01
54	RADIOLOGY-DIAGNOSTIC	21,262,890		3,235			54
56	RADIOISOTOPE	4,844,002		30,664			56
57	CT SCAN	40,736,953		198,144			57
58	MRI	13,455,072		57,344			58
59	CARDIAC CATHETERIZATION	35,174,618		10,500			59
60	LABORATORY	59,370,522		680,590			60
62	WHOLE BLOOD & PACKED RED BLO	1,667,109		5,480			62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	10,282,391		449,844			65
66	PHYSICAL THERAPY	21,323,292		6,288,397			66
69	ELECTROCARDIOLOGY	23,573,435		60,791			69
70	ELECTROENCEPHALOGRAPHY	4,648,662		32,927			70
71	MEDICAL SUPPLIES CHARGED TO	714,914		59,136			71
72	IMPL. DEV. CHARGED TO PATIEN	20,171,299		13,156			72
73	DRUGS CHARGED TO PATIENTS	46,292,803		1,368,794			73
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)	1,550,811					75
76	TREATMENT CENTER	387,520					76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	526,729					90
90.01	PRENATAL CLINIC	124,349					90.01
90.02	OUTPATIENT PSYCHIATRIC	620,782					90.02
90.03	WOUND CLINIC	1,232,112		5,895			90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT\PET	981,045					90.12
90.13	RADIATION ONCOLOGY	6,460,480		787			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIAT						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTE						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	168,673					90.28
91	EMERGENCY	40,985,281		40,603			91
92	OBSERVATION BEDS (NON-DISTIN	1,966,667					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	402,936,098		9,471,413			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5551) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-5551)		[] TEFRA
BOXES	[] TITLE XIX	[] IRF	[] NF		
	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)
COST CENTER DESCRIPTION	7	8	9	10	11
					12
					13
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	24,293,187		4,629	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	1,919,955			50.02
51	RECOVERY ROOM	3,812,885			51
52	DELIVERY ROOM & LABOR ROOM	3,610,779			52
53	ANESTHESIOLOGY	6,059,748		8,756	53
53.01	PAIN CENTER	4,717,133			53.01
54	RADIOLOGY-DIAGNOSTIC	21,262,890		117,686	54
56	RADIOISOTOPE	4,844,002		6,735	56
57	CT SCAN	40,736,953		3,392	57
58	MRI	13,455,072			58
59	CARDIAC CATHETERIZATION	35,174,618			59
60	LABORATORY	59,370,522		547,713	60
62	WHOLE BLOOD & PACKED RED BLO	1,667,109		7,900	62
62.30	BLOOD CLOTTING FOR HEMOPHILI				62.30
65	RESPIRATORY THERAPY	10,282,391		278,216	65
66	PHYSICAL THERAPY	21,323,292		1,546,443	66
69	ELECTROCARDIOLOGY	23,573,435		18,523	69
70	ELECTROENCEPHALOGRAPHY	4,648,662		7,847	70
71	MEDICAL SUPPLIES CHARGED TO	714,914		41,093	71
72	IMPL. DEV. CHARGED TO PATIEN	20,171,299			72
73	DRUGS CHARGED TO PATIENTS	46,292,803		1,768,854	73
74	RENAL DIALYSIS				74
75	ASC (NON-DISTINCT PART)	1,550,811			75
76	TREATMENT CENTER	387,520			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	526,729			90
90.01	PRENATAL CLINIC	124,349			90.01
90.02	OUTPATIENT PSYCHIATRIC	620,782			90.02
90.03	WOUND CLINIC	1,232,112			90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CT\PET	981,045		5,264	90.12
90.13	RADIATION ONCOLOGY	6,460,480			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIAT				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTE				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY	168,673			90.28
91	EMERGENCY	40,985,281			91
92	OBSERVATION BEDS (NON-DISTIN	1,966,667			92
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	402,936,098		4,363,051	200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	(COL.1 MINUS COL.2)	4	(COL.3 ÷ COL.4)	6	(COL.5 x COL.6)	7
	1	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,917,043	2,917,043	31,121	93.73	8,247	772,991	30
31 INTENSIVE CARE UNIT	276,003	276,003	2,547	108.36	299	32,400	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	300,141	300,141	4,088	73.42	12	881	40
41 SUBPROVIDER - IRF	445,559	445,559	4,470	99.68	227	22,627	41
42 SUBPROVIDER I							42
43 NURSERY	70,852	70,852	1,447	48.96	856	41,910	43
44 SKILLED NURSING FACILITY	204,944	204,944	3,192	64.21			44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,214,542	4,214,542	46,865		9,641	870,809	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0166) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	592,911	24,293,187	0.024406	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	93,940	1,919,955	0.048928	50.02
51	RECOVERY ROOM	79,457	3,812,885	0.020839	51
52	DELIVERY ROOM & LABOR ROOM	293,112	3,610,779	0.081177	52
53	ANESTHESIOLOGY	72,636	6,059,748	0.011987	53
53.01	PAIN CENTER	108,860	4,717,133	0.023078	53.01
54	RADIOLOGY-DIAGNOSTIC	467,265	21,262,890	0.021976	54
56	RADIOISOTOPE	47,424	4,844,002	0.009790	56
57	CT SCAN	76,681	40,736,953	0.001882	57
58	MRI	48,574	13,455,072	0.003610	58
59	CARDIAC CATHETERIZATION	273,610	35,174,618	0.007779	59
60	LABORATORY	1,121,227	59,370,522	0.018885	60
62	WHOLE BLOOD & PACKED RED BLOO	26,568	1,667,109	0.015937	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	73,090	10,282,391	0.007108	65
66	PHYSICAL THERAPY	457,646	21,323,292	0.021462	66
69	ELECTROCARDIOLOGY	173,482	23,573,435	0.007359	69
70	ELECTROENCEPHALOGRAPHY	81,988	4,648,662	0.017637	70
71	MEDICAL SUPPLIES CHARGED TO P	5,942	714,914	0.008311	71
72	IMPL. DEV. CHARGED TO PATIENT	379,977	20,171,299	0.018838	72
73	DRUGS CHARGED TO PATIENTS	369,151	46,292,803	0.007974	73
74	RENAL DIALYSIS				74
75	ASC (NON-DISTINCT PART)	17,057	1,550,811	0.010999	75
76	TREATMENT CENTER	38,147	387,520	0.098439	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	8,194	526,729	0.015556	90
90.01	PRENATAL CLINIC	3,635	124,349	0.029232	90.01
90.02	OUTPATIENT PSYCHIATRIC	90,245	620,782	0.145373	90.02
90.03	WOUND CLINIC	20,985	1,232,112	0.017032	90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CT\PET	12,564	981,045	0.012807	90.12
90.13	RADIATION ONCOLOGY	32,838	6,460,480	0.005083	90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATE				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY	1,193	168,673	0.007073	90.28
91	EMERGENCY	1,074,432	40,985,281	0.026215	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	179,778	1,966,667	0.091413	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	6,322,609	402,936,098		200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/24/2013 20:25

