PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2008.05
02/25/2009 13:50

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX
XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: 02/25/2009
TIME: 13:50

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 MEMORIAL MEDICAL CENTER (14-0148) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/25/2009 13:50
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(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Robert W Kay

Senior Vice President & Chief Financial Officer
TITLE

February 27, 2009
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		-187180	238830		1
2	SUBPROVIDER I		152197			2
2.01	SUBPROVIDER II		95551			2.01
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		60568	238830		100

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

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

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

WORKSHEET S
PARTS I & II

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

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

_____
TITLE

_____
DATE

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 701 NORTH FIRST STREET — P.O.BOX: — 1

1.01 CITY: SPRINGFIELD — STATE: IL — ZIP CODE: 62781 — COUNTY: SANGAMON — 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	COMPONENT NAME	PROVIDER NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX	
	0	1	2	3	4	5	6	
2	HOSPITAL	MEMORIAL MEDICAL CENTER	14-0148	10/01/1966	N	P	O	2
3	SUBPROVIDER I	MEM MEDICAL PSYCH UNIT	14-S148	10/01/1966	N	T	O	3
3.01	SUBPROVIDER II	MEM MEDICAL REHAB UNIT	14-T148	10/01/1966	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	MEMORIAL MEDICAL CENTER	14-2315	10/01/1966				16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2007 TO: 09/30/2008	17
		1 2	
18	TYPE OF CONTROL	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20
20.01	SUBPROVIDER II	5	20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES	21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.		21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	YES	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	10/01/1966	23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	07/01/1999	23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	YES	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA — WORKSHEET S-2 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO	35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES 14H058	40
40.01	NAME: FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

		PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

MULTICAMPUS

61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				61
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.						
		COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
		1	2	3	4	5	

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
02/25/2009 13:39

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	328	119957			54879		8514		1
2	HMO									2
2.01	HMO (IRF PPS Sub)					2620		3768		2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF							268		3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	328	119957			54879		8514		5
6	INTENSIVE CARE UNIT	39	14338			4137		134		6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT	10	3660			362		453		8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY									11
12	TOTAL HOSPITAL	377	137955			59378		9101		12
13	RPCH VISITS									13
14	SUBPROVIDER I	35	12810			4571		1561		14
14.01	SUBPROVIDER II (REHAB	30	10980			2636		473		14.01
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY									18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	442								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
28.01	EMP. DISC. DAYS(IRF Sub)									28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS: OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	INTERNS & RES FTES: TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		90882								1
2	HMO XIX										2
2.01	HMO (IRF PPS Sub) .										2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF										3
4	HOSPITAL ADULTS & PEDS - SWING BED NF										4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		90882								5
6	INTENSIVE CARE UNIT		7966								6
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT		2381								8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY		3830								11
12	TOTAL HOSPITAL		105059			117.30		117.30	2800.52		12
13	RPCH VISITS										13
14	SUBPROVIDER I		10918			1.11		1.11	68.28		14
14.01	SUBPROVIDER II (REHAB		5242			.44		.44	27.91		14.01
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY										16
17	OTHER LONG TERM CARE										17
18	HOME HEALTH AGENCY										18
20	ASC (DISTINCT PART)										20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL					118.85		118.85	2896.71		25
26	OBSERVATION BED DAYS		1838	325	1513						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS		1545								28
28.01	EMP. DISC. DAYS(IRF Sub)		81								28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		10960	2245	22261	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		10960	2245	22261	12
13	RPCH VISITS					13
14	SUBPROVIDER I		375	289	1239	14
14.01	SUBPROVIDER II (REHAB		235	49	484	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

	PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
	SALARIES							
1	TOTAL SALARIES	151231264	-3010203	148221061	6313441.00	23.48		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	8060598		8060598	110423.00	73.00	LABOR DISTRIBUT	3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	5127024		5127024	224350.00	22.85	LABOR DISTRIBUT	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5114296	94655	5208951	227725.00	22.87		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	4269160		4269160	78178.00	54.61	CONT LABOR/INVO	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	2307846		2307846	16269.87	141.85	TIME STUDIES	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	12444837		12444837	212112.00	58.67	HOME OFFICE LD	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	35387407		35387407			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1421514		1421514			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	1197014		1197014			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	1143158		1143158			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	2530108	41171	2571279	127329.62	20.19		21
22	ADMINISTRATIVE & GENERAL	17016982	-723009	16293973	793508.02	20.53		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	3674894	-12154	3662740	130136.40	28.15		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	792036	-35089	756947	62295.67	12.15		25
26	HOUSEKEEPING	3035803	-85995	2949808	246158.39	11.98		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2925029	-1969238	955791	71982.04	13.28		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	587800	2020986	2608786	205405.42	12.70		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1877204	37961	1915165	53227.97	35.98		30
31	CENTRAL SERVICES AND SUPPLY	1524381	19114	1543495	117822.52	13.10		31
32	PHARMACY	4676266		4676266	148680.14	31.45		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2567521	33543	2601064	159088.24	16.35		33
34	SOCIAL SERVICE		512870	512870	23512.10	21.81		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	138043642	-3010203	135033439	5978668.00	22.59	1
2	EXCLUDED AREA SALARIES	5114296	94655	5208951	227725.00	22.87	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	132929346	-3104858	129824488	5750943.00	22.57	3
4	SUBTOTAL OTHER WAGES & REL COSTS	19021843		19021843	306559.87	62.05	4
5	SUBTOTAL WAGE-RELATED COSTS	35387407		35387407		27.26%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	187338596	-3104858	184233738	6057502.87	30.41	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	41208024	-159840	41048184	2139146.53	19.19	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2315

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

		OUTPATIENT		TRAINING		HOME		
		REGULAR	HIGH FLUX	HEMO-DIALYSIS	CAPD CCPD	HEMO-DIALYSIS	CAPD CCPD	
		1	2	3	4	5	6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	6						1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	366						5
6	NUMBER OF STATIONS	11						6
7	TREATMENT CAPACITY PER DAY PER STATION	2						7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10

TRANSPLANT INFORMATION

11	NUMBER OF PATIENTS ON TRANSPLANT LIST	205	11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	24	12

EPOIETIN

13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	89773	13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	5561	14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		14.01

PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)

15	MCP INITIAL METHOD X		15

ARANESP

16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		19

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1 RATE	SERVICES PRIOR TO JANUARY 1 DAYS	SERVICES ON OR AFTER JANUARY 1 RATE	SERVICES ON OR AFTER JANUARY 1 DAYS	TOTAL	
	1	2	3	3.01	4	4.01	5	
1	RVC/RUC							1
2	RVB/RUB							2
3	RVA/RUA							3
3.01	RUX							3.01
3.02	RUL							3.02
4	RHD/RVC							4
5	RHC/RVB							5
6	RHB/RVA							6
6.01	RVX							6.01
6.02	RVL							6.02
7	RHA/RHC							7
8	RMC/RHB							8
9	RMB/RHA							9
9.01	RHX							9.01
9.02	RHL							9.02
10	RMA/RMC							10
11	RLB/RMB							11
12	RLA/RMA							12
12.01	RMX							12.01
12.02	RML							12.02
13	SE3/RLB							13
14	SE2/RLA							14
14.01	RLX							14.01
15	SE1/SE3							15
16	SSC/SE2							16
17	SSB/SE1							17
18	SSA/SSC							18
19	CD2/SSB							19
20	CD1/SSA							20
21	CC2							21
22	CC1							22
23	CB2							23
24	CB1							24
25	CA2							25
26	CA1							26
27	IB2							27
28	IB1							28
29	IA2							29
30	IA1							30
31	BB2							31
32	BB1							32
33	BA2							33
34	BA1							34
35	PE2							35
36	PE1							36
37	PD2							37
38	PD1							38
39	PC2							39
40	PC1							40
41	PB2							41
42	PB1							42
43	PA2							43
44	PA1							44
45	DEFAULT RATE							45
46	TOTAL							46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES		17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES		22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.293260	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS		28
29	TOTAL GROSS MEDICAID COST		29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)		30
31	UNCOMPENSATED CARE COST		31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL		32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
3	0300	NEW CAP REL COSTS-BLDG & FIXT		7696901	7696901	1786136	9483037	2782546	12265583	3
5	0500	EMPLOYEE BENEFITS	2530108	30119320	32649428	-1373535	31275893	-8127851	23148042	5
6	0600	ADMINISTRATIVE & GENERAL	17016982	63726492	80743474	-541783	80201691	-29284138	50917553	6
7	0700	MAINTENANCE & REPAIRS	3674894	10632240	14307134	1116930	15424064	270227	15694291	7
9	0900	LAUNDRY & LINEN SERVICE	792036	582304	1374340	10609	1384949	-64312	1320637	9
10	1000	HOUSEKEEPING	3035803	2102616	5138419	41193	5179612	30813	5210425	10
11	1100	DIETARY	2925029	1397701	4322730	-2490495	1832235	-62066	1770169	11
12	1200	CAFETERIA	587800	1979199	2566999	2542834	5109833	-3897879	1211954	12
14	1400	NURSING ADMINISTRATION	1877204	468212	2345416	38327	2383743	-7970	2375773	14
15	1500	CENTRAL SERVICES & SUPPLY	1524381	526226	2050607	19114	2069721		2069721	15
16	1600	PHARMACY	4676266	16028229	20704495	-15037821	5666674	6507	5673181	16
17	1700	MEDICAL RECORDS & LIBRARY	2567521	2208918	4776439	33543	4809982	105516	4915498	17
18	1800	SOCIAL SERVICE				721815	721815		721815	18
22	2200	I&R SERVICES-SALARY & FRINGES A	5127024		5127024		5127024		5127024	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A		1219116	1219116	1621593	2840709		2840709	23
24	2400	PARAMED ED PRGM-(SPECIFY)		537	537	38596	39133		39133	24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	25783278	5675988	31459266	804370	32263636	-38112	32225524	25
26	2600	INTENSIVE CARE UNIT	5300109	1660465	6960574	38756	6999330	-53715	6945615	26
28	2800	BURN INTENSIVE CARE UNIT	1081594	703288	1784882	1837	1786719	-48411	1738308	28
31	3100	SUBPROVIDER I	3317954	544852	3862806	-18456	3844350	1102	3845452	31
31.01	3101	SUBPROVIDER II (REHAB	1318155	301577	1619732	13272	1633004	-253	1632751	31.01
33	3300	NURSERY	3506979	1130615	4637594	-3543969	1093625	1250	1094875	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	9375368	4736484	14111852	90811	14202663	-21037	14181626	37
39	3900	DELIVERY ROOM & LABOR ROOM				2550551	2550551		2550551	39
40	4000	ANESTHESIOLOGY	8665668	2299175	10964843	43790	11008633	-8484404	2524229	40
41	4100	RADIOLOGY-DIAGNOSTIC	8040302	10453601	18493903	-12011	18481892	312579	18794471	41
42	4200	RADIOLOGY-THERAPEUTIC	1400544	1968313	3368857	10236	3379093		3379093	42
43.01	3620	CARDIAC REHAB	867538	112854	980392	5011	985403	-230	985173	43.01
44	4400	LABORATORY	8171371	11926372	20097743	65054	20162797	-884321	19278476	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD	386304	4398849	4785153	2385	4787538		4787538	46
49	4900	RESPIRATORY THERAPY	3291867	1195832	4487699	26610	4514309	3076	4517385	49
50	5000	PHYSICAL THERAPY	5181287	1258104	6439391	48893	6488284	-30987	6457297	50
51	5100	OCCUPATIONAL THERAPY	1569253	175639	1744892	9913	1754805	16291	1771096	51
52	5200	SPEECH PATHOLOGY	726271	99540	825811	4002	829813	7334	837147	52
53	5300	ELECTROCARDIOLOGY	5203888	19309412	24513300	-127737	24385563	-444142	23941421	53
53.01	3340	GI UNIT	1088136	879389	1967525	12568	1980093		1980093	53.01
53.02	3650	VASCULAR LAB	317283	333130	650413	1649	652062	-11212	640850	53.02
54	5400	ELECTROENCEPHALOGRAPHY	344646	178331	522977	2320	525297	-71798	453499	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT	209640	27268751	27478391	691492	28169883		28169883	55
56	5600	DRUGS CHARGED TO PATIENTS				15071466	15071466	-13000	15058466	56
56.01	3640	RENAL TXPLANT LAB	188555	176641	365196	11234	376430	-2139	374291	56.01
57	5700	RENAL DIALYSIS	1070090	433897	1503987	-219241	1284746	-21676	1263070	57
58	5800	ASC (NON-DISTINCT PART)	1976743	2813857	4790600	18143	4808743	583834	5392577	58
		OUTPATIENT SERVICE COST CENTERS								
60.01	4040	MAP (2004)								60.01
61	6100	EMERGENCY	6035206	3817684	9852890	-58659	9794231	-1346155	8448076	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
		OTHER REIMBURSABLE COST CENTERS								
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
83	8300	KIDNEY ACQUISITION	198743	850076	1048819	-162158	886661	-21061	865600	83
85.01	8510	PANCREAS ACQUISITION				120593	120593		120593	85.01
88	8800	INTEREST EXPENSE		3138142	3138142	-3138142				88
95		SUBTOTALS	150951820	246528869	397480689	891639	398372328	-48815794	349556534	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	65	219229	219294		219294		219294	96
98	9800	PHYSICIANS' PRIVATE OFFICES	3331	20096	23427	6126	29553		29553	98
98.01	9801	SIU SCHOOL OF MEDICINE				720369	720369		720369	98.01
98.03	9802	UNIVERSITY BUILDING (MHCCI)	59274	61332	120606	1512	122118		122118	98.03
98.04	9803	MEALS ON WHEELS								98.04
98.05	9804	ACS HOME CARE								98.05
98.06	9805	VNA OF CENTRAL IL								98.06
98.07	9806	GAMBRO								98.07
98.08	9808	FOUNDATION								98.08
98.09	9807	SIU MAP PROGRAM	59274	2384542	2443816	-1620643	823173		823173	98.09
98.10	9809	AUDIOLOGY	157500	206007	363507	997	364504		364504	98.10
101		TOTAL	151231264	249420075	400651339		400651339	-48815794	351835545	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	LEASE RECLASS	A	SIU SCHOOL OF MEDICINE	98.01		353546	1
2							2
3	DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		15037821	3
4							4
5	INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		3000149	5
6		C	ADMINISTRATIVE & GENERAL	6		137993	6
7							7
8	SOCIAL SERVICE RECLASS	D	SOCIAL SERVICE	18	512870	208945	8
9							9
10	RENAL MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55		230524	10
11							11
12	CAFE/DIETARY RECLASS	F	CAFETERIA	12	2013306	521257	12
13							13
14	FMS RECLASS	G	ADULTS & PEDIATRICS	25	774069	246056	14
15		G	DELIVERY ROOM & LABOR ROOM	39	1935353	615198	15
16							16
17	CONTRACT LABOR	H	EMPLOYEE BENEFITS	5		5213	17
18		H	ADMINISTRATIVE & GENERAL	6		442026	18
19		H	MAINTENANCE & REPAIRS	7		41169	19
20		H	LAUNDRY & LINEN SERVICE	9		45698	20
21		H	HOUSEKEEPING	10		127188	21
22		H	CAFETERIA	12		591	22
23		H	NURSING ADMINISTRATION	14		366	23
24		H	ADULTS & PEDIATRICS	25		1471299	24
25		H	INTENSIVE CARE UNIT	26		154482	25
26		H	BURN INTENSIVE CARE UNIT	28		7000	26
27		H	OPERATING ROOM	37		22783	27
28		H	RADIOLOGY-DIAGNOSTIC	41		476162	28
29		H	RADIOLOGY-THERAPEUTIC	42		122716	29
30		H	RESPIRATORY THERAPY	49		313319	30
31		H	PHYSICAL THERAPY	50		38545	31
32		H	OCCUPATIONAL THERAPY	51		40101	32
33		H	ELECTROCARDIOLOGY	53		858733	33
34		H	ELECTROENCEPHALOGRAPHY	54		35289	34
35		H	EMERGENCY	61		227442	35
36	SUBTOTAL				5235598	24781611	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	LEASE RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		353546	10	1
2								2
3	DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		15037821		3
4								4
5	INTEREST EXPENSE	C	INTEREST EXPENSE	88		3138142	11	5
6		C						6
7								7
8	SOCIAL SERVICE RECLASS	D	ADMINISTRATIVE & GENERAL	6	512870	208945		8
9								9
10	RENAL MEDICAL SUPPLIES	E	RENAL DIALYSIS	57		230524		10
11								11
12	CAFE/DIETARY RECLASS	F	DIETARY	11	2013306	521257		12
13								13
14	FMS RECLASS	G	NURSERY	33	2709422	861254		14
15		G						15
16								16
17	CONTRACT LABOR	H	EMPLOYEE BENEFITS	5	5213			17
18		H	ADMINISTRATIVE & GENERAL	6	442026			18
19		H	MAINTENANCE & REPAIRS	7	41169			19
20		H	LAUNDRY & LINEN SERVICE	9	45698			20
21		H	HOUSEKEEPING	10	127188			21
22		H	CAFETERIA	12	591			22
23		H	NURSING ADMINISTRATION	14	366			23
24		H	ADULTS & PEDIATRICS	25	1471299			24
25		H	INTENSIVE CARE UNIT	26	154482			25
26		H	BURN INTENSIVE CARE UNIT	28	7000			26
27		H	OPERATING ROOM	37	22783			27
28		H	RADIOLOGY-DIAGNOSTIC	41	476162			28
29		H	RADIOLOGY-THERAPEUTIC	42	122716			29
30		H	RESPIRATORY THERAPY	49	313319			30
31		H	PHYSICAL THERAPY	50	38545			31
32		H	OCCUPATIONAL THERAPY	51	40101			32
33		H	ELECTROCARDIOLOGY	53	858733			33
34		H	ELECTROENCEPHALOGRAPHY	54	35289			34
35		H	EMERGENCY	61	227442			35
36	SUBTOTAL				9665720	20351489		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1							1
2	KINETIC BED RECLASS	I	MEDICAL SUPPLIES CHARGED TO P	55		453779	2
3							3
4	BUILDING INSURANCE RECLASS	J	NEW CAP REL COSTS-BLDG & FIXT	3		227448	4
5							5
6	OBSERVATION RECLASS	K	ADULTS & PEDIATRICS	25	10387	5489	6
7		K					7
8		K					8
9							9
10	ACADEMIC SUPPORT	L	I&R SERVICES-OTHER PRGM COSTS	23		1621593	10
11							11
12	GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	5	20885		12
13		M	ADMINISTRATIVE & GENERAL	6	132848		13
14		M	MAINTENANCE & REPAIRS	7	21573		14
15		M	LAUNDRY & LINEN SERVICE	9	10609		15
16		M	HOUSEKEEPING	10	41193		16
17		M	DIETARY	11	36732		17
18		M	CAFETERIA	12	8271		18
19		M	NURSING ADMINISTRATION	14	8634		19
20		M	CENTRAL SERVICES & SUPPLY	15	19114		20
21		M	MEDICAL RECORDS & LIBRARY	17	25808		21
22		M	ADULTS & PEDIATRICS	25	172982		22
23		M	INTENSIVE CARE UNIT	26	30001		23
24		M	BURN INTENSIVE CARE UNIT	28	6873		24
25		M	SUBPROVIDER I	31	23165		25
26		M	SUBPROVIDER II (REHAB	31.01	9479		26
27		M	NURSERY	33	21540		27
28		M	OPERATING ROOM	37	57566		28
29		M	ANESTHESIOLOGY	40	18408		29
30		M	RADIOLOGY-DIAGNOSTIC	41	55612		30
31		M	RADIOLOGY-THERAPEUTIC	42	5920		31
32		M	CARDIAC REHAB	43.01	5011		32
33		M	LABORATORY	44	66882		33
34		M	WHOLE BLOOD & PACKED RED BLOO	46	2385		34
35		M	RESPIRATORY THERAPY	49	21516		35
36	SUBTOTAL				6068992	27089920	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1								1
2	KINETIC BED RECLASS	I	ADULTS & PEDIATRICS	25		453779		2
3								3
4	BUILDING INSURANCE RECLASS	J	ADMINISTRATIVE & GENERAL	6		227448	12	4
5								5
6	OBSERVATION RECLASS	K	INTENSIVE CARE UNIT	26	2089	654		6
7		K	BURN INTENSIVE CARE UNIT	28	6969	4531		7
8		K	SUBPROVIDER II (REHAB	31.01	1329	304		8
9								9
10	ACADEMIC SUPPORT	L	SIU MAP PROGRAM	98.09		1621593		10
11								11
12	GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	5		1000749		12
13		M						13
14		M						14
15		M						15
16		M						16
17		M						17
18		M						18
19		M						19
20		M						20
21		M						21
22		M						22
23		M						23
24		M						24
25		M						25
26		M						26
27		M						27
28		M						28
29		M						29
30		M						30
31		M						31
32		M						32
33		M						33
34		M						34
35		M						35
36	SUBTOTAL				9676107	23660547		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1		M	PHYSICAL THERAPY	50	35453		1
2		M	OCCUPATIONAL THERAPY	51	9913		2
3		M	SPEECH PATHOLOGY	52	4665		3
4		M	ELECTROCARDIOLOGY	53	29061		4
5		M	GI UNIT	53.01	7593		5
6		M	VASCULAR LAB	53.02	1649		6
7		M	ELECTROENCEPHALOGRAPHY	54	2320		7
8		M	MEDICAL SUPPLIES CHARGED TO P	55	1340		8
9		M	DRUGS CHARGED TO PATIENTS	56	24118		9
10		M	RENAL TXPLANT LAB	56.01	1286		10
11		M	RENAL DIALYSIS	57	5387		11
12		M	ASC (NON-DISTINCT PART)	58	12644		12
13		M	EMERGENCY	61	37994		13
14		M	KIDNEY ACQUISITION	83	1303		14
15		M	PANCREAS ACQUISITION	85.01	112		15
16		M	PHYSICIANS' PRIVATE OFFICES	98	7		16
17		M	UNIVERSITY BUILDING (MHCCI)	98.03	950		17
18		M	SIU MAP PROGRAM	98.09	950		18
19		M	AUDIOLOGY	98.10	997		19
20							20
21	SIU PURCHASED SERVICE SUPPORT	N	SIU SCHOOL OF MEDICINE	98.01		366823	21
22		N					22
23		N					23
24		N					24
25		N					25
26		N					26
27		N					27
28							28
29	AFFILIATE ACCOUNTING RECLASS	O	UNIVERSITY BUILDING (MHCCI)	98.03		562	29
30							30
31	PANCREAS RECLASS	P	PANCREAS ACQUISITION	85.01	15899	104582	31
32							32
33	MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	5	25499		33
34		Q	ADMINISTRATIVE & GENERAL	6	99039		34
35		Q	MAINTENANCE & REPAIRS	7	7442		35
36	SUBTOTAL				6394613	27561887	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		M						1
2		M						2
3		M						3
4		M						4
5		M						5
6		M						6
7		M						7
8		M						8
9		M						9
10		M						10
11		M						11
12		M						12
13		M						13
14		M						14
15		M						15
16		M						16
17		M						17
18		M						18
19		M						19
20								20
21	SIU PURCHASED SERVICE SUPPORT	N	ADMINISTRATIVE & GENERAL	6		66950		21
22		N	ADULTS & PEDIATRICS	25		41925		22
23		N	SUBPROVIDER I	31		53244		23
24		N	SPEECH PATHOLOGY	52		663		24
25		N	ELECTROCARDIOLOGY	53		138545		25
26		N	EMERGENCY	61		64036		26
27		N	KIDNEY ACQUISITION	83		1460		27
28								28
29	AFFILIATE ACCOUNTING RECLASS	O	ADMINISTRATIVE & GENERAL	6		562		29
30								30
31	PANCREAS RECLASS	P	KIDNEY ACQUISITION	83	15899	104582		31
32								32
33	MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	5		419170		33
34		Q						34
35		Q						35
36	SUBTOTAL				9692006	24551684		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	INCREASE SALARY	INCREASE OTHER	
		1	2	3	4	5	
1		Q	DIETARY	11	7336		1
2		Q	NURSING ADMINISTRATION	14	29693		2
3		Q	MEDICAL RECORDS & LIBRARY	17	7735		3
4		Q	ADULTS & PEDIATRICS	25	49571		4
5		Q	INTENSIVE CARE UNIT	26	11498		5
6		Q	BURN INTENSIVE CARE UNIT	28	6464		6
7		Q	SUBPROVIDER I	31	11623		7
8		Q	SUBPROVIDER II (REHAB	31.01	5426		8
9		Q	NURSERY	33	5167		9
10		Q	OPERATING ROOM	37	33334		10
11		Q	ANESTHESIOLOGY	40	25382		11
12		Q	RADIOLOGY-DIAGNOSTIC	41	6039		12
13		Q	RADIOLOGY-THERAPEUTIC	42	4316		13
14		Q	LABORATORY	44	8120		14
15		Q	RESPIRATORY THERAPY	49	5094		15
16		Q	PHYSICAL THERAPY	50	13440		16
17		Q	ELECTROCARDIOLOGY	53	13108		17
18		Q	GI UNIT	53.01	4975		18
19		Q	MEDICAL SUPPLIES CHARGED TO P	55	5849		19
20		Q	DRUGS CHARGED TO PATIENTS	56	9527		20
21		Q	RENAL DIALYSIS	57	5896		21
22		Q	ASC (NON-DISTINCT PART)	58	5499		22
23		Q	EMERGENCY	61	5979		23
24		Q	PHYSICIANS' PRIVATE OFFICES	98	6119		24
25							25
26	POST TRANSPLANT MED DIR FEES RECL	R	ADULTS & PEDIATRICS	25		41520	26
27							27
28	EMS COORDINATOR RECLASS	S	PARAMED ED PRGM-(SPECIFY)	24	35853	2743	28
29							29
30	DEPRECIATION RECLASS	T	MAINTENANCE & REPAIRS	7		1087915	30
31							31
32	TRANSPLANT LAB RECLASS	U	RENAL TXPLANT LAB	56.01	9948		32
33							33
34	BRACCO REBATE RECLASS	V	ADMINISTRATIVE & GENERAL	6		105112	34
35		V					35
36	SUBTOTAL				6727604	28799177	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		Q						1
2		Q						2
3		Q						3
4		Q						4
5		Q						5
6		Q						6
7		Q						7
8		Q						8
9		Q						9
10		Q						10
11		Q						11
12		Q						12
13		Q						13
14		Q						14
15		Q						15
16		Q						16
17		Q						17
18		Q						18
19		Q						19
20		Q						20
21		Q						21
22		Q						22
23		Q						23
24		Q						24
25								25
26	POST TRANSPLANT MED DIR FEES RECL	R	KIDNEY ACQUISITION	83		41520		26
27								27
28	EMS COORDINATOR RECLASS	S	EMERGENCY	61	35853	2743		28
29								29
30	DEPRECIATION RECLASS	T	NEW CAP REL COSTS-BLDG & FIXT	3		1087915	9	30
31								31
32	TRANSPLANT LAB RECLASS	U	LABORATORY	44	9948			32
33								33
34	BRACCO REBATE RECLASS	V	OPERATING ROOM	37		89		34
35		V	RADIOLOGY-DIAGNOSTIC	41		73662		35
36	SUBTOTAL				9737807	25757613		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1		V				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	TOTAL RECLASSIFICATIONS				6727604	28799177