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/24/2013 20:25

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	31,121		8,247		30
31 INTENSIVE CARE UNIT	2,547		299		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,088		12		40
41 SUBPROVIDER - IRF	4,470		227		41
42 SUBPROVIDER I					42
43 NURSERY	1,447		856		43
44 SKILLED NURSING FACILITY	3,192				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	46,865		9,641		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
53.01 PAIN CENTER						53.01
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 TREATMENT CENTER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 PRENATAL CLINIC						90.01
90.02 OUTPATIENT PSYCHIATRIC						90.02
90.03 WOUND CLINIC						90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET						90.12
90.13 RADIATION ONCOLOGY						90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATE						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0166)	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER	
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	24,293,187				50
50.01	STONE CENTER					50.01
50.02	ENDOSCOPY	1,919,955				50.02
51	RECOVERY ROOM	3,812,885				51
52	DELIVERY ROOM & LABOR ROOM	3,610,779				52
53	ANESTHESIOLOGY	6,059,748				53
53.01	PAIN CENTER	4,717,133				53.01
54	RADIOLOGY-DIAGNOSTIC	21,262,890				54
56	RADIOISOTOPE	4,844,002				56
57	CT SCAN	40,736,953				57
58	MRI	13,455,072				58
59	CARDIAC CATHETERIZATION	35,174,618				59
60	LABORATORY	59,370,522				60
62	WHOLE BLOOD & PACKED RED BLO	1,667,109				62
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	10,282,391				65
66	PHYSICAL THERAPY	21,323,292				66
69	ELECTROCARDIOLOGY	23,573,435				69
70	ELECTROENCEPHALOGRAPHY	4,648,662				70
71	MEDICAL SUPPLIES CHARGED TO	714,914				71
72	IMPL. DEV. CHARGED TO PATIEN	20,171,299				72
73	DRUGS CHARGED TO PATIENTS	46,292,803				73
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)	1,550,811				75
76	TREATMENT CENTER	387,520				76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	526,729				90
90.01	PRENATAL CLINIC	124,349				90.01
90.02	OUTPATIENT PSYCHIATRIC	620,782				90.02
90.03	WOUND CLINIC	1,232,112				90.03
90.04	NEUROSURGERY					90.04
90.05	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
90.07	DR. CHU					90.07
90.08	SPORTS MEDICINE CLINIC					90.08
90.09	DR. SHANKER					90.09
90.10	DR MIRMIRA					90.10
90.11	DR TOKHI					90.11
90.12	CT\PET	981,045				90.12
90.13	RADIATION ONCOLOGY	6,460,480				90.13
90.14	SPORTS MED-REHAB					90.14
90.15	MACON COUNT MEDICAL ASSOCIAT					90.15
90.16	DR BRITT					90.16
90.17	ARTHUR FAMILY MEDICINE CENTE					90.17
90.18	DR BOCK					90.18
90.19	PEDIATRIC PROF SERVICES					90.19
90.20	DR ANDERSON					90.20
90.21	DR HABIB					90.21
90.22	DR HANNEKEN					90.22
90.23	DR MUNESSES					90.23
90.24	DR KOHLI					90.24
90.25	DR DUNCAN					90.25
90.26	MT ZION FAMILY PRACTICE					90.26
90.27	DR POWELL					90.27
90.28	CHEMOTHEROPY	168,673				90.28
91	EMERGENCY	40,985,281				91
92	OBSERVATION BEDS (NON-DISTIN	1,966,667				92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	402,936,098				200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0166)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	31,121	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	31,121	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,203	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,880	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	18,637,824	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,637,824	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	18,637,824	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 598.88 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,713,574 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 7,713,574 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3,066,604	2,547	1,204.01	1,635	1,968,556	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					15,711,192	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					25,393,322	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,384,411 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,177,832 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,562,243 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 22,831,079 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,918 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 598.88 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,148,652 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,917,043	18,637,824	0.156512	1,148,652	179,778	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S166)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	595.99 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,105,633 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,105,633 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	553,662 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,659,295 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	259,393 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	44,147 51
52	TOTAL PROGRAM EXCLUDABLE COST	303,540 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,355,755 53

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

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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T166)	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,470	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,470	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,470	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,581	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,663,841	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,663,841	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,663,841	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T166)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	819.65 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,935,167 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,935,167 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,882,869 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,818,036 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	356,954 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	169,902 51
52	TOTAL PROGRAM EXCLUDABLE COST	526,856 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,291,180 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5551)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,192	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,192	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,192	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,137	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	1,233,011	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,233,011	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,233,011	37							

WORKSHEET D-1
 PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF (14-5551) TEFRA
 BOXES TITLE XIX-INPT IRF NF OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	1,233,011	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	386.28	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	1,211,760	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	1,211,760	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	1,211,760	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	843,868	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	2,055,628	86

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 598.88 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 4,938,963 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 4,938,963 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	587,348	1,447	405.91	856	347,459 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,062,328	2,547	1,202.33	299	359,497 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					5,645,919 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 847,301 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 847,301 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,918 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		9,720,963			30
31 INTENSIVE CARE UNIT		2,565,419			31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.226328	7,103,355	1,607,688		50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY	0.297641	191,676	57,051		50.02
51 RECOVERY ROOM	0.221160	537,771	118,933		51
52 DELIVERY ROOM & LABOR ROOM	0.688354	10,949	7,537		52
53 ANESTHESIOLOGY	0.275915	1,390,187	383,573		53
53.01 PAIN CENTER	0.185703	35,033	6,506		53.01
54 RADIOLOGY-DIAGNOSTIC	0.203523	3,235,578	658,515		54
56 RADIOISOTOPE	0.179137	363,453	65,108		56
57 CT SCAN	0.036590	7,340,916	268,604		57
58 MRI	0.055173	1,470,063	81,108		58
59 CARDIAC CATHETERIZATION	0.121123	8,526,394	1,032,742		59
60 LABORATORY	0.154903	13,782,565	2,134,961		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.386171	607,978	234,783		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.161388	5,367,040	866,176		65
66 PHYSICAL THERAPY	0.214125	2,401,846	514,295		66
69 ELECTROCARDIOLOGY	0.102621	3,500,639	359,239		69
70 ELECTROENCEPHALOGRAPHY	0.145875	210,336	30,683		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.194948	324,654	63,291		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.452426	7,272,049	3,290,064		72
73 DRUGS CHARGED TO PATIENTS	0.191640	14,989,836	2,872,652		73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)	0.342596				75
76 TREATMENT CENTER	0.660415	15,679	10,355		76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.479463				90
90.01 PRENATAL CLINIC	0.891901	1	1		90.01
90.02 OUTPATIENT PSYCHIATRIC	0.512131	9,201	4,712		90.02
90.03 WOUND CLINIC	0.484632	172,784	83,737		90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET	0.387411	15,387	5,961		90.12
90.13 RADIATION ONCOLOGY	0.154300	10,120	1,562		90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15
90.16 DR BRITT					90.16
90.17 ARTHUR FAMILY MEDICINE CENTER					90.17
90.18 DR BOCK					90.18
90.19 PEDIATRIC PROF SERVICES					90.19
90.20 DR ANDERSON					90.20
90.21 DR HABIB					90.21
90.22 DR HANNEKEN					90.22
90.23 DR MUNESSES					90.23
90.24 DR KOHLI					90.24
90.25 DR DUNCAN					90.25
90.26 MT ZION FAMILY PRACTICE					90.26
90.27 DR POWELL					90.27
90.28 CHEMOTHEROPY	0.203026				90.28
91 EMERGENCY	0.165078	5,499,006	907,765		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.584060	74,632	43,590		92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		84,459,128	15,711,192		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		84,459,128			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S166)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER
COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS						
	TO CHARGES			(COL.1 x COL.2)						
	1		2	3						
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS				30				
31		INTENSIVE CARE UNIT				31				
40		SUBPROVIDER - IPF		2,552,596		40				
41		SUBPROVIDER - IRF				41				
ANCILLARY SERVICE COST CENTERS										
50	0.226328	OPERATING ROOM	10,985	2,486		50				
50.01		STONE CENTER				50.01				
50.02	0.297641	ENDOSCOPY	1,452	432		50.02				
51	0.221160	RECOVERY ROOM	56,518	12,500		51				
52	0.688354	DELIVERY ROOM & LABOR ROOM				52				
53	0.275915	ANESTHESIOLOGY	16,459	4,541		53				
53.01	0.185703	PAIN CENTER	1,865	346		53.01				
54	0.203523	RADIOLOGY-DIAGNOSTIC	121,449	24,718		54				
56	0.179137	RADIOISOTOPE	21,793	3,904		56				
57	0.036590	CT SCAN	184,954	6,767		57				
58	0.055173	MRI	13,732	758		58				
59	0.121123	CARDIAC CATHETERIZATION				59				
60	0.154903	LABORATORY	727,738	112,729		60				
62	0.386171	WHOLE BLOOD & PACKED RED BLOOD	1,319	509		62				
62.30		BLOOD CLOTTING FOR HEMOPHILIACS				62.30				
65	0.161388	RESPIRATORY THERAPY	91,786	14,813		65				
66	0.214125	PHYSICAL THERAPY	477,773	102,303		66				
69	0.102621	ELECTROCARDIOLOGY	50,489	5,181		69				
70	0.145875	ELECTROENCEPHALOGRAPHY	4,665	681		70				
71	0.194948	MEDICAL SUPPLIES CHARGED TO PAT	21,101	4,114		71				
72	0.452426	IMPL. DEV. CHARGED TO PATIENTS				72				
73	0.191640	DRUGS CHARGED TO PATIENTS	1,181,691	226,459		73				
74		RENAL DIALYSIS				74				
75	0.342596	ASC (NON-DISTINCT PART)				75				
76	0.660415	TREATMENT CENTER	789	521		76				
76.97		CARDIAC REHABILITATION				76.97				
76.98		HYPERBARIC OXYGEN THERAPY				76.98				
76.99		LITHOTRIPSY				76.99				
OUTPATIENT SERVICE COST CENTERS										
90	0.479463	CLINIC				90				
90.01	0.891901	PRENATAL CLINIC				90.01				
90.02	0.512131	OUTPATIENT PSYCHIATRIC				90.02				
90.03	0.484632	WOUND CLINIC	7,315	3,545		90.03				
90.04		NEUROSURGERY				90.04				
90.05		DR JATOI				90.05				
90.06		UROLOGY PHYSICIAN				90.06				
90.07		DR. CHU				90.07				
90.08		SPORTS MEDICINE CLINIC				90.08				
90.09		DR. SHANKER				90.09				
90.10		DR MIRMIRA				90.10				
90.11		DR TOKHI				90.11				
90.12	0.387411	CT\PET				90.12				
90.13	0.154300	RADIATION ONCOLOGY				90.13				
90.14		SPORTS MED-REHAB				90.14				
90.15		MACON COUNT MEDICAL ASSOCIATES				90.15				
90.16		DR BRITT				90.16				
90.17		ARTHUR FAMILY MEDICINE CENTER				90.17				
90.18		DR BOCK				90.18				
90.19		PEDIATRIC PROF SERVICES				90.19				
90.20		DR ANDERSON				90.20				
90.21		DR HABIB				90.21				
90.22		DR HANNEKEN				90.22				
90.23		DR MUNESSES				90.23				
90.24		DR KOHLI				90.24				
90.25		DR DUNCAN				90.25				
90.26		MT ZION FAMILY PRACTICE				90.26				
90.27		DR POWELL				90.27				
90.28	0.203026	CHEMOTHEROPY				90.28				
91	0.165078	EMERGENCY	159,650	26,355		91				
92	0.584060	OBSERVATION BEDS (NON-DISTINCT				92				
OTHER REIMBURSABLE COST CENTERS										
94		HOME PROGRAM DIALYSIS				94				
200		TOTAL (SUM OF LINES 50-94 AND 96-98)	3,153,523	553,662		200				
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201				
202		NET CHARGES (LINE 200 MINUS LINE 201)	3,153,523			202				

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	IRF (14-T166)	[]	NF	[]	ICF/MR	[]	OTHER
COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS						
	TO CHARGES	1		(COL.1 x COL.2)	3					
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS			30					
31		INTENSIVE CARE UNIT			31					
40		SUBPROVIDER - IPF			40					
41		SUBPROVIDER - IRF	4,114,656		41					
ANCILLARY SERVICE COST CENTERS										
50	0.226328	OPERATING ROOM	145,226	32,869	50					
50.01		STONE CENTER			50.01					
50.02	0.297641	ENDOSCOPY	1,452	432	50.02					
51	0.221160	RECOVERY ROOM	9,491	2,099	51					
52	0.688354	DELIVERY ROOM & LABOR ROOM			52					
53	0.275915	ANESTHESIOLOGY	8,957	2,471	53					
53.01	0.185703	PAIN CENTER			53.01					
54	0.203523	RADIOLOGY-DIAGNOSTIC	3,235	658	54					
56	0.179137	RADIOISOTOPE	30,664	5,493	56					
57	0.036590	CT SCAN	198,144	7,250	57					
58	0.055173	MRI	57,344	3,164	58					
59	0.121123	CARDIAC CATHETERIZATION	10,500	1,272	59					
60	0.154903	LABORATORY	680,590	105,425	60					
62	0.386171	WHOLE BLOOD & PACKED RED BLOOD	5,480	2,116	62					
62.30		BLOOD CLOTTING FOR HEMOPHILIACS			62.30					
65	0.161388	RESPIRATORY THERAPY	449,844	72,599	65					
66	0.214125	PHYSICAL THERAPY	6,288,397	1,346,503	66					
69	0.102621	ELECTROCARDIOLOGY	60,791	6,238	69					
70	0.145875	ELECTROENCEPHALOGRAPHY	32,927	4,803	70					
71	0.194948	MEDICAL SUPPLIES CHARGED TO PAT	59,136	11,528	71					
72	0.452426	IMPL. DEV. CHARGED TO PATIENTS	13,156	5,952	72					
73	0.191640	DRUGS CHARGED TO PATIENTS	1,368,794	262,316	73					
74		RENAL DIALYSIS			74					
75	0.342596	ASC (NON-DISTINCT PART)			75					
76	0.660415	TREATMENT CENTER			76					
76.97		CARDIAC REHABILITATION			76.97					
76.98		HYPERBARIC OXYGEN THERAPY			76.98					
76.99		LITHOTRIPSY			76.99					
OUTPATIENT SERVICE COST CENTERS										
90	0.479463	CLINIC			90					
90.01	0.891901	PRENATAL CLINIC			90.01					
90.02	0.512131	OUTPATIENT PSYCHIATRIC			90.02					
90.03	0.484632	WOUND CLINIC	5,895	2,857	90.03					
90.04		NEUROSURGERY			90.04					
90.05		DR JATOI			90.05					
90.06		UROLOGY PHYSICIAN			90.06					
90.07		DR. CHU			90.07					
90.08		SPORTS MEDICINE CLINIC			90.08					
90.09		DR. SHANKER			90.09					
90.10		DR MIRMIRA			90.10					
90.11		DR TOKHI			90.11					
90.12	0.387411	CT\PET			90.12					
90.13	0.154300	RADIATION ONCOLOGY	787	121	90.13					
90.14		SPORTS MED-REHAB			90.14					
90.15		MACON COUNT MEDICAL ASSOCIATES			90.15					
90.16		DR BRITT			90.16					
90.17		ARTHUR FAMILY MEDICINE CENTER			90.17					
90.18		DR BOCK			90.18					
90.19		PEDIATRIC PROF SERVICES			90.19					
90.20		DR ANDERSON			90.20					
90.21		DR HABIB			90.21					
90.22		DR HANNEKEN			90.22					
90.23		DR MUNESSES			90.23					
90.24		DR KOHLI			90.24					
90.25		DR DUNCAN			90.25					
90.26		MT ZION FAMILY PRACTICE			90.26					
90.27		DR POWELL			90.27					
90.28	0.203026	CHEMOTHEROPY			90.28					
91	0.165078	EMERGENCY	40,603	6,703	91					
92	0.584060	OBSERVATION BEDS (NON-DISTINCT			92					
OTHER REIMBURSABLE COST CENTERS										
94		HOME PROGRAM DIALYSIS			94					
200		TOTAL (SUM OF LINES 50-94 AND 96-98)	9,471,413	1,882,869	200					
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201					
202		NET CHARGES (LINE 200 MINUS LINE 201)	9,471,413		202					