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1		V	ELECTROCARDIOLOGY	53		31361		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS				9737807	25788974		36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	7696901					7696901		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT								6
7	SUBTOTAL	7696901					7696901		7
8	RECONCILING ITEMS								8
9	TOTAL	7696901					7696901		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1	OLD CAP REL COSTS-BLDG & FIXT				.000000					1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3	NEW CAP REL COSTS-BLDG & FIXT	6404978		6404978	1.000000					3
4	NEW CAP REL COSTS-MVBLE EQUIP				.000000					4
5	TOTAL	6404978		6404978	1.000000					5

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	12139013	-525057	424179	227448			12265583	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	12139013	-525057	424179	227448			12265583	5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	7696901						7696901	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	7696901						7696901	5

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-9119256				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-4146360				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-62066	DIETARY	11		16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS						19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-232227	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22	VENDING MACHINES	B	-127525	CAFETERIA	12		22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4					36
37	CAFETERIA INCOME	B	-3770354	CAFETERIA	12		37
37.01	AUTOPSY INCOME	B	-120959	LABORATORY	44		37.01
37.02	MISC INCOME	B	-196834	ADMINISTRATIVE & GENERAL	6		37.02
37.03	MISC INCOME	B	-10975	MAINTENANCE & REPAIRS	7		37.03
37.04	MISC INCOME	B	-64312	LAUNDRY & LINEN SERVICE	9		37.04
37.05	MISC INCOME	B	-3000	HOUSEKEEPING	10		37.05
37.06	MISC INCOME	B	-7970	NURSING ADMINISTRATION	14		37.06
37.07	MISC INCOME	B	-6966	NURSERY	33		37.07
37.08	MISC INCOME	B	-1553	OPERATING ROOM	37		37.08
37.09	MISC INCOME	B	-223871	RADIOLOGY-DIAGNOSTIC	41		37.09
37.10	MISC INCOME	B	-230	CARDIAC REHAB	43.01		37.10
37.11	MISC INCOME	B	-36400	LABORATORY	44		37.11
37.12	MISC INCOME	B	-120913	PHYSICAL THERAPY	50		37.12
37.13	MISC INCOME	B	-2204	OCCUPATIONAL THERAPY	51		37.13
37.14	MISC INCOME	B	-735	SPEECH PATHOLOGY	52		37.14
37.15	MISC INCOME	B	-20550	ELECTROCARDIOLOGY	53		37.15
37.16	MISC INCOME	B	-55009	ELECTROENCEPHALOGRAPHY	54		37.16
37.17	MISC INCOME	B	-12000	DRUGS CHARGED TO PATIENTS	56		37.17
37.18	MISC INCOME	B	-1720	EMERGENCY	61		37.18
37.19	CHILDCARE INCOME	B	-1006405	EMPLOYEE BENEFITS	5		37.19
37.20	INSURANCE REVENUE	B	-200026	ADMINISTRATIVE & GENERAL	6		37.20
37.21	PROMPT PAY INTEREST PENALTY	B	-145713	ADMINISTRATIVE & GENERAL	6		37.21
38	RENT INCOME - CHAPPA	B	-1086	NEW CAP REL COSTS-BLDG & FIXT	3	10	38
38.01	PARKING DECK INCOME	B	-102200	NEW CAP REL COSTS-BLDG & FIXT	3	10	38.01
38.02	PARKING DECK HCNP	B	-67381	NEW CAP REL COSTS-BLDG & FIXT	3	10	38.02
38.03	RENT INCOME SIU MED	B	-844	NEW CAP REL COSTS-BLDG & FIXT	3	10	38.03
38.04	CRNA SALARIES	A	-8017205	ANESTHESIOLOGY	40		38.04
38.05	CRNA FICA	A	-431620	ANESTHESIOLOGY	40		38.05
38.06	CRNA BENEFITS	A	-1179033	EMPLOYEE BENEFITS	5		38.06
38.07	CRNA GIFT / EMPLOYEE BONUE	A	-40311	ANESTHESIOLOGY	40		38.07

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
38.08	REAL ESTATE TAXES	A	-24529	ADMINISTRATIVE & GENERAL	6		38.08
38.11	1985 SERIES	A	-496236	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.11
38.12	2003 SWAP INTEREST EXPENSE	A	-303325	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.12
38.13	1985 SWAP INTEREST EXPENSE	A	-169290	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.13
38.14	93 BOND INTEREST INCOME	A	-9792	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.14
38.15	BOND INTEREST 97 INCOME	A	-17539	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.15
38.16	INV INCOME GENERAL	A	-1641788	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.16
38.17	WORK COMPENSATION	A	-999882	EMPLOYEE BENEFITS	5		38.17
38.18	AHA LIFE	A	6344	ANESTHESIOLOGY	40		38.18
38.19	AHA LIFE	A	4113	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.19
38.20	AHA LIFE	A	12100	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.20
38.21	AHA LIFE	A	6507	PHARMACY	16		38.21
38.22	AMBULANCE EXPESNSE	A	-1378	SUBPROVIDER I	31		38.22
38.23	AMBULANCE EXPENSE	A	-50458	EMERGENCY	61		38.23
39	SELF INSURANCE MALPRACTICE	A	-926304	ADMINISTRATIVE & GENERAL	6		39
40	SELF INSURANCE HEALTH	A	-8219976	EMPLOYEE BENEFITS	5		40
41	PENSION	A	3348200	EMPLOYEE BENEFITS	5		41
42	ADVERTISING	A	-820315	ADMINISTRATIVE & GENERAL	6		42
43	POST JUDGEMENT INTEREST - COLLECT	A	-19712	ADMINISTRATIVE & GENERAL	6		43
44	HOSPITAL MUTUAL ASSISTANCE PROGRA	A	-2551757	ADMINISTRATIVE & GENERAL	6		44
45	VNA OFFSET	A	-151356	ADMINISTRATIVE & GENERAL	6		45
46	OPERATING RELEASED FROM RESTRICTI	B	-70	MAINTENANCE & REPAIRS	7		46
46.01	OPERATING RELEASED FROM RESTRICTI	B	-21701	ADMINISTRATIVE & GENERAL	6		46.01
46.02	OPERATING RELEASED FROM RESTRICTI	B	-251899	ADMINISTRATIVE & GENERAL	6		46.02
46.03	OPERATING RELEASED FROM RESTRICTI	B	-24343	EMPLOYEE BENEFITS	5		46.03
46.04	OPERATING RELEASED FROM RESTRICTI	B	-2896	EMERGENCY	61		46.04
46.05	OPERATING RELEASED FROM RESTRICTI	B	-1414	EMERGENCY	61		46.05
46.06	OPERATING RELEASED FROM RESTRICTI	B	-251794	ADMINISTRATIVE & GENERAL	6		46.06
46.07	OPERATING RELEASED FROM RESTRICTI	B	-1000	DRUGS CHARGED TO PATIENTS	56		46.07
46.08	OPERATING RELEASED FROM RESTRICTI	B	-6944	ADULTS & PEDIATRICS	25		46.08
46.09	OPERATING RELEASED FROM RESTRICTI	B	-3312	ADMINISTRATIVE & GENERAL	6		46.09
46.10	MEDICAL DIRECTOR ADJUST CASE MGMT	A	14255	ADMINISTRATIVE & GENERAL	6		46.10
46.11	MEDICAL DIRECTOR ADJUST CANCER	A	45553	ADMINISTRATIVE & GENERAL	6		46.11
46.12	MEDICAL DIRECTOR ADJUST CLINICAL	A	3525	ADMINISTRATIVE & GENERAL	6		46.12
46.13	MEDICAL DIRECTOR ADJUST UROLOGY	A	3294	ADULTS & PEDIATRICS	25		46.13
46.14	MEDICAL DIRECTOR ADJUST PEDS	A	600	ADULTS & PEDIATRICS	25		46.14
46.15	MEDICAL DIRECTORS ADJUST PSYCH SV	A	5568	SUBPROVIDER I	31		46.15
46.16	MEDICAL DIRECTOR ADUST NURSERY	A	8881	NURSERY	33		46.16
46.17	MEDICAL DIRECTOR ADJUST PULMONARY	A	12851	RESPIRATORY THERAPY	49		46.17
46.18	MEDICAL DIRECTOR ADJUST CARDIOLOG	A	2074	ELECTROCARDIOLOGY	53		46.18
47	A&G PATIENT REVENUE	B	-24210	ADMINISTRATIVE & GENERAL	6		47
48	ILLINOIS PROVIDER ASSESSMENT EXPE	A	-5760626	ADMINISTRATIVE & GENERAL	6		48
49							49
50	TOTAL		-48815794				50