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5551)	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	
				3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.226328	4,629	1,048	50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.297641			50.02
51 RECOVERY ROOM	0.221160			51
52 DELIVERY ROOM & LABOR ROOM	0.688354			52
53 ANESTHESIOLOGY	0.275915	8,756	2,416	53
53.01 PAIN CENTER	0.185703			53.01
54 RADIOLOGY-DIAGNOSTIC	0.203523	117,686	23,952	54
56 RADIOISOTOPE	0.179137	6,735	1,206	56
57 CT SCAN	0.036590	3,392	124	57
58 MRI	0.055173			58
59 CARDIAC CATHETERIZATION	0.121123			59
60 LABORATORY	0.154903	547,713	84,842	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.386171	7,900	3,051	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.160201	278,216	44,570	65
66 PHYSICAL THERAPY	0.213768	1,546,443	330,580	66
69 ELECTROCARDIOLOGY	0.102621	18,523	1,901	69
70 ELECTROENCEPHALOGRAPHY	0.145875	7,847	1,145	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.194948	41,093	8,011	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.452426			72
73 DRUGS CHARGED TO PATIENTS	0.191640	1,768,854	338,983	73
74 RENAL DIALYSIS				74
75 ASC (NON-DISTINCT PART)	0.342596			75
76 TREATMENT CENTER	0.598725			76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.479463			90
90.01 PRENATAL CLINIC	0.891901			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.512131			90.02
90.03 WOUND CLINIC	0.483243			90.03
90.04 NEUROSURGERY				90.04
90.05 DR JATOI				90.05
90.06 UROLOGY PHYSICIAN				90.06
90.07 DR. CHU				90.07
90.08 SPORTS MEDICINE CLINIC				90.08
90.09 DR. SHANKER				90.09
90.10 DR MIRMIRA				90.10
90.11 DR TOKHI				90.11
90.12 CT\PET	0.387411	5,264	2,039	90.12
90.13 RADIATION ONCOLOGY	0.154300			90.13
90.14 SPORTS MED-REHAB				90.14
90.15 MACON COUNT MEDICAL ASSOCIATES				90.15
90.16 DR BRITT				90.16
90.17 ARTHUR FAMILY MEDICINE CENTER				90.17
90.18 DR BOCK				90.18
90.19 PEDIATRIC PROF SERVICES				90.19
90.20 DR ANDERSON				90.20
90.21 DR HABIB				90.21
90.22 DR HANNEKEN				90.22
90.23 DR MUNESSES				90.23
90.24 DR KOHLI				90.24
90.25 DR DUNCAN				90.25
90.26 MT ZION FAMILY PRACTICE				90.26
90.27 DR POWELL				90.27
90.28 CHEMOTHEROPY	0.203026			90.28
91 EMERGENCY	0.165078			91
92 OBSERVATION BEDS (NON-DISTINCT	0.584060			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,363,051	843,868	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,363,051		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0166)	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.226328			50
50.01 STONE CENTER				50.01
50.02 ENDOSCOPY	0.297641			50.02
51 RECOVERY ROOM	0.221160			51
52 DELIVERY ROOM & LABOR ROOM	0.688354			52
53 ANESTHESIOLOGY	0.275915			53
53.01 PAIN CENTER	0.185703			53.01
54 RADIOLOGY-DIAGNOSTIC	0.203523			54
56 RADIOISOTOPE	0.179137			56
57 CT SCAN	0.036590			57
58 MRI	0.055173			58
59 CARDIAC CATHETERIZATION	0.121123			59
60 LABORATORY	0.154903			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.386171			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.160201			65
66 PHYSICAL THERAPY	0.213768			66
69 ELECTROCARDIOLOGY	0.102621			69
70 ELECTROENCEPHALOGRAPHY	0.145875			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.194948			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.452426			72
73 DRUGS CHARGED TO PATIENTS	0.191640			73
74 RENAL DIALYSIS				74
75 ASC (NON-DISTINCT PART)	0.342596			75
76 TREATMENT CENTER	0.598725			76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.479463			90
90.01 PRENATAL CLINIC	0.891901			90.01
90.02 OUTPATIENT PSYCHIATRIC	0.512131			90.02
90.03 WOUND CLINIC	0.483243			90.03
90.04 NEUROSURGERY				90.04
90.05 DR JATOI				90.05
90.06 UROLOGY PHYSICIAN				90.06
90.07 DR. CHU				90.07
90.08 SPORTS MEDICINE CLINIC				90.08
90.09 DR. SHANKER				90.09
90.10 DR MIRMIRA				90.10
90.11 DR TOKHI				90.11
90.12 CT\PET	0.387411			90.12
90.13 RADIATION ONCOLOGY	0.154300			90.13
90.14 SPORTS MED-REHAB				90.14
90.15 MACON COUNT MEDICAL ASSOCIATES				90.15
90.16 DR BRITT				90.16
90.17 ARTHUR FAMILY MEDICINE CENTER				90.17
90.18 DR BOCK				90.18
90.19 PEDIATRIC PROF SERVICES				90.19
90.20 DR ANDERSON				90.20
90.21 DR HABIB				90.21
90.22 DR HANNEKEN				90.22
90.23 DR MUNESSES				90.23
90.24 DR KOHLI				90.24
90.25 DR DUNCAN				90.25
90.26 MT ZION FAMILY PRACTICE				90.26
90.27 DR POWELL				90.27
90.28 CHEMOTHEROPY	0.203026			90.28
91 EMERGENCY	0.165078			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.584060			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/24/2013 20:25

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0166)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2)	3

202 NET CHARGES (LINE 200 MINUS LINE 201)

202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0166)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	22,746,376	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	75,808	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,150,756	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	190.75	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	4.38	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)	3.20	7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	1.18	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.05	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.05	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	1.09	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	1.18	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	1.11	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	1.11	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.005819	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.006490	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.005819	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	75,921	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-0.13	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	75,921	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0596	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.3135	31
32	SUM OF LINES 30 AND 31	0.3731	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2000	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,549,275	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	27,447,380	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	27,447,380	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,953,134	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0166)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	36,144	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29,436,658	59
60	PRIMARY PAYER PAYMENTS	20,451	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,416,207	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,669,910	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	72,468	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	880,984	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	616,689	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	708,101	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27,290,518	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	4,724	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-17,448	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	27,277,794	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	136,389	71.01
72	INTERIM PAYMENTS	27,081,574	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	59,831	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	468,575	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S166) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [XX] IRF (14-T166)
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
 [] SUB (OTHER) [XX] SNF (14-5551)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0166) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26,565,249		11,019,842	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 02/14/2013 .02 05/09/2013 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	435,841 80,484	02/14/2013	44,244	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		516,325		44,244	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		27,081,574		11,064,086	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99				5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S166) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,433,766		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	NONE	NONE	3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,433,766		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .01			6.01
	PROVIDER .02			6.02
	TO .01			6.01
	PROGRAM .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T166) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,422,064		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	NONE	NONE	3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,422,064		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .01			6.01
	PROVIDER .02			6.02
	TO .01			6.01
	PROGRAM .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5551)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		874,246		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	NONE	NONE	3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		874,246		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER			
	PROVIDER			
	TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0166) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,428 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	14,515 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	646 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	31,750 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	440,513,483 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	14,535,224 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,607,714 8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	32,154 9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,575,560 10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	1,700,693 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-125,133 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK HOSPITAL
 APPLICABLE BOX: IPF (14-S166)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	2,560,681	1
2	NET IPF PPS OUTLIER PAYMENT	37,307	2
3	NET IPF PPS ECT PAYMENT	8,923	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.200000	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,606,911	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	2,606,911	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,606,911	18
19	DEDUCTIBLES	160,024	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,446,887	20
21	COINSURANCE		21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,446,887	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,446,887	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,446,887	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	12,234	31.01
32	INTERIM PAYMENTS	2,433,766	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	887	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IRF (14-T166)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,123,729	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.039900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	167,836	3
4	OUTLIER PAYMENTS	110,457	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.246575	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	4,402,022	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	4,402,022	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,402,022	19
20	DEDUCTIBLES	56,048	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,345,974	21
22	COINSURANCE	3,228	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,342,746	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,342,746	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,342,746	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	21,714	32.01
33	INTERIM PAYMENTS	4,422,064	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-101,032	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT			
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	917,062	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	917,062	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	42,816	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
10	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	874,246	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	874,246	15
15.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	4,371	15.01
16	INTERIM PAYMENTS	874,246	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	-4,371	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-0166) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	5,645,919		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,645,919		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,645,919		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 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)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	5,645,919		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	6.19			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA	4.17			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)	2.02			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	1.05			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			1.05	7
			PRIMARY CARE	OTHER	TOTAL
			1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	1.05			1.05
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	1.05			1.05
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT	1.05			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	1.09			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	1.18			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	1.11			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	1.11			17
18	PER RESIDENT AMOUNT	79,585.80	79,585.80		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	88,340			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				88,340
	COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
			PART A	CARE	
26	INPATIENT DAYS	21,629	849		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	40,308	40,308		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.536593	0.021063		28
29	PROGRAM DIRECT GME AMOUNT	47,403	1,861		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		263		30
31	NET PROGRAM DIRECT GME AMOUNT				49,001
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				34,999,475
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				20,451
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				34,979,024
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				12,462,444
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				20,144
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				12,442,300
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				47,421,324
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				0.737622
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				0.262378
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				49,001
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				36,144
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				12,857

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	8,785	1,063	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	40,308	40,308	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.217947	0.026372	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,394,513			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20,577,657			4
5	OTHER RECEIVABLES	1,300,891			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,136,558			7
8	PREPAID EXPENSES	711,566			8
9	OTHER CURRENT ASSETS	3,949,213			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	34,070,398			11
FIXED ASSETS					
12	LAND	3,295,160			12
13	LAND IMPROVEMENTS	5,780,176			13
14	ACCUMULATED DEPRECIATION	-3,374,093			14
15	BUILDINGS	89,829,360			15
16	ACCUMULATED DEPRECIATION	-31,986,490			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	36,308,900			19
20	ACCUMULATED DEPRECIATION	-22,781,588			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	66,378,014			23
24	ACCUMULATED DEPRECIATION	-60,370,861			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS	11,830,249			27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	94,908,827			30
OTHER ASSETS					
31	INVESTMENTS	10,536,380			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,853,141			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	14,389,521			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	143,368,746			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	6,647,458			37
38	SALARIES, WAGES & FEES PAYABLE	5,007,448			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	9,253,012			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	6,749,016			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	27,656,934			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	32,293,077			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	21,363,174			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	53,656,251			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	81,313,185			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	62,055,561			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	62,055,561			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	143,368,746			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		51,340,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		4,065,561							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		55,405,561							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 PENSION RELATED CHANGES		10,720,000							5
6 INVESTMENT INCOME REST ASSETS		307,000							6
7 CONTRIBUTIONS		552,000							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		11,579,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		66,984,561							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 CUM EFFECT CHANGE ACCTG PRINCIPLE									14
15 EXPENSES FOUNDATION									15
16 TRANSFER TO AFFILIATES		4,929,000							16
17 NET ASSETS RELEASED FROM RESTR.									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		4,929,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		62,055,561							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	23,912,470		23,912,470	1
2 SUBPROVIDER IPF	2,948,135		2,948,135	2
3 SUBPROVIDER IRF	4,082,196		4,082,196	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	1,081,980		1,081,980	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	32,024,781		32,024,781	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	4,082,196		4,082,196	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	4,082,196		4,082,196	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	36,106,977		36,106,977	17
18 ANCILLARY SERVICES	181,674,835	242,721,750	424,396,585	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	217,781,812	242,721,750	460,503,562	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		133,041,906	29
30 A-8 ADJUSTMENT TO CONFORM TO			30
31 AUDITOR'S F/S PRESENTATION			31
32			32
33 BAD DEBTS	12,745,291		33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		12,745,291	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		145,787,197	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	460,503,562	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	320,619,688	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	139,883,874	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	145,787,197	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,903,323	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	410	6
7	INCOME FROM INVESTMENTS	252,560	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1,843	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	7,634	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	9,349	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	8,755	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	199,845	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1,855	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED FOR OPERATIONS)		24
24.01	OTHER (INVESTMENT INCOME HSHS RELATED PART)	3,545,005	24.01
24.02	OTHER (LOSS ON RETIEMENT OF DEBT)	-368,210	24.02
24.03	OTHER (EHR REVENUE)	3,468,277	24.03
24.04	OTHER (OTHER RENTAL REVENUE)	1,973,021	24.04
24.05	OTHER (RADIOLOGY REVENUE)	19,709	24.05
24.06	OTHER (FIELDS WRIGHT)	100,539	24.06
24.07	OTHER (ADULT DAY CARE REVENUE)	327,073	24.07
24.08	OTHER (SENIOR CENTER REVENUE)	106,378	24.08
24.09	OTHER (SCHOOL HEALTH SERVICES REVENUE)	223,972	24.09
24.10	OTHER (ER WORKSHOP)	12,750	24.10
24.11	OTHER (CATHY LAB OTHER REVENUE)	6,771	24.11
24.12	OTHER (DIETARY INSTRUCTION)	14,033	24.12
24.13	OTHER (LOSS LON SALE OF ASSETS)	-152,684	24.13
24.14	OTHER (PRACTICE MANAGEMENT)	132,700	24.14
24.15	OTHER (LAUNDRY REVENUE)	7,724	24.15
24.16	OTHER (PHYSICIAN PRACTICE REVENUE)	26,389	24.16
24.17	OTHER (MISCELLANEOUS REVENUE)	43,186	24.17
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,968,884	25
26	TOTAL (LINE 5 PLUS LINE 25)	4,065,561	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	4,065,561	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES		HOURS OF SERVICE			1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)					9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)					17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)					27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 TREATMENT CENTER		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)					31

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2012 TO 06/30/2013

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IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
11/24/2013 20:25

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS
	1	2	3	4	DEPARTMENT	6
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL					3
	TRAINING					
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					12
13	METHOD II HOME PATIENT					13
14	EPO (INCL IN RENAL DEPT)					14
15	ARANESP (INCL IN RENAL DEPT)					15
16	OTHER					16
17	TOTAL (SUM OF LINES 2-16)					17
18	MEDICAL EDUC PGM COSTS					18
19	TOTAL RENAL COSTS (LINES 17+18)					19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
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

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)				
	1	2	3	4	5	
1 TOTAL RENAL DEPT COSTS MAINTENANCE						1
2 HEMODIALYSIS						2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRMNTS						
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS						17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)						18