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

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
	1	2	3	4	5	6	7	
1	58	ASC (NON-DISTINCT PART)	BAYLIS RENT	583834		583834		1
2	7	MAINTENANCE & REPAIRS	KOKE MILL RENT	127508		127508		2
3								3
4	44	LABORATORY	BAYLIS RENT	51741		51741		4
4.01	41	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT	445293		445293		4.01
4.02	6	ADMINISTRATIVE & GENERAL	BAYLIS RENT	29363	1212021	-1182658		4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT	91157		91157		4.03
4.04	44	LABORATORY	KOKE MILL RENT	33794		33794		4.04
4.05	50	PHYSICAL THERAPY	KOKE MILL RENT	221041		221041		4.05
4.06	51	OCCUPATIONAL THERAPY	KOKE MILL RENT	18495		18495		4.06
4.07	6	ADMINISTRATIVE & GENERAL	KOKE MILL RENT	5133	706019	-700886		4.07
4.08	6	ADMINISTRATIVE & GENERAL	VNA RENT	112729	40943	71786		4.08
4.09	52	SPEECH PATHOLOGY	KOKE MILL RENT	8069		8069		4.09
4.10	3	NEW CAP REL COSTS-BLDG & FIXT	BOND INTERST SPLIT AJE 97	1285654	1223654	62000	11	4.10
4.11	3	NEW CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION		95387	-95387	9	4.11
4.12	50	PHYSICAL THERAPY	PETERSBURG RENT	31652		31652		4.12
4.13	50	PHYSICAL THERAPY	INDUSTRIAL REHAB RENT	93763		93763		4.13
4.14	7	MAINTENANCE & REPAIRS	BAYLIS RENT	98532		98532		4.14
4.15	10	HOUSEKEEPING	BAYLIS RENT	10274		10274		4.15
4.16	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	16190089	24134273	-7944184		4.16
4.17	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	5609201		5609201	9	4.17
4.18	6	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS		2263212	-2263212		4.18
4.19	10	HOUSEKEEPING	KOKE MILL RENT	8449		8449		4.19
4.20	6	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON RENT	610262	249990	360272		4.20
4.21	7	MAINTENANCE & REPAIRS	2401 W JEFFERSON RENT	55232		55232		4.21
4.22	10	HOUSEKEEPING	2401 W JEFFERSON RENT	15090		15090		4.22
4.23	17	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON RENT	337743		337743		4.23
4.24	44	LABORATORY	2401 W JEFFERSON RENT	81421		81421		4.24
4.25	50	PHYSICAL THERAPY	KOKE MILL RENT	4973		4973		4.25
4.26	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY ALMH		74805	-74805		4.26
4.27	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY ALMH		10368	-10368		4.27
4.28	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY TMH		72072	-72072		4.28
4.29	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY TMH		9989	-9989		4.29
4.30	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY VNA		33595	-33595		4.30
4.31	5	EMPLOYEE BENEFITS	COO/PR EDUC/QLTY VNA		4656	-4656		4.31
4.32	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY ACS		17359	-17359		4.32
4.33	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY ACS		2406	-2406		4.33
4.34	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY HCNA		93007	-93007		4.34
4.35	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY HCNA		12891	-12891		4.35
4.36	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MHCCI		35862	-35862		4.36
4.37	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MHCCI		4971	-4971		4.37
4.38	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY HCNP		8241	-8241		4.38
4.39	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY HCNP		1131	-1131		4.39
5		TOTALS		26160492	30306852	-4146360		5

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

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

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

	SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
1	B	MEMORIAL HEALTH SYSTEM		MEMORIAL HEALTH SYSTEM		HEALTHCARE	1
2	E	ABRAHAM LINCOLN MEMORIAL HOSPI		ABRAHAM LINCOLN MEMORIAL HOSPI		HEALTHCARE	2
3	E	TAYLORVILLE MEMORIAL HOSPITAL		TAYLORVILLE MEMORIAL HOSPITAL		HEALTHCARE	3
4							4
5							5

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

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2008.05
02/25/2009 13:39

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION INCL FRINGES	PROFESSIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL AGGREGATE	6276106	5732326	543780	136700	4147	272546	13627
2	25	ADULTS & PEDIATRICS AGGREGATE	91254	5479	85775	136700	855	56192	2810
3	26	INTENSIVE CARE UNIT AGGREGATE	88536	7536	81000	154100	470	34821	1741
4	28	BURN INTENSIVE CARE UNIT AGGREGATE	93233	8978	84255	154100	605	44822	2241
5	31	SUBPROVIDER I AGGREGATE	10213		10213	142500	104	7125	356
6	31.01	SUBPROVIDER II (REHAB AGGREGATE	713	225	488	136700	7	460	23
7	33	NURSERY AGGREGATE	24719		24719	136700	366	24054	1203
8	37	OPERATING ROOM AGGREGATE	47450	6523	40927	204100	285	27966	1398
9	40	ANESTHESIOLOGY AGGREGATE	5399	1612	3787	200300	92	8859	443
10	42	RADIOLOGY-THERAPEUTIC AGGREGATE	1529518	719899	809619	219500	6023	635600	31780
11	44	LABORATORY AGGREGATE	32580		32580	136700	347	22805	1140
12	49	RESPIRATORY THERAPY AGGREGATE	360085	32885	327200	136700	1500	98582	4929
13	50	PHYSICAL THERAPY AGGREGARE	466216	331790	134426	136700	617	40550	2028
14	53	ELECTROCARDIOLOGY AGGREGATE	19690	1555	18135	136700	129	8478	424
15	53.01	GI UNIT AGGREGATE	29013	2152	26861	136700	186	12224	611
16	53.02	VASCULAR LAB AGGREGATE	31271	1951	29320	136700	146	9595	480
17	54	ELECTROENCEPHALOGRAPHY AGGREGATE	1317993	1262406	55587	136700	431	28326	1416
18	57	RENAL DIALYSIS AGGREGATE	42880	72	42808	136700	332	21819	1091
19	61	EMERGENCY AGGREGATE	9948		9948	219500	74	7809	390
20	83	KIDNEY ACQUISITION AGGREGATE							
21	56.01	RENAL TXPLANT LAB AGGREGATE							
101		TOTAL	10476817	8115389	2361428		16716	1362633	68131

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2008.05
02/25/2009 13:39

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	6	ADMINISTRATIVE & GENERAL AGGREGATE					272546	271234	6003560
2	25	ADULTS & PEDIATRICS AGGREGATE					56192	29583	35062
3	26	INTENSIVE CARE UNIT AGGREGATE					34821	46179	53715
4	28	BURN INTENSIVE CARE UNIT AGGREGATE					44822	39433	48411
5	31	SUBPROVIDER I AGGREGATE					7125	3088	3088
6	31.01	SUBPROVIDER II (REHAB AGGREGATE					460	28	253
7	33	NURSERY AGGREGATE					24054	665	665
8	37	OPERATING ROOM AGGREGATE					27966	12961	19484
9	40	ANESTHESIOLOGY AGGREGATE					8859		1612
10	42	RADIOLOGY-THERAPEUTIC AGGREGATE					635600	174019	893918
11	44	LABORATORY AGGREGATE					22805	9775	9775
12	49	RESPIRATORY THERAPY AGGREGATE					98582	228618	261503
13	50	PHYSICAL THERAPY AGGREGARE					40550	93876	425666
14	53	ELECTROCARDIOLOGY AGGREGATE					8478	9657	11212
15	53.01	GI UNIT AGGREGATE					12224	14637	16789
16	53.02	VASCULAR LAB AGGREGATE					9595	19725	21676
17	54	ELECTROENCEPHALOGRAPHY AGGREGATE					28326	27261	1289667
18	57	RENAL DIALYSIS AGGREGATE					21819	20989	21061
19	61	EMERGENCY AGGREGATE					7809	2139	2139
20	83	KIDNEY ACQUISITION AGGREGATE							
21	56.01	RENAL TXPLANT LAB AGGREGATE							
101		TOTAL					1362633	1003867	9119256