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PERIOD FROM 07/01/2012 TO 06/30/2013

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3
(CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						
13						13
14						14
15						15
16						16
17						17
18						18

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 PERIOD FROM 07/01/2012 TO 06/30/2013

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4
 (CONTINUED)

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-016) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1 CAPITAL DRG OTHER THAN OUTLIER	1,793,729	1
2 CAPITAL DRG OUTLIER PAYMENTS	12,140	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	87.93	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	1.11	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0036	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6,457	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0596	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.3135	8
9 SUM OF LINES 7 AND 8	0.3731	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0785	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	140,808	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,953,134	12

PART II - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 STONE CENTER					50.01
50.02 ENDOSCOPY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
53.01 PAIN CENTER					53.01
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 TREATMENT CENTER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 PRENATAL CLINIC					90.01
90.02 OUTPATIENT PSYCHIATRIC					90.02
90.03 WOUND CLINIC					90.03
90.04 NEUROSURGERY					90.04
90.05 DR JATOI					90.05
90.06 UROLOGY PHYSICIAN					90.06
90.07 DR. CHU					90.07
90.08 SPORTS MEDICINE CLINIC					90.08
90.09 DR. SHANKER					90.09
90.10 DR MIRMIRA					90.10
90.11 DR TOKHI					90.11
90.12 CT\PET					90.12
90.13 RADIATION ONCOLOGY					90.13
90.14 SPORTS MED-REHAB					90.14
90.15 MACON COUNT MEDICAL ASSOCIATES					90.15

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY						90.28
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS						118
190 GIFT, FLOWER, COFFEE SHOP & CA						190
192 PHYSICIANS' PRIVATE OFFICES						192
194 SENIOR SERVICES						194
194.01 ADULT DAY CARE						194.01
194.02 SPORTS MEDICINE REHAB						194.02
194.04 CANCER CARE						194.04
194.05 RESIDENTIAL PROPERTIES						194.05
194.07 BLUE MOUND						194.07
194.08 ARTHUR CLINIC						194.08
194.09 OCCUPATIONAL HEALTH						194.09
194.11 2981 NORTH MAIN						194.11
194.13 MEDICAL OFFICE BUILDING 1750						194.13
194.14 MEDICAL ARTS						194.14
194.15 MT. ZION CLINIC						194.15
194.16 CERRO GORDO						194.16
194.17 LIFELINE						194.17
194.18 COUNTY JAIL CONTRACT						194.18
194.19 ST. JOHN'S HOME HEALTH						194.19
194.23 ST. MARY'S SURGERY CENTER						194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE						194.24
194.25 3915 N COWGILL						194.25
194.28 LAUNDRY OUTSIDE SERVICES						194.28
194.35 MEDICAL MANAGEMENT SYSTEM						194.35
194.36 LAKE SHORE MEDICAL OFFICE BUIL						194.36
194.37 DAY CARE CENTER						194.37
194.38 SCHOOL HEALTH SERVICES						194.38
194.40 PRAIRIE CARDIOVASCULAR						194.40
194.41 G I SUITES						194.41
194.42 RESPIRATORY CARE NURSING HOME						194.42
194.43 VACANT SPACE						194.43
194.44 PHYSICIAN POOL						194.44
194.48 MRI BUILDING						194.48
194.49 FUND DEVELOPMENT						194.49
194.50 CENTRAL ILLINOIS LUNG						194.50
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

***** 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							
30 ADULTS & PEDIATRICS	41.39		26.50				67.89 30
31 INTENSIVE CARE UNIT	64.19		11.74				75.93 31
43 NURSERY			59.16				59.16 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	29.24	13.21					42.45 50
50.02 ENDOSCOPY	9.98	32.87					42.85 50.02
51 RECOVERY ROOM	14.10	23.31					37.41 51
52 DELIVERY ROOM & LABOR ROOM	0.30						0.30 52
53 ANESTHESIOLOGY	22.94	14.47					37.41 53
53.01 PAIN CENTER	0.74	51.68					52.42 53.01
54 RADIOLOGY-DIAGNOSTIC	15.22	21.56					36.78 54
56 RADIOISOTOPE	7.50	10.06					17.56 56
57 CT SCAN	18.02	23.30					41.32 57
58 MRI	10.93	28.92					39.85 58
59 CARDIAC CATHETERIZATION	24.24	33.20					57.44 59
60 LABORATORY	23.21	0.65					23.86 60
62 WHOLE BLOOD & PACKED RED BLOOD	36.47	3.39					39.86 62
65 RESPIRATORY THERAPY	52.20	5.46					57.66 65
66 PHYSICAL THERAPY	11.26	2.47					13.73 66
69 ELECTROCARDIOLOGY	14.85	45.43					60.28 69
70 ELECTROENCEPHALOGRAPHY	4.52	32.43					36.95 70
71 MEDICAL SUPPLIES CHARGED TO PAT	45.41	1.45					46.86 71
72 IMPL. DEV. CHARGED TO PATIENTS	36.05	23.26					59.31 72
73 DRUGS CHARGED TO PATIENTS	32.38	12.77					45.15 73
75 ASC (NON-DISTINCT PART)		77.58					77.58 75
76 TREATMENT CENTER	4.05	6.06					10.11 76
90.01 PRENATAL CLINIC		0.01					0.01 90.01
90.02 OUTPATIENT PSYCHIATRIC	1.48	53.17					54.65 90.02
90.03 WOUND CLINIC	14.02	15.44					29.46 90.03
90.12 CT\PET	1.57	52.03					53.60 90.12
90.13 RADIATION ONCOLOGY	0.16	61.23					61.39 90.13
90.28 CHEMOTHEROPY		20.33					20.33 90.28
91 EMERGENCY	13.42	14.12					27.54 91
92 OBSERVATION BEDS (NON-DISTINCT	3.79	29.73					33.52 92
200 TOTAL CHARGES	20.96	18.65					39.61 200

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

SUBPROVIDER-IPF

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							
40 SUBPROVIDER - IPF	86.42						86.42 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.05						0.05 50
50.02 ENDOSCOPY	0.08						0.08 50.02
51 RECOVERY ROOM	1.48						1.48 51
53 ANESTHESIOLOGY	0.27						0.27 53
53.01 PAIN CENTER	0.04						0.04 53.01
54 RADIOLOGY-DIAGNOSTIC	0.57						0.57 54
56 RADIOISOTOPE	0.45						0.45 56
57 CT SCAN	0.45						0.45 57
58 MRI	0.10						0.10 58
60 LABORATORY	1.23						1.23 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.08						0.08 62
65 RESPIRATORY THERAPY	0.89						0.89 65
66 PHYSICAL THERAPY	2.24						2.24 66
69 ELECTROCARDIOLOGY	0.21						0.21 69
70 ELECTROENCEPHALOGRAPHY	0.10						0.10 70
71 MEDICAL SUPPLIES CHARGED TO PAT	2.95						2.95 71
73 DRUGS CHARGED TO PATIENTS	2.55						2.55 73
76 TREATMENT CENTER	0.20						0.20 76
90.03 WOUND CLINIC	0.59						0.59 90.03
91 EMERGENCY	0.39						0.39 91
200 TOTAL CHARGES	0.78						0.78 200