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT	12265583	12265583							3
5	EMPLOYEE BENEFITS	23148042	142964	23291006						5
6	ADMINISTRATIVE & GENERAL	50917553	1954170	2748287	55620010	55620010				6
7	MAINTENANCE & REPAIRS	15694291	1515378	621745	17831414	3348187	21179601			7
9	LAUNDRY & LINEN SERVICE	1320637	113733	127702	1562072	293309	237337	2092718		9
10	HOUSEKEEPING	5210425	180437	497676	5888538	1105685	386358		7380581	10
11	DIETARY	1770169	91493	155999	2017661	378854	198303	1373	66239	11
12	CAFETERIA	1211954	261076	444958	1917988	360139	544811	3918	181982	12
14	NURSING ADMINISTRATION	2375773	54614	321134	2751521	516650	113969		38069	14
15	CENTRAL SERVICES & SUPPLY	2069721	232424	260828	2562973	481247	485020	109948	162010	15
16	PHARMACY	5673181	103458		5776639	1084674	215894		72115	16
17	MEDICAL RECORDS & LIBRARY	4915498	304680	439313	5659491	1062677	635803		212376	17
18	SOCIAL SERVICE	721815		87754	809569	152012				18
22	I&R SERVICES-SALARY & FRINGES A	5127024		792627	5919651	1111527		6062		22
23	I&R SERVICES-OTHER PRGM COSTS A	2840709	64061		2904770	545426	133681		44653	23
24	PARAMED ED PRGM-(SPECIFY)	39133		6135	45268	8500				24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	32225524	2229373	4294093	38748990	7275772	4652216	852408	1553968	25
26	INTENSIVE CARE UNIT	6945615	394265	880080	8219960	1543454	822748	106875	274821	26
28	BURN INTENSIVE CARE UNIT	1738308	119426	182675	2040409	383126	249217	30174	83245	28
31	SUBPROVIDER I	3845452	373793	567715	4786960	898843	780026	43413	260550	31
31.01	SUBPROVIDER II (REHAB	1632751	119629	225314	1977694	371350	249641	59773	83387	31.01
33	NURSERY	1094875	30498	136465	1261838	236934	63642	20060	21258	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	14181626	648257	1600265	16430148	3085072	1352774	229147	451864	37
39	DELIVERY ROOM & LABOR ROOM	2550551	30670	331147	2912368	546852	64001	48676	21378	39
40	ANESTHESIOLOGY	2524229	83705	110955	2718889	510523	174674	14114	58346	40
41	RADIOLOGY-DIAGNOSTIC	18794471	677425	1294255	20766151	3899239	1665829	113228	556433	41
42	RADIOLOGY-THERAPEUTIC	3379093	145701	218642	3743436	702901	304047	14667	101560	42
43.01	CARDIAC REHAB	985173	40695	148439	1174307	220498	84922	175	28366	43.01
44	LABORATORY	19278476	583101	1398154	21259731	3991918	1293734	482	432143	44
46	WHOLE BLOOD & PACKED RED BLOOD	4787538	2174	66098	4855810	911771	4537		1515	46
49	RESPIRATORY THERAPY	4517385	93542	509641	5120568	961484	195202		65203	49
50	PHYSICAL THERAPY	6457297	185598	879944	7522839	1412556	387304	33026	129370	50
51	OCCUPATIONAL THERAPY	1771096	80686	261644	2113426	396836	168375	3867	56242	51
52	SPEECH PATHOLOGY	837147	25446	124268	986861	185302	53101		17737	52
53	ELECTROCARDIOLOGY	23941421	228530	743473	24913424	4677969	476893	47479	159295	53
53.01	GI UNIT	1980093	106163	186184	2272440	426694	221540	23926	74001	53.01
53.02	VASCULAR LAB	640850	16265	54288	711403	133579	33943		11338	53.02
54	ELECTROENCEPHALOGRAPHY	453499	34799	52932	541230	101626	72617	11317	24256	54
55	MEDICAL SUPPLIES CHARGED TO PAT	28169883		35870	28205753	5296166	35640			55
56	DRUGS CHARGED TO PATIENTS	15058466		800128	15858594	2977752		2613		56
56.01	RENAL TXPLANT LAB	374291	17079	32263	423633	79545			11905	56.01
57	RENAL DIALYSIS	1263070	85362	183097	1531529	287574	178133	15279	59501	57
58	ASC (NON-DISTINCT PART)	5392577		338229	5730806	1076068	593473	51966	198236	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	8448076	279656	987597	9715329	1824238	583584	225009	194933	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	865600	9587	31285	906472	170207	20007		6683	83
85.01	PANCREAS ACQUISITION	120593	829	2720	124142	23310	1730		578	85.01
95	SUBTOTALS	349556534	11660742	23182018	348842705	55058046	17734726	2068975	5715556	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	219294	21036	11	240341	45129	43897		14663	96
98	PHYSICIANS' PRIVATE OFFICES	29553	260748	570	290871	54617	544125	23743	181753	98
98.01	SIU SCHOOL OF MEDICINE	720369			720369	135263	1763283		588985	98.01
98.03	UNIVERSITY BUILDING (MHCCI)	122118		10142	132260	24834				98.03
98.04	MEALS ON WHEELS									98.04
98.05	ACS HOME CARE		307949	32545	340494	63934	262304		214654	98.05
98.06	VNA OF CENTRAL IL			23230	23230	4362	150653		123276	98.06
98.07	GAMBRO						248499		203360	98.07
98.08	FOUNDATION			5399	5399	1014				98.08
98.09	SIU MAP PROGRAM	823173		10142	833315	156471	400587		327803	98.09
98.10	AUDIOLOGY	364504	15108	26949	406561	76340	31527		10531	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	351835545	12265583	23291006	351835545	55620010	21179601	2092718	7380581	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		11	12	14	15	16	17	18	22	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	2662430								11
12	CAFETERIA		3008838							12
14	NURSING ADMINISTRATION		33443	3453652						14
15	CENTRAL SERVICES & SUPPLY		74034		3875232					15
16	PHARMACY					7149322				16
17	MEDICAL RECORDS & LIBRARY		99961				7670308			17
18	SOCIAL SERVICE		14849					976430		18
22	I&R SERVICES-SALARY & FRINGES A		142366						7179606	22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		920							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1924773	688701	1528598	110120	95433	5059594	673650	2534189	25
26	INTENSIVE CARE UNIT	107794	116150	257800	42290	18975	387312	15219		26
28	BURN INTENSIVE CARE UNIT	32632	26452	58711	25177	2674	115810	21026		28
31	SUBPROVIDER I	303086	89724	199147	3093	1408	536868	119751	687226	31
31.01	SUBPROVIDER II (REHAB	128730	36676	81403	4908	1321	258464	17322		31.01
33	NURSERY		18975	42116	4724	900	50619			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		222970	494891	48227	7151	95102		1727041	37
39	DELIVERY ROOM & LABOR ROOM		46045	102198	11463	2183		3905		39
40	ANESTHESIOLOGY		1537	3412	61649	26788	57522			40
41	RADIOLOGY-DIAGNOSTIC		215401		195144	13131	333625		559403	41
42	RADIOLOGY-THERAPEUTIC		22930	50895	24484	144	58289	5106		42
43.01	CARDIAC REHAB		19409		692	27	3068			43.01
44	LABORATORY		259055		428998	3016	181001			44
46	WHOLE BLOOD & PACKED RED BLOOD		9238		19048	2	11504			46
49	RESPIRATORY THERAPY		83338	184972	16323	1246	16106		34469	49
50	PHYSICAL THERAPY		137320		862	56	36047	3504		50
51	OCCUPATIONAL THERAPY		38397		1741	32	6136			51
52	SPEECH PATHOLOGY		18068		909	48	3068			52
53	ELECTROCARDIOLOGY		112563	249837	940438	16010	153391			53
53.01	GI UNIT		29409	65274	25204	1640	28377	112141		53.01
53.02	VASCULAR LAB		6386	14175	26		7670			53.02
54	ELECTROENCEPHALOGRAPHY		8988		576	10	2301			54
55	MEDICAL SUPPLIES CHARGED TO PAT		5191	11521	1708406	3792	44483			55
56	DRUGS CHARGED TO PATIENTS		93417		6452	6923659				56
56.01	RENAL TXPLANT LAB		4980		7851	1	72861			56.01
57	RENAL DIALYSIS		20867		1126	2508				57
58	ASC (NON-DISTINCT PART)		48975	108702	118125	3478				58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		146242		67176	23644	151090	4806		61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		5033			3				83
85.01	PANCREAS ACQUISITION		434							85.01
95	SUBTOTALS	2497015	2898444	3453652	3875232	7149280	7670308	976430	5542328	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES		26			42				98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		3679							98.03
98.04	MEALS ON WHEELS	165415								98.04
98.05	ACS HOME CARE		49409							98.05
98.06	VNA OF CENTRAL IL		44547							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		5191							98.08
98.09	SIU MAP PROGRAM		3679							98.09
98.10	AUDIOLOGY		3863						1637278	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	2662430	3008838	3453652	3875232	7149322	7670308	976430	7179606	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION EMERGENCY 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	3628530					23
24	PARAMED ED PRGM-(SPECIFY)		54688				24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	1280765		66979177	-3814954	63164223	25
26	INTENSIVE CARE UNIT			11913398		11913398	26
28	BURN INTENSIVE CARE UNIT			3068653		3068653	28
31	SUBPROVIDER I	347320		9057415	-1034546	8022869	31
31.01	SUBPROVIDER II (REHAB			3270669		3270669	31.01
33	NURSERY			1721066		1721066	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	872836		25017223	-2599877	22417346	37
39	DELIVERY ROOM & LABOR ROOM			3759069		3759069	39
40	ANESTHESIOLOGY			3627454		3627454	40
41	RADIOLOGY-DIAGNOSTIC	282719		28600303	-842122	27758181	41
42	RADIOLOGY-THERAPEUTIC			5028459		5028459	42
43.01	CARDIAC REHAB			1531464		1531464	43.01
44	LABORATORY			27850078		27850078	44
46	WHOLE BLOOD & PACKED RED BLOOD			5813425		5813425	46
49	RESPIRATORY THERAPY	17420		6696331	-51889	6644442	49
50	PHYSICAL THERAPY			9662884		9662884	50
51	OCCUPATIONAL THERAPY			2785052		2785052	51
52	SPEECH PATHOLOGY			1265094		1265094	52
53	ELECTROCARDIOLOGY			31747299		31747299	53
53.01	GI UNIT			3280646		3280646	53.01
53.02	VASCULAR LAB			918520		918520	53.02
54	ELECTROENCEPHALOGRAPHY			762921		762921	54
55	MEDICAL SUPPLIES CHARGED TO PAT			35310952		35310952	55
56	DRUGS CHARGED TO PATIENTS			25862487		25862487	56
56.01	RENAL TXPLANT LAB			600776		600776	56.01
57	RENAL DIALYSIS			2096517	-89773	2006744	57
58	ASC (NON-DISTINCT PART)			7929829		7929829	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY		54688	12990739		12990739	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION			1108405		1108405	83
85.01	PANCREAS ACQUISITION			150194		150194	85.01
95	SUBTOTALS	2801060	54688	340406499	-8433161	331973338	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			344030		344030	96
98	PHYSICIANS' PRIVATE OFFICES			1095177		1095177	98
98.01	SIU SCHOOL OF MEDICINE			3207900		3207900	98.01
98.03	UNIVERSITY BUILDING (MHCCI)			160773		160773	98.03
98.04	MEALS ON WHEELS			165415		165415	98.04
98.05	ACS HOME CARE			930795		930795	98.05
98.06	VNA OF CENTRAL IL			346068		346068	98.06
98.07	GAMBRO			451859		451859	98.07
98.08	FOUNDATION			11604		11604	98.08
98.09	SIU MAP PROGRAM	827470		4186603	-2464748	1721855	98.09
98.10	AUDIOLOGY			528822		528822	98.10
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL	3628530	54688	351835545	-10897909	340937636	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS	49930	142964	192894	192894					5
6	ADMINISTRATIVE & GENERAL	1552365	1954170	3506535	22760	3529295				6
7	MAINTENANCE & REPAIRS	520579	1515378	2035957	5149	212461	2253567			7
9	LAUNDRY & LINEN SERVICE	31949	113733	145682	1058	18612	25253	190605		9
10	HOUSEKEEPING	96055	180437	276492	4122	70162	41110		391886	10
11	DIETARY	61006	91493	152499	1292	24040	21100	125	3517	11
12	CAFETERIA	31304	261076	292380	3685	22853	57969	357	9663	12
14	NURSING ADMINISTRATION	151046	54614	205660	2659	32784	12127		2021	14
15	CENTRAL SERVICES & SUPPLY	318881	232424	551305	2160	30538	51607	10014	8602	15
16	PHARMACY	385386	103458	488844		68829	22972		3829	16
17	MEDICAL RECORDS & LIBRARY	140773	304680	445453	3638	67433	67651		11276	17
18	SOCIAL SERVICE				727	9646				18
22	I&R SERVICES-SALARY & FRINGES A	1418		1418	6564	70533		552		22
23	I&R SERVICES-OTHER PRGM COSTS A		64061	64061		34610	14224		2371	23
24	PARAMED ED PRGM-(SPECIFY)	537		537	51	539				24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	673116	2229373	2902489	35570	461580	495005	77639	82512	25
26	INTENSIVE CARE UNIT	223577	394265	617842	7288	97941	87543	9734	14592	26
28	BURN INTENSIVE CARE UNIT	27318	119426	146744	1513	24311	26517	2748	4420	28
31	SUBPROVIDER I	75226	373793	449019	4702	57037	82997	3954	13834	31
31.01	SUBPROVIDER II (REHAB	77702	119629	197331	1866	23564	26562	5444	4428	31.01
33	NURSERY	57152	30498	87650	1130	15035	6772	1827	1129	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1768685	648257	2416942	13253	195765	143939	20871	23993	37
39	DELIVERY ROOM & LABOR ROOM	138708	30670	169378	2742	34701	6810	4433	1135	39
40	ANESTHESIOLOGY	229247	83705	312952	919	32396	18586	1285	3098	40
41	RADIOLOGY-DIAGNOSTIC	4094674	677425	4772099	10718	247429	177249	10313	29545	41
42	RADIOLOGY-THERAPEUTIC	884565	145701	1030266	1811	44603	32351	1336	5393	42
43.01	CARDIAC REHAB	9943	40695	50638	1229	13992	9036	16	1506	43.01
44	LABORATORY	500550	583101	1083651	11579	253310	137657	44	22945	44
46	WHOLE BLOOD & PACKED RED BLOOD	19433	2174	21607	547	57857	483		80	46
49	RESPIRATORY THERAPY	262737	93542	356279	4221	61012	20770		3462	49
50	PHYSICAL THERAPY	277795	185598	463393	7287	89635	41210	3008	6869	50
51	OCCUPATIONAL THERAPY	14084	80686	94770	2167	25181	17916	352	2986	51
52	SPEECH PATHOLOGY	11333	25446	36779	1029	11758	5650		942	52
53	ELECTROCARDIOLOGY	1869868	228530	2098398	6157	296843	50743	4324	8458	53
53.01	GI UNIT	269161	106163	375324	1542	27076	23573	2179	3929	53.01
53.02	VASCULAR LAB	178300	16265	194565	450	8476	3612		602	53.02
54	ELECTROENCEPHALOGRAPHY	66278	34799	101077	438	6449	7727	1031	1288	54
55	MEDICAL SUPPLIES CHARGED TO PAT	5849		5849	297	336072	3792			55
56	DRUGS CHARGED TO PATIENTS				6626	188955		238		56
56.01	RENAL TXPLANT LAB	9024	17079	26103	267	5048			632	56.01
57	RENAL DIALYSIS	54547	85362	139909	1516	18248	18954	1392	3159	57
58	ASC (NON-DISTINCT PART)	797366		797366	2801	68283	63147	4733	10526	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	225544	279656	505200	8179	115758	62095	20494	10350	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	16336	9587	25923	259	10801	2129		355	83
85.01	PANCREAS ACQUISITION		829	829	23	1479	184		31	85.01
95	SUBTOTALS	16179347	11660742	27840089	191991	3493635	1887022	188443	303478	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	700	21036	21736		2864	4671		779	96
98	PHYSICIANS' PRIVATE OFFICES		260748	260748	5	3466	57896	2162	9651	98
98.01	SIU SCHOOL OF MEDICINE					8583	187618		31273	98.01
98.03	UNIVERSITY BUILDING (MHCCI)				84	1576				98.03
98.04	MEALS ON WHEELS									98.04
98.05	ACS HOME CARE		307949	307949	270	4057	27910		11397	98.05
98.06	VNA OF CENTRAL IL				192	277	16030		6546	98.06
98.07	GAMBRO						26441		10798	98.07
98.08	FOUNDATION				45	64				98.08
98.09	SIU MAP PROGRAM				84	9929	42624		17405	98.09
98.10	AUDIOLOGY	8945	15108	24053	223	4844	3355		559	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	16188992	12265583	28454575	192894	3529295	2253567	190605	391886	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		11	12	14	15	16	17	18	22	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	202573								11
12	CAFETERIA		386907							12
14	NURSING ADMINISTRATION		4300	259551						14
15	CENTRAL SERVICES & SUPPLY		9520		663746					15
16	PHARMACY					584474				16
17	MEDICAL RECORDS & LIBRARY		12854				608305			17
18	SOCIAL SERVICE		1909					12282		18
22	I&R SERVICES-SALARY & FRINGES A		18307						97374	22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		118							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	146447	88565	114880	18862	7802	401260	8475		25
26	INTENSIVE CARE UNIT	8202	14936	19374	7244	1551	30716	191		26
28	BURN INTENSIVE CARE UNIT	2483	3401	4412	4312	219	9184	264		28
31	SUBPROVIDER I	23061	11538	14966	530	115	42577	1506		31
31.01	SUBPROVIDER II (REHAB	9794	4716	6118	841	108	20498	218		31.01
33	NURSERY		2440	3165	809	74	4014			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		28672	37192	8261	585	7542			37
39	DELIVERY ROOM & LABOR ROOM		5921	7680	1963	178		49		39
40	ANESTHESIOLOGY		198	256	10560	2190	4562			40
41	RADIOLOGY-DIAGNOSTIC		27698		33425	1073	26459			41
42	RADIOLOGY-THERAPEUTIC		2949	3825	4194	12	4623	64		42
43.01	CARDIAC REHAB		2496		119	2	243			43.01
44	LABORATORY		33312		73481	247	14355			44
46	WHOLE BLOOD & PACKED RED BLOOD		1188		3263		912			46
49	RESPIRATORY THERAPY		10716	13901	2796	102	1277			49
50	PHYSICAL THERAPY		17658		148	5	2859	44		50
51	OCCUPATIONAL THERAPY		4937		298	3	487			51
52	SPEECH PATHOLOGY		2323		156	4	243			52
53	ELECTROCARDIOLOGY		14474	18776	161084	1309	12165			53
53.01	GI UNIT		3782	4906	4317	134	2251	1411		53.01
53.02	VASCULAR LAB		821	1065	5		608			53.02
54	ELECTROENCEPHALOGRAPHY		1156		99	1	182			54
55	MEDICAL SUPPLIES CHARGED TO PAT		667	866	292597	310	3528			55
56	DRUGS CHARGED TO PATIENTS		12012		1105	566025				56
56.01	RENAL TXPLANT LAB		640		1345		5778			56.01
57	RENAL DIALYSIS		2683		193	205				57
58	ASC (NON-DISTINCT PART)		6298	8169	20233	284				58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		18805		11506	1933	11982	60		61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		647							83
85.01	PANCREAS ACQUISITION		56							85.01
95	SUBTOTALS	189987	372713	259551	663746	584471	608305	12282		95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES		3			3				98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		473							98.03
98.04	MEALS ON WHEELS	12586								98.04
98.05	ACS HOME CARE		6353							98.05
98.06	VNA OF CENTRAL IL		5728							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		667							98.08
98.09	SIU MAP PROGRAM		473							98.09
98.10	AUDIOLOGY		497							98.10
101	CROSS FOOT ADJUSTMENTS								97374	101
102	NEGATIVE COST CENTER									102
103	TOTAL	202573	386907	259551	663746	584474	608305	12282	97374	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION EMERGENCY 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	115266					23
24	PARAMED ED PRGM-(SPECIFY)		1245				24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS			4841086		4841086	25
26	INTENSIVE CARE UNIT			917154		917154	26
28	BURN INTENSIVE CARE UNIT			230528		230528	28
31	SUBPROVIDER I			705836		705836	31
31.01	SUBPROVIDER II (REHAB			301488		301488	31.01
33	NURSERY			124045		124045	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			2897015		2897015	37
39	DELIVERY ROOM & LABOR ROOM			234990		234990	39
40	ANESTHESIOLOGY			387002		387002	40
41	RADIOLOGY-DIAGNOSTIC			5336008		5336008	41
42	RADIOLOGY-THERAPEUTIC			1131427		1131427	42
43.01	CARDIAC REHAB			79277		79277	43.01
44	LABORATORY			1630581		1630581	44
46	WHOLE BLOOD & PACKED RED BLOOD			85937		85937	46
49	RESPIRATORY THERAPY			474536		474536	49
50	PHYSICAL THERAPY			632116		632116	50
51	OCCUPATIONAL THERAPY			149097		149097	51
52	SPEECH PATHOLOGY			58884		58884	52
53	ELECTROCARDIOLOGY			2672731		2672731	53
53.01	GI UNIT			450424		450424	53.01
53.02	VASCULAR LAB			210204		210204	53.02
54	ELECTROENCEPHALOGRAPHY			119448		119448	54
55	MEDICAL SUPPLIES CHARGED TO PAT			643978		643978	55
56	DRUGS CHARGED TO PATIENTS			774961		774961	56
56.01	RENAL TXPLANT LAB			39813		39813	56.01
57	RENAL DIALYSIS			186259		186259	57
58	ASC (NON-DISTINCT PART)			981840		981840	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY			766362		766362	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION			40114		40114	83
85.01	PANCREAS ACQUISITION			2602		2602	85.01
95	SUBTOTALS			27105743		27105743	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			30050		30050	96
98	PHYSICIANS' PRIVATE OFFICES			333934		333934	98
98.01	SIU SCHOOL OF MEDICINE			227474		227474	98.01
98.03	UNIVERSITY BUILDING (MHCCI)			2133		2133	98.03
98.04	MEALS ON WHEELS			12586		12586	98.04
98.05	ACS HOME CARE			357936		357936	98.05
98.06	VNA OF CENTRAL IL			28773		28773	98.06
98.07	GAMBRO			37239		37239	98.07
98.08	FOUNDATION			776		776	98.08
98.09	SIU MAP PROGRAM			70515		70515	98.09
98.10	AUDIOLOGY			33531		33531	98.10
101	CROSS FOOT ADJUSTMENTS	115266	1245	213885		213885	101
102	NEGATIVE COST CENTER						102
103	TOTAL	115266	1245	28454575		28454575	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	
		3	5	6A	6	7	9	10	
	GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	784251							3
5	EMPLOYEE BENEFITS	9141	136121973						5
6	ADMINISTRATIVE & GENERAL	124948	16062086	-55620010	296215535				6
7	MAINTENANCE & REPAIRS	96892	3633725		17831414	648943			7
9	LAUNDRY & LINEN SERVICE	7272	746339		1562072	7272	3617360		9
10	HOUSEKEEPING	11537	2908615		5888538	11838		677013	10
11	DIETARY	5850	911723		2017661	6076	2373	6076	11
12	CAFETERIA	16693	2600514		1917988	16693	6772	16693	12
14	NURSING ADMINISTRATION	3492	1876838		2751521	3492		3492	14
15	CENTRAL SERVICES & SUPPLY	14861	1524381		2562973	14861	190050	14861	15
16	PHARMACY	6615			5776639	6615		6615	16
17	MEDICAL RECORDS & LIBRARY	19481	2567521		5659491	19481		19481	17
18	SOCIAL SERVICE		512870		809569				18
22	I&R SERVICES-SALARY & FRINGES		4632429		5919651		10479		22
23	I&R SERVICES-OTHER PRGM COSTS	4096			2904770	4096		4096	23
24	PARAMED ED PRGM-(SPECIFY)		35853		45268				24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	142544	25096434		38748990	142544	1473430	142544	25
26	INTENSIVE CARE UNIT	25209	5143538		8219960	25209	184738	25209	26
28	BURN INTENSIVE CARE UNIT	7636	1067625		2040409	7636	52157	7636	28
31	SUBPROVIDER I	23900	3317954		4786960	23900	75042	23900	31
31.01	SUBPROVIDER II (REHAB	7649	1316826		1977694	7649	103320	7649	31.01
33	NURSERY	1950	797557		1261838	1950	34674	1950	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	41449	9352585		16430148	41449	396091	41449	37
39	DELIVERY ROOM & LABOR ROOM	1961	1935353		2912368	1961	84139	1961	39
40	ANESTHESIOLOGY	5352	648463		2718889	5352	24396	5352	40
41	RADIOLOGY-DIAGNOSTIC	43314	7564140		20766151	51041	195720	51041	41
42	RADIOLOGY-THERAPEUTIC	9316	1277829		3743436	9316	25352	9316	42
43.01	CARDIAC REHAB	2602	867538		1174307	2602	302	2602	43.01
44	LABORATORY	37283	8171371		21259731	39640	833	39640	44
46	WHOLE BLOOD & PACKED RED BLOO	139	386304		4855810	139		139	46
49	RESPIRATORY THERAPY	5981	2978548		5120568	5981		5981	49
50	PHYSICAL THERAPY	11867	5142741		7522839	11867	57087	11867	50
51	OCCUPATIONAL THERAPY	5159	1529152		2113426	5159	6684	5159	51
52	SPEECH PATHOLOGY	1627	726271		986861	1627		1627	52
53	ELECTROCARDIOLOGY	14612	4345155		24913424	14612	82070	14612	53
53.01	GI UNIT	6788	1088136		2272440	6788	41357	6788	53.01
53.02	VASCULAR LAB	1040	317283		711403	1040		1040	53.02
54	ELECTROENCEPHALOGRAPHY	2225	309357		541230	2225	19562	2225	54
55	MEDICAL SUPPLIES CHARGED TO P		209640		28205753	1092			55
56	DRUGS CHARGED TO PATIENTS		4676266		15858594		4517		56
56.01	RENAL TXPLANT LAB	1092	188555		423633			1092	56.01
57	RENAL DIALYSIS	5458	1070090		1531529	5458	26410	5458	57
58	ASC (NON-DISTINCT PART)		1976743		5730806	18184	89826	18184	58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	17881	5771911		9715329	17881	388939	17881	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
83	KIDNEY ACQUISITION	613	182844		906472	613		613	83
85.01	PANCREAS ACQUISITION	53	15899		124142	53		53	85.01
95	SUBTOTALS	745578	135485002	-55620010	293222695	543392	3576320	524282	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	1345	65		240341	1345		1345	96
98	PHYSICIANS' PRIVATE OFFICES	16672	3331		290871	16672	41040	16672	98
98.01	SIU SCHOOL OF MEDICINE				720369	54027		54027	98.01
98.03	UNIVERSITY BUILDING (MHCCI)		59274		132260				98.03
98.04	MEALS ON WHEELS								98.04
98.05	ACS HOME CARE	19690	190208		340494	8037		19690	98.05
98.06	VNA OF CENTRAL IL		135763		23230	4616		11308	98.06
98.07	GAMBRO					7614		18654	98.07
98.08	FOUNDATION		31556		5399				98.08
98.09	SIU MAP PROGRAM		59274		833315	12274		30069	98.09
98.10	AUDIOLOGY	966	157500		406561	966		966	98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	12265583	23291006		55620010	21179601	2092718	7380581	103
104	UNIT COST MULT-WS B PT I		.171104		.187769		.578521		104
104	UNIT COST MULT-WS B PT I	15.639869				32.637074		10.901683	104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III		192894		3529295	2253567	190605	391886	107
108	UNIT COST MULT-WS B PT III		.001417		.011915		.052692		108
108	UNIT COST MULT-WS B PT III					3.472673		.578846	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	367153								11
12	CAFETERIA		228972							12
14	NURSING ADMINISTRATION		2545	118413						14
15	CENTRAL SERVICES & SUPPLY		5634		64275770					15
16	PHARMACY					15527944				16
17	MEDICAL RECORDS & LIBRARY		7607				10001			17
18	SOCIAL SERVICE		1130					9752		18
22	I&R SERVICES-SALARY & FRINGES		10834						9998	22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)		70							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	265429	52410	52410	1826468	207275	6597	6728	3529	25
26	INTENSIVE CARE UNIT	14865	8839	8839	701428	41212	505	152		26
28	BURN INTENSIVE CARE UNIT	4500	2013	2013	417586	5807	151	210		28
31	SUBPROVIDER I	41796	6828	6828	51303	3058	700	1196	957	31
31.01	SUBPROVIDER II (REHAB	17752	2791	2791	81399	2870	337	173		31.01
33	NURSERY		1444	1444	78349	1954	66			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		16968	16968	799911	15531	124		2405	37
39	DELIVERY ROOM & LABOR ROOM		3504	3504	190121	4741		39		39
40	ANESTHESIOLOGY		117	117	1022527	58181	75			40
41	RADIOLOGY-DIAGNOSTIC		16392		3236703	28519	435		779	41
42	RADIOLOGY-THERAPEUTIC		1745	1745	406098	313	76	51		42
43.01	CARDIAC REHAB		1477		11483	58	4			43.01
44	LABORATORY		19714		7115453	6550	236			44
46	WHOLE BLOOD & PACKED RED BLOO		703		315936	4	15			46
49	RESPIRATORY THERAPY		6342	6342	270736	2706	21		48	49
50	PHYSICAL THERAPY		10450		14293	121	47	35		50
51	OCCUPATIONAL THERAPY		2922		28872	70	8			51
52	SPEECH PATHOLOGY		1375		15076	104	4			52
53	ELECTROCARDIOLOGY		8566	8566	15598314	34773	200			53
53.01	GI UNIT		2238	2238	418036	3561	37	1120		53.01
53.02	VASCULAR LAB		486	486	436		10			53.02
54	ELECTROENCEPHALOGRAPHY		684		9551	22	3			54
55	MEDICAL SUPPLIES CHARGED TO P		395	395	28336337	8237	58			55
56	DRUGS CHARGED TO PATIENTS		7109		107012	15037822				56
56.01	RENAL TXPLANT LAB		379		130224	2	95			56.01
57	RENAL DIALYSIS		1588		18670	5448				57
58	ASC (NON-DISTINCT PART)		3727	3727	1959246	7553				58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		11129		1114202	51353	197	48		61
62	OBSERVATION BEDS (NON-DISTINC									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		383			7				83
85.01	PANCREAS ACQUISITION		33							85.01
95	SUBTOTALS	344342	220571	118413	64275770	15527852	10001	9752	7718	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C									96
98	PHYSICIANS' PRIVATE OFFICES		2			92				98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		280							98.03
98.04	MEALS ON WHEELS	22811								98.04
98.05	ACS HOME CARE		3760							98.05
98.06	VNA OF CENTRAL IL		3390							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		395							98.08
98.09	SIU MAP PROGRAM		280						2280	98.09
98.10	AUDIOLOGY		294							98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	TIME SPENT	ASSIGNED TIME	
		11	12	14	15	16	17	18	22	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	2662430	3008838	3453652	3875232	7149322	7670308	976430	7179606	103
104	UNIT COST MULT-WS B PT I	7.251555		29.166156		.460417		100.126128		104
104	UNIT COST MULT-WS B PT I		13.140637		.060291		766.954105		718.104221	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	202573	386907	259551	663746	584474	608305	12282	97374	107
108	UNIT COST MULT-WS B PT III	.551740		2.191913		.037640		1.259434		108
108	UNIT COST MULT-WS B PT III		1.689757		.010327		60.824418		9.739348	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION EMERGENCY ASSIGNED TIME 24	
	GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT			3
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
22	I&R SERVICES-SALARY & FRINGES			22
23	I&R SERVICES-OTHER PRGM COSTS	9998		23
24	PARAMED ED PRGM-(SPECIFY)		100	24
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	3529		25
26	INTENSIVE CARE UNIT			26
28	BURN INTENSIVE CARE UNIT			28
31	SUBPROVIDER I	957		31
31.01	SUBPROVIDER II (REHAB			31.01
33	NURSERY			33
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	2405		37
39	DELIVERY ROOM & LABOR ROOM			39
40	ANESTHESIOLOGY			40
41	RADIOLOGY-DIAGNOSTIC	779		41
42	RADIOLOGY-THERAPEUTIC			42
43.01	CARDIAC REHAB			43.01
44	LABORATORY			44
46	WHOLE BLOOD & PACKED RED BLOO			46
49	RESPIRATORY THERAPY	48		49
50	PHYSICAL THERAPY			50
51	OCCUPATIONAL THERAPY			51
52	SPEECH PATHOLOGY			52
53	ELECTROCARDIOLOGY			53
53.01	GI UNIT			53.01
53.02	VASCULAR LAB			53.02
54	ELECTROENCEPHALOGRAPHY			54
55	MEDICAL SUPPLIES CHARGED TO P			55
56	DRUGS CHARGED TO PATIENTS			56
56.01	RENAL TXPLANT LAB			56.01
57	RENAL DIALYSIS			57
58	ASC (NON-DISTINCT PART)			58
	OUTPATIENT SERVICE COST CENTERS			
60.01	MAP (2004)			60.01
61	EMERGENCY		100	61
62	OBSERVATION BEDS (NON-DISTINC			62
	OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY			71
	SPECIAL PURPOSE COST CENTERS			
83	KIDNEY ACQUISITION			83
85.01	PANCREAS ACQUISITION			85.01
95	SUBTOTALS	7718	100	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C			96
98	PHYSICIANS' PRIVATE OFFICES			98
98.01	SIU SCHOOL OF MEDICINE			98.01
98.03	UNIVERSITY BUILDING (MHCCI)			98.03
98.04	MEALS ON WHEELS			98.04
98.05	ACS HOME CARE			98.05
98.06	VNA OF CENTRAL IL			98.06
98.07	GAMBRO			98.07
98.08	FOUNDATION			98.08
98.09	SIU MAP PROGRAM	2280		98.09
98.10	AUDIOLOGY			98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION EMERGENCY ASSIGNED TIME 24	
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	COST TO BE ALLOC PER B PT I	3628530	54688	103
104	UNIT COST MULT-WS B PT I	362.925585		104
104	UNIT COST MULT-WS B PT I		546.880000	104
105	COST TO BE ALLOC PER B PT II			105
106	UNIT COST MULT-WS B PT II			106
106	UNIT COST MULT-WS B PT II			106
107	COST TO BE ALLOC PER B PT III	115266	1245	107
108	UNIT COST MULT-WS B PT III	11.528906		108
108	UNIT COST MULT-WS B PT III		12.450000	108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

	DESCRIPTION	WORKSHEET B PART	WORKSHEET B LINE NO.	AMOUNT	
	1	2	3	4	
1	EXCLUDE EPO FROM RENAL FACILITY	1	57	-89773	1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	63164223		63164223	29583	63193806	25
26	INTENSIVE CARE UNIT	11913398		11913398	46179	11959577	26
28	BURN INTENSIVE CARE UNIT	3068653		3068653	39433	3108086	28
31	SUBPROVIDER I	8022869		8022869	3088	8025957	31
31.01	SUBPROVIDER II (REHAB	3270669		3270669	28	3270697	31.01
33	NURSERY	1721066		1721066	665	1721731	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	22417346		22417346	12961	22430307	37
39	DELIVERY ROOM & LABOR ROOM	3759069		3759069		3759069	39
40	ANESTHESIOLOGY	3627454		3627454		3627454	40
41	RADIOLOGY-DIAGNOSTIC	27758181		27758181		27758181	41
42	RADIOLOGY-THERAPEUTIC	5028459		5028459		5028459	42
43.01	CARDIAC REHAB	1531464		1531464		1531464	43.01
44	LABORATORY	27850078		27850078	174019	28024097	44
46	WHOLE BLOOD & PACKED RED BL	5813425		5813425		5813425	46
49	RESPIRATORY THERAPY	6644442		6644442	9775	6654217	49
50	PHYSICAL THERAPY	9662884		9662884	228618	9891502	50
51	OCCUPATIONAL THERAPY	2785052		2785052		2785052	51
52	SPEECH PATHOLOGY	1265094		1265094		1265094	52
53	ELECTROCARDIOLOGY	31747299		31747299	93876	31841175	53
53.01	GI UNIT	3280646		3280646		3280646	53.01
53.02	VASCULAR LAB	918520		918520	9657	928177	53.02
54	ELECTROENCEPHALOGRAPHY	762921		762921	14637	777558	54
55	MEDICAL SUPPLIES CHARGED TO	35310952		35310952		35310952	55
56	DRUGS CHARGED TO PATIENTS	25862487		25862487		25862487	56
56.01	RENAL TXPLANT LAB	600776		600776	2139	602915	56.01
57	RENAL DIALYSIS	2006744		2006744	19725	2026469	57
58	ASC (NON-DISTINCT PART)	7929829		7929829		7929829	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	12990739		12990739	27261	13018000	61
62	OBSERVATION BEDS (NON-DISTI	1252707		1252707		1252707	62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	331967446		331967446	711644	332679090	101
102	LESS OBSERVATION BEDS	1252707		1252707		1252707	102
103	TOTAL	330714739		330714739	711644	331426383	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT 6	OUTPATIENT 7	TOTAL 8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	79379236		79379236				25
26	INTENSIVE CARE UNIT	17135904		17135904				26
28	BURN INTENSIVE CARE UNIT	5389921		5389921				28
31	SUBPROVIDER I	13168042		13168042				31
31.01	SUBPROVIDER II (REHAB	4229423		4229423				31.01
33	NURSERY	3447250		3447250				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	66765293	35630161	102395454	.218929	.218929	.219056	37
39	DELIVERY ROOM & LABOR ROOM	7160922	850738	8011660	.469200	.469200	.469200	39
40	ANESTHESIOLOGY	11677804	11226521	22904325	.158374	.158374	.158374	40
41	RADIOLOGY-DIAGNOSTIC	63459645	125297312	188756957	.147058	.147058	.147058	41
42	RADIOLOGY-THERAPEUTIC	1597450	22201861	23799311	.211286	.211286	.211286	42
43.01	CARDIAC REHAB	1319307	1253402	2572709	.595273	.595273	.595273	43.01
44	LABORATORY	59579851	68513839	128093690	.217420	.217420	.218778	44
46	WHOLE BLOOD & PACKED RED BL	12922736	4313459	17236195	.337280	.337280	.337280	46
49	RESPIRATORY THERAPY	29210509	6119357	35329866	.188069	.188069	.188345	49
50	PHYSICAL THERAPY	8076003	13044459	21120462	.457513	.457513	.468337	50
51	OCCUPATIONAL THERAPY	5594508	2206324	7800832	.357020	.357020	.357020	51
52	SPEECH PATHOLOGY	2145755	1038995	3184750	.397235	.397235	.397235	52
53	ELECTROCARDIOLOGY	109723716	58753282	168476998	.188437	.188437	.188994	53
53.01	GI UNIT	4194274	10185070	14379344	.228150	.228150	.228150	53.01
53.02	VASCULAR LAB	3190094	2993576	6183670	.148540	.148540	.150101	53.02
54	ELECTROENCEPHALOGRAPHY	1848297	989468	2837765	.268846	.268846	.274004	54
55	MEDICAL SUPPLIES CHARGED TO	71044138	16947965	87992103	.401297	.401297	.401297	55
56	DRUGS CHARGED TO PATIENTS	63201429	13996306	77197735	.335016	.335016	.335016	56
56.01	RENAL TXPLANT LAB	109894	539390	649284	.925290	.925290	.928584	56.01
57	RENAL DIALYSIS	5700871	1889667	7590538	.264374	.264374	.266973	57
58	ASC (NON-DISTINCT PART)	1192944	27382774	28575718	.277502	.277502	.277502	58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	15528106	32589723	48117829	.269978	.269978	.270544	61
62	OBSERVATION BEDS (NON-DISTI	309357	1453119	1762476	.710765	.710765	.710765	62
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	668302679	459416768	1127719447				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	668302679	459416768	1127719447				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS — WORKSHEET D, PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST (1)	OLD CAPITAL: SWING-BED ADJUSTMENT (2)	OLD CAPITAL: REDUCED CAPITAL RELATED COST (3)	NEW CAPITAL: CAPITAL RELATED COST (4)	NEW CAPITAL: SWING-BED ADJUSTMENT (5)	NEW CAPITAL: REDUCED CAPITAL RELATED COST (6)	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				4841086		4841086	25
26	INTENSIVE CARE UNIT				917154		917154	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT				230528		230528	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				705836		705836	31
31.01	SUBPROVIDER II (REHAB				301488		301488	31.01
33	NURSERY				124045		124045	33
101	TOTAL				7120137		7120137	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS (7)	INPATIENT PROGRAM DAYS (8)	OLD CAPITAL: PER DIEM (9)	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST (10)	NEW CAPITAL: PER DIEM (11)	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST (12)	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	92720	54879			52.21	2865233	25
26	INTENSIVE CARE UNIT	7966	4137			115.13	476293	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT	2381	362			96.82	35049	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	10918	4571			64.65	295515	31
31.01	SUBPROVIDER II (REHAB	5242	2636			57.51	151596	31.01
33	NURSERY	3830				32.39		33
101	TOTAL	123057	66585				3823686	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES	[ ] TITLE V	[XX] HOSPITAL (14-0148)	[ ] SUB III	[XX] PPS
	[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA
	[ ] TITLE XIX	[ ] SUB II		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		2897015	102395454	29874450			.028292	845208	37
39	DELIVERY ROOM & LABOR ROOM		234990	8011660	51355			.029331	1506	39
40	ANESTHESIOLOGY		387002	22904325	4836483			.016896	81717	40
41	RADIOLOGY-DIAGNOSTIC		5336008	188756957	33644549			.028269	951098	41
42	RADIOLOGY-THERAPEUTIC		1131427	23799311	1056743			.047540	50238	42
43.01	CARDIAC REHAB		79277	2572709	862563			.030815	26580	43.01
44	LABORATORY		1630581	128093690	33865522			.012730	431108	44
46	WHOLE BLOOD & PACKED RED BLOO		85937	17236195	7065108			.004986	35227	46
49	RESPIRATORY THERAPY		474536	35329866	18359183			.013432	246601	49
50	PHYSICAL THERAPY		632116	21120462	3680789			.029929	110162	50
51	OCCUPATIONAL THERAPY		149097	7800832	2618359			.019113	50045	51
52	SPEECH PATHOLOGY		58884	3184750	940627			.018489	17391	52
53	ELECTROCARDIOLOGY		2672731	168476998	65169225			.015864	1033845	53
53.01	GI UNIT		450424	14379344	2671911			.031324	83695	53.01
53.02	VASCULAR LAB		210204	6183670	2032169			.033993	69080	53.02
54	ELECTROENCEPHALOGRAPHY		119448	2837765	750842			.042092	31604	54
55	MEDICAL SUPPLIES CHARGED TO P		643978	87992103	29630862			.007319	216868	55
56	DRUGS CHARGED TO PATIENTS		774961	77197735	32606397			.010039	327336	56
56.01	RENAL TXPLANT LAB		39813	649284	68300			.061318	4188	56.01
57	RENAL DIALYSIS		186259	7590538	4305926			.024538	105659	57
58	ASC (NON-DISTINCT PART)		981840	28575718	444353			.034359	15268	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		766362	48117829	7640164			.015927	121685	61
62	OBSERVATION BEDS (NON-DISTINC		95966	1762476	27784			.054450	1513	62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		20038856	1004969671	282203664				4857622	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
31.01	SUBPROVIDER II (REHAB							31.01
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL							101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	92720		54879		25
26	INTENSIVE CARE UNIT	7966		4137		26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT	2381		362		28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	10918		4571		31
31.01	SUBPROVIDER II (REHAB	5242		2636		31.01
33	NURSERY	3830				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	123057		66585		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[XX]	HOSPITAL (14-0148)	[ ]	SUB IV	[ ]	PPS	
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA	
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF			
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOO								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY				54688			54688	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				54688			54688	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0148)	[ ]	SUB IV	[ ]	PPS	
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA	
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF			
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		102395454			29874450		10107986	37
39	DELIVERY ROOM & LABOR ROOM		8011660			51355			39
40	ANESTHESIOLOGY		22904325			4836483		2555106	40
41	RADIOLOGY-DIAGNOSTIC		188756957			33644549		39017032	41
42	RADIOLOGY-THERAPEUTIC		23799311			1056743		10563039	42
43.01	CARDIAC REHAB		2572709			862563		619861	43.01
44	LABORATORY		128093690			33865522		3890643	44
46	WHOLE BLOOD & PACKED RED BLOO		17236195			7065108		1155323	46
49	RESPIRATORY THERAPY		35329866			18359183		1384453	49
50	PHYSICAL THERAPY		21120462			3680789		172588	50
51	OCCUPATIONAL THERAPY		7800832			2618359			51
52	SPEECH PATHOLOGY		3184750			940627			52
53	ELECTROCARDIOLOGY		168476998			65169225		28794257	53
53.01	GI UNIT		14379344			2671911		3429513	53.01
53.02	VASCULAR LAB		6183670			2032169		1707671	53.02
54	ELECTROENCEPHALOGRAPHY		2837765			750842		200367	54
55	MEDICAL SUPPLIES CHARGED TO P		87992103			29630862		5861837	55
56	DRUGS CHARGED TO PATIENTS		77197735			32606397		4854855	56
56.01	RENAL TXPLANT LAB		649284			68300			56.01
57	RENAL DIALYSIS		7590538			4305926		191169	57
58	ASC (NON-DISTINCT PART)		28575718			444353		5502184	58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	54688	48117829	.001137	.001137	7640164	8687	6063680	61
62	OBSERVATION BEDS (NON-DISTINC		1762476			27784		118573	62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	54688	1004969671			282203664	8687	126190137	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0148)	[ ]	SUB IV	[ ] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ] TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF	
			[ ]	SUB III	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43.01	CARDIAC REHAB						43.01
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	GI UNIT						53.01
53.02	VASCULAR LAB						53.02
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	RENAL TXPLANT LAB						56.01
57	RENAL DIALYSIS						57
58	ASC (NON-DISTINCT PART)						58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY			6894			61
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL			6894			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P	[XX] HOSPITAL (14-0148)	[ ] SNF		
	[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF		
	[ ] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF		
		[ ] SUB III	[ ] S/B-NF		
		[ ] SUB IV	[ ] ICF/MR		