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

SUBPROVIDER-IRF

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							
41 SUBPROVIDER - IRF	80.11						80.11 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.60						0.60 50
50.02 ENDOSCOPY	0.08						0.08 50.02
51 RECOVERY ROOM	0.25						0.25 51
53 ANESTHESIOLOGY	0.15						0.15 53
54 RADIOLOGY-DIAGNOSTIC	0.02						0.02 54
56 RADIOISOTOPE	0.63						0.63 56
57 CT SCAN	0.49						0.49 57
58 MRI	0.43						0.43 58
59 CARDIAC CATHETERIZATION	0.03						0.03 59
60 LABORATORY	1.15						1.15 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.33						0.33 62
65 RESPIRATORY THERAPY	4.37						4.37 65
66 PHYSICAL THERAPY	29.49						29.49 66
69 ELECTROCARDIOLOGY	0.26						0.26 69
70 ELECTROENCEPHALOGRAPHY	0.71						0.71 70
71 MEDICAL SUPPLIES CHARGED TO PAT	8.27						8.27 71
72 IMPL. DEV. CHARGED TO PATIENTS	0.07						0.07 72
73 DRUGS CHARGED TO PATIENTS	2.96						2.96 73
90.03 WOUND CLINIC	0.48						0.48 90.03
90.13 RADIATION ONCOLOGY	0.01						0.01 90.13
91 EMERGENCY	0.10						0.10 91
200 TOTAL CHARGES	2.35						2.35 200

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

SNF / NF

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							
44 SKILLED NURSING FACILITY	98.28						98.28 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02						0.02 50
53 ANESTHESIOLOGY	0.14						0.14 53
54 RADIOLOGY-DIAGNOSTIC	0.55						0.55 54
56 RADIOISOTOPE	0.14						0.14 56
57 CT SCAN	0.01						0.01 57
60 LABORATORY	0.92						0.92 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.47						0.47 62
65 RESPIRATORY THERAPY	2.71						2.71 65
66 PHYSICAL THERAPY	7.25						7.25 66
69 ELECTROCARDIOLOGY	0.08						0.08 69
70 ELECTROENCEPHALOGRAPHY	0.17						0.17 70
71 MEDICAL SUPPLIES CHARGED TO PAT	5.75						5.75 71
73 DRUGS CHARGED TO PATIENTS	3.82						3.82 73
90.12 CT\PET	0.54						0.54 90.12
200 TOTAL CHARGES	1.08						1.08 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	4,911,658	4.25	-4,911,658	-8.83		1
2	CAP REL COSTS-MVBLE EQUIP	4,645,696	4.02	-4,645,696	-8.35		2
3	OTHER CAP REL COSTS						3
4	EMPLOYEE BENEFITS DEPARTMENT	11,759,053	10.18	-11,759,053	-21.15		4
5	ADMINISTRATIVE & GENERAL	22,771,833	19.71	-22,771,833	-40.95		5
6	MAINTENANCE & REPAIRS	118,020	0.10	-118,020	-0.21		6
7	OPERATION OF PLANT	3,217,028	2.78	-3,217,028	-5.79		7
8	LAUNDRY & LINEN SERVICE	596,229	0.52	-596,229	-1.07		8
9	HOUSEKEEPING	1,378,012	1.19	-1,378,012	-2.48		9
10	DIETARY	364,717	0.32	-364,717	-0.66		10
11	CAFETERIA	1,138,267	0.99	-1,138,267	-2.05		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	522,804	0.45	-522,804	-0.94		13
14	CENTRAL SERVICES & SUPPLY	200,274	0.17	-200,274	-0.36		14
15	PHARMACY	1,717,124	1.49	-1,717,124	-3.09		15
16	MEDICAL RECORDS & LIBRARY	2,264,159	1.96	-2,264,159	-4.07		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES A						21
22	I&R SERVICES-OTHER PRGM COSTS A						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	7,376,444	6.39	11,261,380	20.25	18,637,824	16.13
31	INTENSIVE CARE UNIT	1,532,981	1.33	1,529,347	2.75	3,062,328	2.65
40	SUBPROVIDER - IPF	1,111,796	0.96	1,324,614	2.38	2,436,410	2.11
41	SUBPROVIDER - IRF	1,839,462	1.59	1,824,379	3.28	3,663,841	3.17
43	NURSERY	281,273	0.24	306,075	0.55	587,348	0.51
44	SKILLED NURSING FACILITY	461,318	0.40	770,138	1.39	1,231,456	1.07
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,965,082	2.57	2,533,154	4.56	5,498,236	4.76
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	249,433	0.22	322,024	0.58	571,457	0.49
51	RECOVERY ROOM	408,212	0.35	435,045	0.78	843,257	0.73
52	DELIVERY ROOM & LABOR ROOM	1,174,771	1.02	1,310,722	2.36	2,485,493	2.15
53	ANESTHESIOLOGY	501,925	0.43	1,170,050	2.10	1,671,975	1.45
53.01	PAIN CENTER	402,005	0.35	473,981	0.85	875,986	0.76
54	RADIOLOGY-DIAGNOSTIC	2,115,904	1.83	2,211,585	3.98	4,327,489	3.75
56	RADIOISOTOPE	549,532	0.48	318,208	0.57	867,740	0.75
57	CT SCAN	748,437	0.65	742,122	1.33	1,490,559	1.29
58	MRI	380,101	0.33	362,254	0.65	742,355	0.64
59	CARDIAC CATHETERIZATION	2,451,132	2.12	1,809,313	3.25	4,260,445	3.69
60	LABORATORY	4,685,572	4.06	4,511,101	8.11	9,196,673	7.96
62	WHOLE BLOOD & PACKED RED BLOOD	457,385	0.40	186,404	0.34	643,789	0.56
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	921,885	0.80	725,364	1.30	1,647,249	1.43
66	PHYSICAL THERAPY	2,197,365	1.90	2,360,878	4.25	4,558,243	3.95
69	ELECTROCARDIOLOGY	1,312,665	1.14	1,106,471	1.99	2,419,136	2.09
70	ELECTROENCEPHALOGRAPHY	308,254	0.27	369,871	0.67	678,125	0.59
71	MEDICAL SUPPLIES CHARGED TO PAT	99,146	0.09	40,225	0.07	139,371	0.12
72	IMPL. DEV. CHARGED TO PATIENTS	6,662,923	5.77	2,463,104	4.43	9,126,027	7.90
73	DRUGS CHARGED TO PATIENTS	4,243,535	3.67	4,628,037	8.32	8,871,572	7.68
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)	308,716	0.27	222,586	0.40	531,302	0.46
76	TREATMENT CENTER	95,094	0.08	136,924	0.25	232,018	0.20
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	154,870	0.13	97,677	0.18	252,547	0.22
90.01	PRENATAL CLINIC	64,014	0.06	46,893	0.08	110,907	0.10
90.02	OUTPATIENT PSYCHIATRIC	81,930	0.07	235,992	0.42	317,922	0.28
90.03	WOUND CLINIC	365,002	0.32	230,408	0.41	595,410	0.52
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT\PET	279,366	0.24	100,702	0.18	380,068	0.33
90.13	RADIATION ONCOLOGY	633,802	0.55	363,051	0.65	996,853	0.86
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES							90.19
90.20 DR ANDERSON							90.20
90.21 DR HABIB							90.21
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI							90.24
90.25 DR DUNCAN							90.25
90.26 MT ZION FAMILY PRACTICE							90.26
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	19,199	0.02	15,046	0.03	34,245	0.03	90.28
91 EMERGENCY	2,746,840	2.38	4,018,939	7.23	6,765,779	5.86	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							92
94 HOME PROGRAM DIALYSIS OUTPATIENT SERVICE COST CENTERS							94
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							99.40
190 GIFT, FLOWER, COFFEE SHOP & CAN	242,792	0.21	126,838	0.23	369,630	0.32	190
192 PHYSICIANS' PRIVATE OFFICES	7,395,965	6.40	2,116,681	3.81	9,512,646	8.23	192
194 SENIOR SERVICES	161,375	0.14	68,988	0.12	230,363	0.20	194
194.01 ADULT DAY CARE	221,763	0.19	122,352	0.22	344,115	0.30	194.01
194.02 SPORTS MEDICINE REHAB	276,649	0.24	188,239	0.34	464,888	0.40	194.02
194.04 CANCER CARE	43,980	0.04	12,768	0.02	56,748	0.05	194.04
194.05 RESIDENTIAL PROPERTIES							194.05
194.07 BLUE MOUND	4,830		1,532		6,362	0.01	194.07
194.08 ARTHUR CLINIC	40,481	0.04	11,579	0.02	52,060	0.05	194.08
194.09 OCCUPATIONAL HEALTH							194.09
194.11 2981 NORTH MAIN	4,374		1,353		5,727		194.11
194.13 MEDICAL OFFICE BUILDING 1750	203,085	0.18	59,532	0.11	262,617	0.23	194.13
194.14 MEDICAL ARTS							194.14
194.15 MT. ZION CLINIC	20,624	0.02	6,164	0.01	26,788	0.02	194.15
194.16 CERRO GORDO	23,167	0.02	6,805	0.01	29,972	0.03	194.16
194.17 LIFELINE							194.17
194.18 COUNTY JAIL CONTRACT							194.18
194.19 ST. JOHN'S HOME HEALTH			241,719	0.43	241,719	0.21	194.19
194.23 ST. MARY'S SURGERY CENTER							194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE	64,549	0.06	42,839	0.08	107,388	0.09	194.24
194.25 3915 N COWGILL	323,704	0.28	92,748	0.17	416,452	0.36	194.25
194.28 LAUNDRY OUTSIDE SERVICES	19		5		24		194.28
194.35 MEDICAL MANAGEMENT SYSTEM	138		39		177		194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILD	393,243	0.34	114,029	0.21	507,272	0.44	194.36
194.37 DAY CARE CENTER	6,128	0.01	1,894		8,022	0.01	194.37
194.38 SCHOOL HEALTH SERVICES	166,818	0.14	115,997	0.21	282,815	0.24	194.38
194.40 PRAIRIE CARDIOVASCULAR			256,437	0.46	256,437	0.22	194.40
194.41 G I SUITES	798		298		1,096		194.41
194.42 RESPIRATORY CARE NURSING HOME							194.42
194.43 VACANT SPACE			1,186,991	2.13	1,186,991	1.03	194.43
194.44 PHYSICIAN POOL	110,980	0.10	36,530	0.07	147,510	0.13	194.44
194.48 MRI BUILDING	4,564		1,335		5,899	0.01	194.48
194.49 FUND DEVELOPMENT	16,832	0.01	110,508	0.20	127,340	0.11	194.49
194.50 CENTRAL ILLINOIS LUNG			116,610	0.21	116,610	0.10	194.50
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	115,519,103	100.00			115,519,103	100.00	202