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
		1	1.01	1.02	2	3	4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.218929	.218929	.218929				37
39	DELIVERY ROOM & LABOR ROOM	.469200	.469200	.469200				39
40	ANESTHESIOLOGY	.158374	.158374	.158374				40
41	RADIOLOGY-DIAGNOSTIC	.147058	.147058	.147058				41
42	RADIOLOGY-THERAPEUTIC	.211286	.211286	.211286				42
43.01	CARDIAC REHAB	.595273	.595273	.595273				43.01
44	LABORATORY	.217420	.217420	.217420				44
46	WHOLE BLOOD & PACKED RED BLOOD	.337280	.337280	.337280				46
49	RESPIRATORY THERAPY	.188069	.188069	.188069				49
50	PHYSICAL THERAPY	.457513	.457513	.457513				50
51	OCCUPATIONAL THERAPY	.357020	.357020	.357020				51
52	SPEECH PATHOLOGY	.397235	.397235	.397235				52
53	ELECTROCARDIOLOGY	.188437	.188437	.188437				53
53.01	GI UNIT	.228150	.228150	.228150				53.01
53.02	VASCULAR LAB	.148540	.148540	.148540				53.02
54	ELECTROENCEPHALOGRAPHY	.268846	.268846	.268846				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.401297	.401297	.401297				55
56	DRUGS CHARGED TO PATIENTS	.335016	.335016	.335016				56
56.01	RENAL TXPLANT LAB	.925290	.925290	.925290				56.01
57	RENAL DIALYSIS	.264374	.264374	.264374				57
58	ASC (NON-DISTINCT PART)	.277502	.277502	.277502				58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	.269978	.269978	.269978				61
62	OBSERVATION BEDS (NON-DISTINCT	.710765	.710765	.710765				62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.335016	1
2	PROGRAM VACCINE CHARGES	3171	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	1062	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0148)	[ ]	SNF	
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF	
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF	
			[ ]	SUB III	[ ]	S/B-NF	
			[ ]	SUB IV	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	PROGRAM CHARGES ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST OUTPATIENT RADIOLOGY 7	PROGRAM COST OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		10107986							37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY		2555106							40
41	RADIOLOGY-DIAGNOSTIC		39017032							41
42	RADIOLOGY-THERAPEUTIC		10563039							42
43.01	CARDIAC REHAB		619861							43.01
44	LABORATORY		3890643							44
46	WHOLE BLOOD & PACKED RED BLOOD		1155323							46
49	RESPIRATORY THERAPY		1384453							49
50	PHYSICAL THERAPY		172588							50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		28794257							53
53.01	GI UNIT		3429513							53.01
53.02	VASCULAR LAB		1707671							53.02
54	ELECTROENCEPHALOGRAPHY		200367							54
55	MEDICAL SUPPLIES CHARGED TO PA		5861837	1318						55
56	DRUGS CHARGED TO PATIENTS		4854855	606						56
56.01	RENAL TXPLANT LAB									56.01
57	RENAL DIALYSIS		191169							57
58	ASC (NON-DISTINCT PART)		5502184							58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		6063680							61
62	OBSERVATION BEDS (NON-DISTINCT		118573							62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		126190137	1924						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		126190137	1924						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0148)	[ ] SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ] NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ] S/B-SNF
			[ ]	SUB III	[ ] S/B-NF
			[ ]	SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5)	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01)	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02)	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03	PPS SERVICES (COLUMNS 1.01x5.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)	
		9	9.01	9.02	9.03	9.04	10	11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		2212931						37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY		404662						40
41	RADIOLOGY-DIAGNOSTIC		5737767						41
42	RADIOLOGY-THERAPEUTIC		2231822						42
43.01	CARDIAC REHAB		368987						43.01
44	LABORATORY		845904						44
46	WHOLE BLOOD & PACKED RED BLOOD		389667						46
49	RESPIRATORY THERAPY		260373						49
50	PHYSICAL THERAPY		78961						50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		5425903						53
53.01	GI UNIT		782443						53.01
53.02	VASCULAR LAB		253657						53.02
54	ELECTROENCEPHALOGRAPHY		53868						54
55	MEDICAL SUPPLIES CHARGED TO PAT		2352338	529					55
56	DRUGS CHARGED TO PATIENTS		1626454	203					56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS		50540						57
58	ASC (NON-DISTINCT PART)		1526867						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY		1637060						61
62	OBSERVATION BEDS (NON-DISTINCT		84278						62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		26324482	732					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		26324482	732					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB III	[ ] PPS
	[XX] TITLE XVIII-PT A	[XX] SUB I (14-S148)	[ ] SUB IV	[XX] TEFRA
	[ ] TITLE XIX	[ ] SUB II		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	OLD CAPITAL RATIO OF COST TO CHARGES 5	OLD CAPITAL COSTS 6	NEW CAPITAL RATIO OF COST TO CHARGES 7	NEW CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2897015	102395454	7217				.028292	204	37
39	DELIVERY ROOM & LABOR ROOM	234990	8011660					.029331		39
40	ANESTHESIOLOGY	387002	22904325	540				.016896	9	40
41	RADIOLOGY-DIAGNOSTIC	5336008	188756957	353969				.028269	10006	41
42	RADIOLOGY-THERAPEUTIC	1131427	23799311	7405				.047540	352	42
43.01	CARDIAC REHAB	79277	2572709	824				.030815	25	43.01
44	LABORATORY	1630581	128093690	571763				.012730	7279	44
46	WHOLE BLOOD & PACKED RED BLOO	85937	17236195	7353				.004986	37	46
49	RESPIRATORY THERAPY	474536	35329866	45157				.013432	607	49
50	PHYSICAL THERAPY	632116	21120462	95257				.029929	2851	50
51	OCCUPATIONAL THERAPY	149097	7800832	36965				.019113	707	51
52	SPEECH PATHOLOGY	58884	3184750	7791				.018489	144	52
53	ELECTROCARDIOLOGY	2672731	168476998	113438				.015864	1800	53
53.01	GI UNIT	450424	14379344	7454				.031324	233	53.01
53.02	VASCULAR LAB	210204	6183670	12518				.033993	426	53.02
54	ELECTROENCEPHALOGRAPHY	119448	2837765	16135				.042092	679	54
55	MEDICAL SUPPLIES CHARGED TO P	643978	87992103	11160				.007319	82	55
56	DRUGS CHARGED TO PATIENTS	774961	77197735	523756				.010039	5258	56
56.01	RENAL TXPLANT LAB	39813	649284					.061318		56.01
57	RENAL DIALYSIS	186259	7590538	64862				.024538	1592	57
58	ASC (NON-DISTINCT PART)	981840	28575718					.034359		58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	766362	48117829	220672				.015927	3515	61
62	OBSERVATION BEDS (NON-DISTINC	95966	1762476					.054450		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	20038856	1004969671	2104236					35806	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
	[XX]	TITLE XVIII-PT A	[XX]	SUB I	(14-S148)	[ ]	SNF	[ ]	TEFRA
	[ ]	TITLE XIX	[ ]	SUB II		[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOO								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY				54688			54688	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				54688			54688	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS — WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ] PPS
	[XX]	TITLE XVIII-PT A	[XX]	SUB I	(14-S148)	[ ]	SNF	[ ] TEFRA
	[ ]	TITLE XIX	[ ]	SUB II		[ ]	NF	
			[ ]	SUB III		[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		102395454			7217			37
39	DELIVERY ROOM & LABOR ROOM		8011660						39
40	ANESTHESIOLOGY		22904325			540			40
41	RADIOLOGY-DIAGNOSTIC		188756957			353969			41
42	RADIOLOGY-THERAPEUTIC		23799311			7405			42
43.01	CARDIAC REHAB		2572709			824			43.01
44	LABORATORY		128093690			571763			44
46	WHOLE BLOOD & PACKED RED BLOO		17236195			7353			46
49	RESPIRATORY THERAPY		35329866			45157			49
50	PHYSICAL THERAPY		21120462			95257			50
51	OCCUPATIONAL THERAPY		7800832			36965			51
52	SPEECH PATHOLOGY		3184750			7791			52
53	ELECTROCARDIOLOGY		168476998			113438			53
53.01	GI UNIT		14379344			7454			53.01
53.02	VASCULAR LAB		6183670			12518			53.02
54	ELECTROENCEPHALOGRAPHY		2837765			16135			54
55	MEDICAL SUPPLIES CHARGED TO P		87992103			11160			55
56	DRUGS CHARGED TO PATIENTS		77197735			523756			56
56.01	RENAL TXPLANT LAB		649284						56.01
57	RENAL DIALYSIS		7590538			64862			57
58	ASC (NON-DISTINCT PART)		28575718						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	54688	48117829	.001137	.001137	220672	251		61
62	OBSERVATION BEDS (NON-DISTINC		1762476						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	54688	1004969671			2104236	251		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ] PPS
	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S148)	[ ]	SNF	[ ] TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF	
			[ ]	SUB III	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43.01	CARDIAC REHAB						43.01
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	GI UNIT						53.01
53.02	VASCULAR LAB						53.02
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	RENAL TXPLANT LAB						56.01
57	RENAL DIALYSIS						57
58	ASC (NON-DISTINCT PART)						58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB III	[XX] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SUB IV	[ ] TEFRA
BOXES	[ ]	TITLE XIX	[XX]	SUB II (14-T148)			

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2897015	102395454	17914				.028292	507	37
39	DELIVERY ROOM & LABOR ROOM	234990	8011660					.029331		39
40	ANESTHESIOLOGY	387002	22904325	4005				.016896	68	40
41	RADIOLOGY-DIAGNOSTIC	5336008	188756957	239981				.028269	6784	41
42	RADIOLOGY-THERAPEUTIC	1131427	23799311	472				.047540	22	42
43.01	CARDIAC REHAB	79277	2572709	4771				.030815	147	43.01
44	LABORATORY	1630581	128093690	333240				.012730	4242	44
46	WHOLE BLOOD & PACKED RED BLOO	85937	17236195	48463				.004986	242	46
49	RESPIRATORY THERAPY	474536	35329866	227620				.013432	3057	49
50	PHYSICAL THERAPY	632116	21120462	1225591				.029929	36681	50
51	OCCUPATIONAL THERAPY	149097	7800832	817624				.019113	15627	51
52	SPEECH PATHOLOGY	58884	3184750	432361				.018489	7994	52
53	ELECTROCARDIOLOGY	2672731	168476998	29512				.015864	468	53
53.01	GI UNIT	450424	14379344	18887				.031324	592	53.01
53.02	VASCULAR LAB	210204	6183670	12695				.033993	432	53.02
54	ELECTROENCEPHALOGRAPHY	119448	2837765	4170				.042092	176	54
55	MEDICAL SUPPLIES CHARGED TO P	643978	87992103	94922				.007319	695	55
56	DRUGS CHARGED TO PATIENTS	774961	77197735	497664				.010039	4996	56
56.01	RENAL TXPLANT LAB	39813	649284					.061318		56.01
57	RENAL DIALYSIS	186259	7590538	110481				.024538	2711	57
58	ASC (NON-DISTINCT PART)	981840	28575718					.034359		58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	766362	48117829	82				.015927	1	61
62	OBSERVATION BEDS (NON-DISTINC	95966	1762476					.054450		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	20038856	1004969671	4120455					85442	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I		[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[XX]	SUB II	(14-T148)	[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOO								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY				54688			54688	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				54688			54688	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL		[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I		[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[XX]	SUB II	(14-T148)	[ ]	NF		
			[ ]	SUB III		[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		102395454			17914			37
39	DELIVERY ROOM & LABOR ROOM		8011660						39
40	ANESTHESIOLOGY		22904325			4005			40
41	RADIOLOGY-DIAGNOSTIC		188756957			239981		986	41
42	RADIOLOGY-THERAPEUTIC		23799311			472			42
43.01	CARDIAC REHAB		2572709			4771			43.01
44	LABORATORY		128093690			333240		1712	44
46	WHOLE BLOOD & PACKED RED BLOO		17236195			48463		1536	46
49	RESPIRATORY THERAPY		35329866			227620			49
50	PHYSICAL THERAPY		21120462			1225591			50
51	OCCUPATIONAL THERAPY		7800832			817624			51
52	SPEECH PATHOLOGY		3184750			432361			52
53	ELECTROCARDIOLOGY		168476998			29512		782	53
53.01	GI UNIT		14379344			18887			53.01
53.02	VASCULAR LAB		6183670			12695			53.02
54	ELECTROENCEPHALOGRAPHY		2837765			4170			54
55	MEDICAL SUPPLIES CHARGED TO P		87992103			94922			55
56	DRUGS CHARGED TO PATIENTS		77197735			497664			56
56.01	RENAL TXPLANT LAB		649284						56.01
57	RENAL DIALYSIS		7590538			110481			57
58	ASC (NON-DISTINCT PART)		28575718						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	54688	48117829	.001137	.001137	82			61
62	OBSERVATION BEDS (NON-DISTINC		1762476						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	54688	1004969671			4120455		5016	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS	
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA	
	[ ]	TITLE XIX	[XX]	SUB II (14-T148)	[ ]	NF			
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43.01	CARDIAC REHAB						43.01
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	GI UNIT						53.01
53.02	VASCULAR LAB						53.02
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	RENAL TXPLANT LAB						56.01
57	RENAL DIALYSIS						57
58	ASC (NON-DISTINCT PART)						58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST — WORKSHEET D, PARTS V & VI

CHECK APPLICABLE BOXES	[ ] TITLE V - O/P	[ ] HOSPITAL	[ ] SNF	
	[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF	
	[ ] TITLE XIX - O/P	[XX] SUB II (14-T148)	[ ] S/B-SNF	
		[ ] SUB III	[ ] S/B-NF	
		[ ] SUB IV	[ ] ICF/MR	

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 (1)	PART I COL. 9 (1.01)	PART II COL. 9 (1.02)	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER (2)	OUTPATIENT RADIOLOGY (3)	OTHER OUTPATIENT DIAGNOSTIC (4)	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.218929	.218929	.218929				37
39	DELIVERY ROOM & LABOR ROOM	.469200	.469200	.469200				39
40	ANESTHESIOLOGY	.158374	.158374	.158374				40
41	RADIOLOGY-DIAGNOSTIC	.147058	.147058	.147058				41
42	RADIOLOGY-THERAPEUTIC	.211286	.211286	.211286				42
43.01	CARDIAC REHAB	.595273	.595273	.595273				43.01
44	LABORATORY	.217420	.217420	.217420				44
46	WHOLE BLOOD & PACKED RED BLOOD	.337280	.337280	.337280				46
49	RESPIRATORY THERAPY	.188069	.188069	.188069				49
50	PHYSICAL THERAPY	.457513	.457513	.457513				50
51	OCCUPATIONAL THERAPY	.357020	.357020	.357020				51
52	SPEECH PATHOLOGY	.397235	.397235	.397235				52
53	ELECTROCARDIOLOGY	.188437	.188437	.188437				53
53.01	GI UNIT	.228150	.228150	.228150				53.01
53.02	VASCULAR LAB	.148540	.148540	.148540				53.02
54	ELECTROENCEPHALOGRAPHY	.268846	.268846	.268846				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.401297	.401297	.401297				55
56	DRUGS CHARGED TO PATIENTS	.335016	.335016	.335016				56
56.01	RENAL TXPLANT LAB	.925290	.925290	.925290				56.01
57	RENAL DIALYSIS	.264374	.264374	.264374				57
58	ASC (NON-DISTINCT PART)	.277502	.277502	.277502				58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	.269978	.269978	.269978				61
62	OBSERVATION BEDS (NON-DISTINCT	.710765	.710765	.710765				62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.335016	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[XX]	SUB II (14-T148)	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES ALL OTHER (SEE INSTRU.) 5.02	PROGRAM COST PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM COST PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST OUTPATIENT RADIOLOGY 7	PROGRAM COST OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM									37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		986							41
42	RADIOLOGY-THERAPEUTIC									42
43.01	CARDIAC REHAB									43.01
44	LABORATORY		1712							44
46	WHOLE BLOOD & PACKED RED BLOOD		1536							46
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		782							53
53.01	GI UNIT									53.01
53.02	VASCULAR LAB									53.02
54	ELECTROENCEPHALOGRAPHY									54
55	MEDICAL SUPPLIES CHARGED TO PA									55
56	DRUGS CHARGED TO PATIENTS									56
56.01	RENAL TXPLANT LAB									56.01
57	RENAL DIALYSIS									57
58	ASC (NON-DISTINCT PART)									58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		5016							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		5016							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST — WORKSHEET D, PARTS V & VI

CHECK APPLICABLE BOXES	[ ]	TITLE V - O/P	[ ]	HOSPITAL	[ ]	SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ]	NF
	[ ]	TITLE XIX - O/P	[XX]	SUB II (14-T148)	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST ALL OTHER (COLS 1x5)	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01)	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02)	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)	
		9	9.01	9.02	9.03	9.04	10	11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		145						41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY		372						44
46	WHOLE BLOOD & PACKED RED BLOOD		518						46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		147						53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO PAT								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		1182						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		1182						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (PPS) (14-0148) 1	SUB I (TEFRA) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	SNF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	92720	10918	5242				1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	92720	10918	5242				2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	92720	10918	5242				4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	54879	4571	2636				9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-0148)	SUB I (TEFRA) (14-S148)	SUB II (PPS) (14-T148)	SUB III	SUB IV	SNF	
	SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	63193806	8022869	3270697				21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST							26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	63193806	8022869	3270697				27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78356797	10311940	4285015				28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36701450	8390165					29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	41655347	1921775	4285015				30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.806488	.778017	.763287				31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	449.26	176.02	817.44				33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	63193806	8022869	3270697				37

COMPUTATION OF INPATIENT OPERATING COST — WORKSHEET D-1 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0148) 1	SUB I (TEFRA) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	681.56	734.83	623.94			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37403331	3358908	1644706			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37403331	3358908	1644706			41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	11959577	7966	1501.33	4137	6211002	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT	3108086	2381	1305.37	362	472544	45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (14-0148) 1	SUB I (TEFRA) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	68975241	536879	1459829			48
49	TOTAL PROGRAM INPATIENT COSTS	113062118	3895787	3104535			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3376575	295515	151596			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4866309	36057	85442			51
52	TOTAL PROGRAM EXCLUDABLE COST	8242884	331572	237038			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	104819234	3564215	2867497			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (PPS) (14-0148) 1	SUB I (TEFRA) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
54	PROGRAM DISCHARGES		375				54
55	TARGET AMOUNT PER DISCHARGE		8346.82				55
56	TARGET AMOUNT		3130058				56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		-434157				57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET		7488.44				58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET		8212.84				58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT		60576				58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT		3522206				59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

		SNF	
		1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68	PROGRAM ROUTINE SERVICE COST		68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72	PER DIEM CAPITAL RELATED COSTS		72
73	PROGRAM CAPITAL RELATED COSTS		73
74	INPATIENT ROUTINE SERVICE COST		74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78	INPATIENT ROUTINE SERVICE COST LIMITATION		78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80	PROGRAM INPATIENT ANCILLARY SERVICES		80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (14-0148) 1	SUB I (TEFRA) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	1838					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	681.56					84
85 OBSERVATION BED COST	1252707					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		63193806		1252707		86
87 NEW CAPITAL-RELATED COST	4841086	63193806	.076607	1252707	95966	87
88 NON PHYSICIAN ANESTHETIST		63193806		1252707		88
89 NURSING SCHOOL		63193806		1252707		89
89.01 ALLIED HEALTH		63193806		1252707		89.01
89.02 ALL OTHER		63193806		1252707		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0148)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		45579335		25
26	INTENSIVE CARE UNIT		9935067		26
28	BURN INTENSIVE CARE UNIT		1569375		28
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II (REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.219056	29874450	6544178	37
39	DELIVERY ROOM & LABOR ROOM	.469200	51355	24096	39
40	ANESTHESIOLOGY	.158374	4836483	765973	40
41	RADIOLOGY-DIAGNOSTIC	.147058	33644549	4947700	41
42	RADIOLOGY-THERAPEUTIC	.211286	1056743	223275	42
43.01	CARDIAC REHAB	.595273	862563	513460	43.01
44	LABORATORY	.218778	33865522	7409031	44
46	WHOLE BLOOD & PACKED RED BLOOD	.337280	7065108	2382920	46
49	RESPIRATORY THERAPY	.188345	18359183	3457860	49
50	PHYSICAL THERAPY	.468337	3680789	1723850	50
51	OCCUPATIONAL THERAPY	.357020	2618359	934807	51
52	SPEECH PATHOLOGY	.397235	940627	373650	52
53	ELECTROCARDIOLOGY	.188994	65169225	12316593	53
53.01	GI UNIT	.228150	2671911	609596	53.01
53.02	VASCULAR LAB	.150101	2032169	305031	53.02
54	ELECTROENCEPHALOGRAPHY	.274004	750842	205734	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.401297	29630862	11890776	55
56	DRUGS CHARGED TO PATIENTS	.335016	32606397	10923665	56
56.01	RENAL TXPLANT LAB	.928584	68300	63422	56.01
57	RENAL DIALYSIS	.266973	4305926	1149566	57
58	ASC (NON-DISTINCT PART)	.277502	444353	123309	58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.270544	7640164	2067001	61
62	OBSERVATION BEDS (NON-DISTINCT	.710765	27784	19748	62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		282203664	68975241	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		282203664		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-S148)	[ ] NF	[XX] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
28	BURN INTENSIVE CARE UNIT				28
31	SUBPROVIDER I		4590169		31
31.01	SUBPROVIDER II (REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.218929	7217	1580	37
39	DELIVERY ROOM & LABOR ROOM	.469200			39
40	ANESTHESIOLOGY	.158374	540	86	40
41	RADIOLOGY-DIAGNOSTIC	.147058	353969	52054	41
42	RADIOLOGY-THERAPEUTIC	.211286	7405	1565	42
43.01	CARDIAC REHAB	.595273	824	491	43.01
44	LABORATORY	.217420	571763	124313	44
46	WHOLE BLOOD & PACKED RED BLOOD	.337280	7353	2480	46
49	RESPIRATORY THERAPY	.188069	45157	8493	49
50	PHYSICAL THERAPY	.457513	95257	43581	50
51	OCCUPATIONAL THERAPY	.357020	36965	13197	51
52	SPEECH PATHOLOGY	.397235	7791	3095	52
53	ELECTROCARDIOLOGY	.188437	113438	21376	53
53.01	GI UNIT	.228150	7454	1701	53.01
53.02	VASCULAR LAB	.148540	12518	1859	53.02
54	ELECTROENCEPHALOGRAPHY	.268846	16135	4338	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.401297	11160	4478	55
56	DRUGS CHARGED TO PATIENTS	.335016	523756	175467	56
56.01	RENAL TXPLANT LAB	.925290			56.01
57	RENAL DIALYSIS	.264374	64862	17148	57
58	ASC (NON-DISTINCT PART)	.277502			58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.269978	220672	59577	61
62	OBSERVATION BEDS (NON-DISTINCT	.710765			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		2104236	536879	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		2104236		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[XX] SUB II (14-T148)	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
28	BURN INTENSIVE CARE UNIT				28
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II (REHAB		2117848		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.219056	17914	3924	37
39	DELIVERY ROOM & LABOR ROOM	.469200			39
40	ANESTHESIOLOGY	.158374	4005	634	40
41	RADIOLOGY-DIAGNOSTIC	.147058	239981	35291	41
42	RADIOLOGY-THERAPEUTIC	.211286	472	100	42
43.01	CARDIAC REHAB	.595273	4771	2840	43.01
44	LABORATORY	.218778	333240	72906	44
46	WHOLE BLOOD & PACKED RED BLOOD	.337280	48463	16346	46
49	RESPIRATORY THERAPY	.188345	227620	42871	49
50	PHYSICAL THERAPY	.468337	1225591	573990	50
51	OCCUPATIONAL THERAPY	.357020	817624	291908	51
52	SPEECH PATHOLOGY	.397235	432361	171749	52
53	ELECTROCARDIOLOGY	.188994	29512	5578	53
53.01	GI UNIT	.228150	18887	4309	53.01
53.02	VASCULAR LAB	.150101	12695	1906	53.02
54	ELECTROENCEPHALOGRAPHY	.274004	4170	1143	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.401297	94922	38092	55
56	DRUGS CHARGED TO PATIENTS	.335016	497664	166725	56
56.01	RENAL TXPLANT LAB	.928584			56.01
57	RENAL DIALYSIS	.266973	110481	29495	57
58	ASC (NON-DISTINCT PART)	.277502			58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.270544	82	22	61
62	OBSERVATION BEDS (NON-DISTINCT	.710765			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		4120455	1459829	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4120455		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES — OPO NO: — WORKSHEET D-6 PART I

CHECK APPLICABLE BOX: [ ] HEART [XX] KIDNEY [ ] LIVER [ ] LUNG [ ] PANCREAS [ ] INTESTINE [ ] ISLET [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS	11861	38	681.56	15	10223	1
2	INTENSIVE CARE UNIT	1559	43	1501.33			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1305.37			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	13420			15	10223	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.218929	73654	16125	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.469200			10
11	ANESTHESIOLOGY	40	.158374	31006	4911	11
12	RADIOLOGY-DIAGNOSTIC	41	.147058	36979	5438	12
13	RADIOLOGY-THERAPEUTIC	42	.211286			13
14	RADIOISOTOPE	43				14
14.01	CARDIAC REHAB	43.01	.595273			14.01
15	LABORATORY	44	.217420	86558	18819	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46	.337280	6965	2349	17
18	BLOOD STORING, PROCESSING & TRA	47				18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.188069	3210	604	20
21	PHYSICAL THERAPY	50	.457513			21
22	OCCUPATIONAL THERAPY	51	.357020			22
23	SPEECH PATHOLOGY	52	.397235			23
24	ELECTROCARDIOLOGY	53	.188437	87467	16482	24
24.01	GI UNIT	53.01	.228150	2963	676	24.01
24.02	VASCULAR LAB	53.02	.148540			24.02
25	ELECTROENCEPHALOGRAPHY	54	.268846			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.401297	5425	2177	26
27	DRUGS CHARGED TO PATIENTS	56	.335016	24166	8096	27
27.01	RENAL TXPLANT LAB	56.01	.925290	412673	381842	27.01
28	RENAL DIALYSIS	57	.264374	11023	2914	28
29	ASC (NON-DISTINCT PART)	58	.277502			29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60				31
31.01	MAP (2004)	60.01				31.01
32	EMERGENCY	61	.269978			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.710765			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
35	TOTAL			782089	460433	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO: WORKSHEET D-6
PART II

CHECK APPLICABLE BOX	[ ] HEART	[ ] LIVER	[ ] PANCREAS	[ ] ISLET
	[XX] KIDNEY	[ ] LUNG	[ ] INTESTINE	[ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2		15		36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	OTHER SPECIAL CARE (SPECIFY)	7				41
42	SUBTOTAL			15		42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	MAP (2004)		20.01			43.01
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
46	OTHER OUTPATIENT SERV (SPECIFY)		23			46
47	TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO: WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX								
	[ ] HEART	[ ] LIVER	[ ] PANCREAS	[ ] ISLET
	[XX] KIDNEY	[ ] LUNG	[ ] INTESTINE	[ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

		------ COST -------		----- CHARGES -----		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
48	ROUTINE & ANCILLARY FROM PART I	470656		795509		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	1108405		1108405		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	1579061		1903914		53
54	TOTAL USABLE ORGANS		27			54
55	MEDICARE USABLE ORGANS		18			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.666667			56
57	MEDICARE COST/CHARGES	1052708		1269277		57
58	REVENUE FOR ORGANS SOLD	56194		56194		58
59	SUBTOTAL	996514		1213083		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	996514		1213083		61

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
62	ORGANS EXCISED IN PROVIDER	7	4		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		16		65
66	TOTAL	7	20		66
67	ORGANS TRANSPLANTED	7	16		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		4		69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL	7	20		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	681.56			1
2	INTENSIVE CARE UNIT		43	1501.33			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1305.37			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL						7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.218929			8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.469200			10
11	ANESTHESIOLOGY	40	.158374			11
12	RADIOLOGY-DIAGNOSTIC	41	.147058			12
13	RADIOLOGY-THERAPEUTIC	42	.211286			13
14	RADIOISOTOPE	43				14
14.01	CARDIAC REHAB	43.01	.595273			14.01
15	LABORATORY	44	.217420			15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46	.337280			17
18	BLOOD STORING, PROCESSING & TRA	47				18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.188069			20
21	PHYSICAL THERAPY	50	.457513			21
22	OCCUPATIONAL THERAPY	51	.357020			22
23	SPEECH PATHOLOGY	52	.397235			23
24	ELECTROCARDIOLOGY	53	.188437			24
24.01	GI UNIT	53.01	.228150			24.01
24.02	VASCULAR LAB	53.02	.148540			24.02
25	ELECTROENCEPHALOGRAPHY	54	.268846			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.401297			26
27	DRUGS CHARGED TO PATIENTS	56	.335016			27
27.01	RENAL TXPLANT LAB	56.01	.925290			27.01
28	RENAL DIALYSIS	57	.264374			28
29	ASC (NON-DISTINCT PART)	58	.277502			29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60				31
31.01	MAP (2004)	60.01				31.01
32	EMERGENCY	61	.269978			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.710765			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
35	TOTAL					35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

CHECK APPLICABLE BOX [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET
[ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3	
36	ADULTS & PEDIATRICS	2				36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	OTHER SPECIAL CARE (SPECIFY)	7				41
42	SUBTOTAL					42

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3	
43	CLINIC		20			43
43.01	MAP (2004)		20.01			43.01
44	EMERGENCY		21			44
45	OBSERVATION BEDS (NON-DISTINCT		22			45
46	OTHER OUTPATIENT SERV (SPECIFY)		23			46
47	TOTAL					47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK APPLICABLE BOX										
[ ] HEART	[ ] LIVER	[XX] PANCREAS	[ ] ISLET
[ ] KIDNEY	[ ] LUNG	[ ] INTESTINE	[ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

		------ COST -------		----- CHARGES -----		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
48	ROUTINE & ANCILLARY FROM PART I					48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	150194		150194		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	150194		150194		53
54	TOTAL USABLE ORGANS		2			54
55	MEDICARE USABLE ORGANS		2			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		1.000000			56
57	MEDICARE COST/CHARGES	150194		150194		57
58	REVENUE FOR ORGANS SOLD					58
59	SUBTOTAL	150194		150194		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	150194		150194		61