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						
50 OPERATING ROOM	592,911	24,293,187	0.024406	7,103,355	173,364	50
50.01 STONE CENTER						50.01
50.02 ENDOSCOPY	93,940	1,919,955	0.048928	191,676	9,378	50.02
51 RECOVERY ROOM	79,457	3,812,885	0.020839	537,771	11,207	51
52 DELIVERY ROOM & LABOR ROOM	293,112	3,610,779	0.081177	10,949	889	52
53 ANESTHESIOLOGY	72,636	6,059,748	0.011987	1,390,187	16,664	53
53.01 PAIN CENTER	108,860	4,717,133	0.023078	35,033	808	53.01
54 RADIOLOGY-DIAGNOSTIC	467,265	21,262,890	0.021976	3,235,578	71,105	54
56 RADIOISOTOPE	47,424	4,844,002	0.009790	363,453	3,558	56
57 CT SCAN	76,681	40,736,953	0.001882	7,340,916	13,816	57
58 MRI	48,574	13,455,072	0.003610	1,470,063	5,307	58
59 CARDIAC CATHETERIZATION	273,610	35,174,618	0.007779	8,526,394	66,327	59
60 LABORATORY	1,121,227	59,370,522	0.018885	13,782,565	260,284	60
62 WHOLE BLOOD & PACKED RED BLOOD	26,568	1,667,109	0.015937	607,978	9,689	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	73,090	10,282,391	0.007108	5,367,040	38,149	65
66 PHYSICAL THERAPY	457,646	21,323,292	0.021462	2,401,846	51,548	66
69 ELECTROCARDIOLOGY	173,482	23,573,435	0.007359	3,500,639	25,761	69
70 ELECTROENCEPHALOGRAPHY	81,988	4,648,662	0.017637	210,336	3,710	70
71 MEDICAL SUPPLIES CHARGED TO PAT	5,942	714,914	0.008311	324,654	2,698	71
72 IMPL. DEV. CHARGED TO PATIENTS	379,977	20,171,299	0.018838	7,272,049	136,991	72
73 DRUGS CHARGED TO PATIENTS	369,151	46,292,803	0.007974	14,989,836	119,529	73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	17,057	1,550,811	0.010999			75
76 TREATMENT CENTER	38,147	387,520	0.098439	15,679	1,543	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,194	526,729	0.015556			90
90.01 PRENATAL CLINIC	3,635	124,349	0.029232	1		90.01
90.02 OUTPATIENT PSYCHIATRIC	90,245	620,782	0.145373	9,201	1,338	90.02
90.03 WOUND CLINIC	20,985	1,232,112	0.017032	172,784	2,943	90.03
90.04 NEUROSURGERY						90.04
90.05 DR JATOI						90.05
90.06 UROLOGY PHYSICIAN						90.06
90.07 DR. CHU						90.07
90.08 SPORTS MEDICINE CLINIC						90.08
90.09 DR. SHANKER						90.09
90.10 DR MIRMIRA						90.10
90.11 DR TOKHI						90.11
90.12 CT\PET	12,564	981,045	0.012807	15,387	197	90.12
90.13 RADIATION ONCOLOGY	32,838	6,460,480	0.005083	10,120	51	90.13
90.14 SPORTS MED-REHAB						90.14
90.15 MACON COUNT MEDICAL ASSOCIATES						90.15
90.16 DR BRITT						90.16
90.17 ARTHUR FAMILY MEDICINE CENTER						90.17
90.18 DR BOCK						90.18
90.19 PEDIATRIC PROF SERVICES						90.19
90.20 DR ANDERSON						90.20
90.21 DR HABIB						90.21
90.22 DR HANNEKEN						90.22
90.23 DR MUNESSES						90.23
90.24 DR KOHLI						90.24
90.25 DR DUNCAN						90.25
90.26 MT ZION FAMILY PRACTICE						90.26
90.27 DR POWELL						90.27
90.28 CHEMOTHEROPY	1,193	168,673	0.007073			90.28
91 EMERGENCY	1,074,432	40,985,281	0.026215	5,499,006	144,156	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	179,778	1,966,667	0.091413	74,632	6,822	92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	6,322,609	402,936,098		84,459,128	1,177,832	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	2,917,043		2,917,043	31,121	93.73	12,880	1,207,242	30
31 INTENSIVE CARE UNIT	276,003		276,003	2,547	108.36	1,635	177,169	31
200 TOTAL	3,193,046		3,193,046	33,668		14,515	1,384,411	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,384,411	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,177,832	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2,562,243	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							3,361	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							14,515	
PER DISCHARGE CAPITAL COSTS							762.35	
PER DIEM CAPITAL COSTS							176.52	

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)	22,831,079
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	96,745,510
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.236

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	4,818,036
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	13,586,069
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.355

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 40 + WKST D PART IV COL 11 LINE 200))	2,659,295
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	5,706,119
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.466

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,562,243
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.026

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	12,334,939
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	74,552,865
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.165

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19