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
62	ORGANS EXCISED IN PROVIDER				62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		2		65
66	TOTAL		2		66
67	ORGANS TRANSPLANTED		2		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S				69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL		2		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	20356460					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	63605180					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	752499					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	3451989					1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	4177541					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	372.79					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	87.55					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00	87.55			3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	117.30					3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE	87.55					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	87.55					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	87.55					3.16
		RES. IN INIT YRS					
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	87.55				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.234851					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.232543					3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.232543					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2518172					3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 {SUM OF LINES}[PLUS E-3,PT.VI} [3.21-3.23][LINE 23]	7999518					3.23
3.24	SUM OF LINES 3.21-3.23 10517690 893916	11411606					3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0417					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1204					4.01
4.02	SUM OF 4 AND 4.01	0.1621					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0329					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	2762338					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	102313125					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	102313125					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8397777					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3424381					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST	1146708					12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	8687					15
16	TOTAL	115290678					16
17	PRIMARY PAYER PAYMENTS	240885					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	115049793					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7992754					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	493648					20
21	REIMBURSABLE BAD DEBTS	1617242					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1132069					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1023440					21.02
22	SUBTOTAL	107695460					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	107695460					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	107882640					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-187180					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	701385					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0148) 1	HOSPITAL (14-0148) 1.01	HOSPITAL (14-0148) 1.02	
1	MEDICAL AND OTHER SERVICES	1794			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	26317588			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS		26625561		1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO		0.858		1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	6894			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	1794			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	5095			6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES	5095			10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES	5095			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	3301			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	1794			17
17.01	TOTAL PPS PAYMENTS	26632455			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0148) 1	HOSPITAL (14-0148) 1.01	HOSPITAL (14-0148) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	6658037			18.01
19	SUBTOTAL	19976212			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	745159			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	20721371			23
24	PRIMARY PAYER PAYMENTS	4308			24
25	SUBTOTAL	20717063			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	1512119			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	1058483			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1055386			27.02
28	SUBTOTAL	21775546			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	21775546			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	21536716			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	238830			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	132			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (14-S148) 1	SUB I (14-S148) 1.01	SUB I (14-S148) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (14-S148) 1	SUB I (14-S148) 1.01	SUB I (14-S148) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (14-T148) 1	SUB II (14-T148) 1.01	SUB II (14-T148) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1182			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	220	662		1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.858	0.858		1.03
1.04	LINE 1.01 TIMES LINE 1.03	1014			1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04	21.70			1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS	882			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (14-T148) 1	SUB II (14-T148) 1.01	SUB II (14-T148) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	271			18.01
19	SUBTOTAL	611			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	611			23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL	611			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL	611			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	611			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	611			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V [XX] TITLE XVIII { } TITLE XIX

		HOSPITAL (14-0148) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)			1
2	DEDUCTIBLES			2
3	SUBTOTAL			3
4	80 PERCENT OF LINE 3			4
5	ASC PORTION OF BLEND			5
6	OUTPATIENT ASC COST			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	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)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	HOSPITAL SPECIFIC PORTION OF BLEND			17
18	ASC BLENDED AMOUNT			18
19	LESSER OF LINES 16 OR 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	ASC PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

		HOSPITAL (14-0148) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (14-0148) OCTOBER 1, 1997 PRIOR TO ON OR AFTER 1 1.01	
1	PREVAILING CHARGES		1
2	42 PERCENT OF LINE 1		2
3	DEDUCTIBLES		3
4	SUBTOTAL		4
5	BLENDED CHARGE PROPORTION		5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES		6
	COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES		7
	CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10	RATIO OF LINE 8 TO LINE 9		10
11	TOTAL CUSTOMARY CHARGES		11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14	LESSER OF COST OR CHARGES		14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE		15
16	TOTAL		16
17	COST PROPORTION		17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT		18
19	LESSER OF LINE 16 OR LINE 18		19
20	PART B DEDUCTIBLES AND COINSURANCE		20
21	DIAGNOSTIC PAYMENT AMOUNT		21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — WORKSHEET E-1

HOSPITAL (14-0148)

	DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				107882640		21536716	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					3.01
		PROGRAM	.02					3.02
		TO	.03		NONE		NONE	3.03
		PROVIDER	.04					3.04
			.05					3.05
			.50					3.50
		PROVIDER	.51					3.51
		TO	.52		NONE		NONE	3.52
		PROGRAM	.53					3.53
			.54					3.54
	SUBTOTAL		.99					3.99
4	TOTAL INTERIM PAYMENTS				107882640		21536716	4
	TO BE COMPLETED BY INTERMEDIARY							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
		TO	.02					5.02
		PROVIDER	.03					5.03
		PROVIDER	.50					5.50
		TO	.51					5.51
		PROGRAM	.52					5.52
	SUBTOTAL		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — WORKSHEET E-1

SUBPROVIDER I (14-S148)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				2921150			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.	PROGRAM TO PROVIDER	.01					3.01
		.02					3.02
		.03		NONE		NONE	3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				2921150			4
TO BE COMPLETED BY INTERMEDIARY							
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					5.01
		.02					5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51					5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

SUBPROVIDER II (14-T148)

	DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3827987		611	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.	PROGRAM TO PROVIDER	.01 .02 .03 .04 .05 .50					3.01 3.02 3.03 3.04 3.05 3.50
		PROVIDER TO PROGRAM	.51 .52 .53 .54		NONE		NONE	3.51 3.52 3.53 3.54
	SUBTOTAL		.99					3.99
4	TOTAL INTERIM PAYMENTS				3827987		611	4

TO BE COMPLETED BY INTERMEDIARY

5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01 .02 .03					5.01 5.02 5.03
		PROVIDER TO PROGRAM	.50 .51 .52					5.50 5.51 5.52
	SUBTOTAL		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (14-S148)	SUB II (14-T148)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES		3522206				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		880552				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)			3456037			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)			0.0452			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)			384235			1.04
1.05	OUTLIER PAYMENTS			48839			1.05
1.06	TOTAL PPS PAYMENTS			3984650			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		2198804				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS		49585				1.09
1.10	NET IPF PPS ECT PAYMENTS		56916				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		3.12				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)		1.11				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		1.11				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		29.830601				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.018993				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT		41762				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		2347067				1.19
1.20	STOP LESS PAYMENT FLOOR		2465544				1.20
1.21	ADJUSTED NET PAYMENT FLOOR		1849158				1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS		3227619				1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)			0.83			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)			0.44			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)			0.44			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)			14.322404			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR			0.027644			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT			95539			1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		3227619	3984650			4
5	PRIMARY PAYER PAYMENTS						5
6	SUBTOTAL		3227619	3984650			6
7	DEDUCTIBLES		239584	27456			7
8	SUBTOTAL		2988035	3957194			8
9	COINSURANCE		53704	46880			9
10	SUBTOTAL		2934331	3910314			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		198326	18892			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		138828	13224			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		156070	17292			11.02
12	SUBTOTAL		3073159	3923538			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (14-S148)	SUB II (14-T148)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		188				13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3073347	3923538			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		2921150	3827987			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		152197	95551			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		7977				21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
PART IV

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	112.84	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP 103.58	103.58	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	118.84	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	103.58	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	42.48	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	70.24	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	112.72	3.09
3.10	SEE INSTRUCTIONS	98.25	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	61.22	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	50.05	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	57.80	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	56.36	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	56.36	3.16
3.17	SEE INSTRUCTIONS	73237.39	3.17
3.18	SEE INSTRUCTIONS	4127659	3.18

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

WORKSHEET E-3
PART IV
(CONT)

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

3.19	SEE INSTRUCTIONS	42.36	3.19
3.20	SEE INSTRUCTIONS	42.79	3.20
3.21	SEE INSTRUCTIONS	40.73	3.21
3.22	SEE INSTRUCTIONS {RESIDENTS IN INITIAL YEARS 0.00}	40.73	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	73237.39	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	2982959	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	7110618	3.25
	COMPUTATION OF PROGRAM PATIENT LOAD		
4	PROGRAM PART A INPATIENT DAYS	66585	4
5	TOTAL INPATIENT DAYS	117389	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.567217	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4033263 0	4033263	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	2620	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	117389	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD	136277	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	7590538	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

WORKSHEET E-3
PART IV
(CONT)

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

	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	PART A REASONABLE COST		
12	REASONABLE COST	120062440	12
13	ORGAN ACQUISITION COSTS	1146708	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	240885	15
16	TOTAL PART A REASONABLE COST	120968263	16
	PART B REASONABLE COST		
17	REASONABLE COST	26327458	17
18	PRIMARY PAYER PAYMENTS	4308	18
19	TOTAL PART B REASONABLE COST	26323150	19
20	TOTAL REASONABLE COST	147291413	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.821285	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.178715	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	4169540	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3424381	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	745159	25

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

WORKSHEET E-3
PART VI

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

	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	103.58	2
3	UNADJUSTED DIRECT GME FTE CAP	112.84	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	103.58	4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	14.30	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	29.75	17
18	SEE INSTRUCTIONS	14.30	18
19	RESIDENT TO BED COUNT	.038359	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.010139	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	83961640	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	4204488	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	893916	23

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	66387056				1
2	TEMPORARY INVESTMENTS	38893095				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	68942923				4
5	OTHER RECEIVABLES	5231716				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12512000				6
7	INVENTORY	9137620				7
8	PREPAID EXPENSES	2491668				8
9	OTHER CURRENT ASSETS	3875496				9
10	DUE FROM OTHER FUNDS	3987930				10
11	TOTAL CURRENT ASSETS	186435504				11
	FIXED ASSETS					
12	LAND	4803883				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	11705168				13
13.01	ACCUMULATED DEPRECIATION	-7398109				13.01
14	BUILDINGS	147582279				14
14.01	ACCUMULATED DEPRECIATION	-88318195				14.01
15	LEASEHOLD IMPROVEMENTS	2241303				15
15.01	ACCUMULATED AMORTIZATION	-1300311				15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	138668048				18
18.01	ACCUMULATED DEPRECIATION	-92246576				18.01
19	MINOR EQUIPMENT DEPRECIABLE	6039130				19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	121776620				21
	OTHER ASSETS					
22	INVESTMENTS	39638058				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	84599160				25
26	TOTAL OTHER ASSETS	124237218				26
27	TOTAL ASSETS	432449342				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	24621685				28
29	SALARIES, WAGES & FEES PAYABLE	13204033				29
30	PAYROLL TAXES PAYABLE	494393				30
31	NOTES & LOANS PAYABLE (SHORT TERM)					31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	23050294				34
35	OTHER CURRENT LIABILITIES	6863661				35
36	TOTAL CURRENT LIABILITIES	68234066				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	59452150				37
38	NOTES PAYABLE	4756977				38
39	UNSECURED LOANS					39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41	OTHER LONG TERM LIABILITIES	35079633				41
42	TOTAL LONG TERM LIABILITIES	99288760				42
43	TOTAL LIABILITIES	167522826				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	264926516				44
45	SPECIFIC PURPOSE FUND BALANCE					45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49	PLANT FUND BALANCE - INVESTED IN PLANT					49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51	TOTAL FUND BALANCES	264926516				51
52	TOTAL LIABILITIES AND FUND BALANCES	432449342				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1	FUND BALANCES AT BEGINNING OF PERIOD	264762120				1
2	NET INCOME (LOSS)	24736112				2
3	TOTAL	289498232				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	CHANGE IN VALUE / INT RATE SWAP	91000				5
6	UNREAL GAINS					6
7	ASSETS RELEASED	57000				7
8						8
9						9
10	TOTAL ADDITIONS	148000				10
11	SUBTOTAL	289646232				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	CONTRIBUTIONS	1363000				13
14	CHANGE IN PENSION LEVELS	22492000				14
15	OTHER DEDUCTIONS	864716				15
16						16
17						17
18	TOTAL DEDUCTIONS	24719716				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	264926516				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	89483277		89483277	1
2	SUBPROVIDER I	11486319		11486319	2
2.01	SUBPROVIDER II	4285015		4285015	2.01
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	105254611		105254611	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	17227035		17227035	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT	5358849		5358849	12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	22585884		22585884	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	127840495		127840495	16
17	ANCILLARY SERVICES	562701069	475370179	1038071248	17
18	OUTPATIENT SERVICES				18
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	690541564	475370179	1165911743	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		400651339	26
27	ADD (SPECIFY)			27
28	ILLINOIS STATE ASSESSMENT			28
29	PURCHASED SERV HAMP	25330416		29
30	BAD DEBT	9521060		30
31	GRANT EXPENSE	9119		31
32				32
33	TOTAL ADDITIONS		34860595	33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		435511934	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	1165911743	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	761837085	2
3	NET PATIENT REVENUES	404074658	3
4	LESS - TOTAL OPERATING EXPENSES	435511934	4
5	NET INCOME FROM SERVICE TO PATIENTS	-31437276	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5000	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3919254	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	324730	20
21	RENTAL OF VENDING MACHINES	127525	21
22	RENTAL OF HOSPITAL SPACE	2660977	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	HIGHER ED GRANT	21370	24
24.01	ILLINOIS ASSESSMENT REVENUE		24.01
24.02	AUTOPSY REV	120959	24.02
24.03	MISCELLANEOUS INCOME	1437801	24.03
24.04	CHILD CARE	1006405	24.04
24.05	CAPITATION	49360820	24.05
24.06	INVESTMENT INCOME	5918970	24.06
24.07	OPERATING RELEASED FROM RESTR GRTS	577216	24.07
24.08	REAL / UNREAL LOSS OF INVESTMENTS	-23785250	24.08
24.09	INEFFECTIVE PORTION SWAP	-1459000	24.09
24.10	OTHER	643000	24.10
24.11	HAMP RECONCILING ITEM		24.11
24.12	HOSPITAL ASSESSMENT	15426744	24.12
24.13	ROUNDING		24.13
24.14	GAIN / LOSS ON DISPOSAL	-155249	24.14
25	TOTAL OTHER INCOME	56151272	25
26	TOTAL	24713996	26
27			27
27.01	LOSS ON SALE OF REFUSE	-22116	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	-22116	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	24736112	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS COMPONENT NO: 14-2315 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	972805	HRS OF SERVICE	33249.00	15.99	1
2	LICENSED PRACTICAL NURSES	16658	HRS OF SERVICE	943.00	.45	2
3	NURSES AIDES		HRS OF SERVICE			3
4	TECHNICIANS	1093	HRS OF SERVICE	62.00	.03	4
5	SOCIAL WORKERS		HRS OF SERVICE			5
6	DIETICIANS		HRS OF SERVICE			6
7	PHYSICIANS	9595	ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY	90816	ACCUMULATED COST			8
9	SUBTOTAL	1090967				9
10	EMPLOYEE BENEFITS	76573	SALARY			10
11	OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12	OLD & NEW CAP REL COSTS-MOV EQUIPMENT	54547	PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14	SUPPLIES		REQUISITIONS			14
15	DRUGS	4963	REQUISITIONS			15
16	OTHER	36020	ACCUMULATED COST			16
17	SUBTOTAL	1263070				17
18	OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19	OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20	NEW CAP REL COSTS-BLDGS & FIXTURES	85362	SQUARE FEET			20
21	NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			21
22	EMPLOYEE BENEFITS	183097	SALARY			22
23	ADMINISTRATIVE AND GENERAL	287574	ACCUMULATED COST			23
24	MAINT/REPAIRS-OPERATION-HOUSEKEEPING	237634	SQUARE FEET			24
25	MEDICAL EDUCATION PROGRAM COSTS					25
26	CENTRAL SERVICES & SUPPLIES	1126	REQUISITIONS			26
27	PHARMACY	-87265	REQUISITIONS			27
28	OTHER ALLOCATED COSTS	36146	ACCUMULATED COST			28
29	SUBTOTAL	2006744				29
30	LABORATORY		CHARGES			30
31	RESPIRATORY THERAPY		CHARGES			31
32	OTHER ANCILLARY (SPECIFY)		CHARGES			32
33	TOTAL COSTS	2006744				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES COMPONENT NO: 14-2315 WORKSHEET I-2

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

		---CAPITAL AND--- RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNS 3	OTHER 4	EMPLOYEE BENEFITS 5	DRUGS 6	ROUTINE MEDICAL SUPPLIES 7	ANCILLARY SERVICES 8	SUB- TOTAL 9	OVERHEAD 10	TOTAL 11	
1	TOTAL RENAL DEPT COSTS	322996	54547	972805	17751	259670	-82302	1126		1546593	460151	2006744	1
	MAINTENANCE												
2	HEMODIALYSIS	70980	15656	200536	16974	56907	-23614			337439	100397	437836	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	252016	38891	772269	777	202763	-58688	1126		1209154	359754	1568908	12
13	METHOD II HOME PATIENT												13
14	EPO (INCL IN RENAL DEPT)						89773						14
14.01	ARANESP (INCL IN RENAL DEPT)												14.01
15	OTHER												15
16	TOTAL	322996	54547	972805	17751	259670	-82302	1126		1546593	460151	2006744	16
17	MEDICAL EDUC PGM COSTS												17
18	TOTAL RENAL COSTS											2006744	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3

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

		----CAPITAL AND---- RELATED COSTS BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2	-DIRECT CARE RNS (HOURS) 3	PATIENT- SALARY OTHERS (HOURS) 4	EMPLOYEE BENEFITS (SALARY) 5	DRGS (REQUIS) 6	MEDICAL SUPPLIES (REQUIS) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUB- TOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS	322996	54547	972805	17751	259670	-82302	1126		1546593	460151	1
	MAINTENANCE											
2	HEMODIALYSIS	1177	15656.00	6854.00	961.00	268259	1424					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	INPT DIAL TRTMNTS 2817	4179	38891.00	26395.00	44.00	955814	3539	1144				
13	METHOD II HOME PATIENT											13
14	EPO											14
14.01	ARANESP											14.01
15	OTHER											15
16	TOTAL STATISTICAL BASIS	5356	54547.00	33249.00	1005.00	1224073	4963	1144			1546593	16
17	UNIT COST MULTIPLIER	60.305452	1.000000	29.258173	17.662687	.212136	-16.583115	.984266			.297526	17

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 14-2315 WORKSHEET I-4
PAYMENT RATE # 1

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

		NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1	MAINTENANCE - HEMODIALYSIS	1134	437836	386.10	728	281081	156.29	113779	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
		PATIENT WEEKS			PATIENT WEEKS				
9	HOME PROGRAM - CAPD								9
10	HOME PROGRAM - CCPD								10
11	TOTALS	1134	437836		728	281081		113779	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B COMPONENT NO: 14-2315 WORKSHEET I-5

	DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	281081	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	113779	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS		3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	24038	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	24038	6
7	PROGRAM PAYMENT	91023	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)		8
9	REIMBURSABLE BAD DEBTS		9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD — WORKSHEET L

		HOSPITAL (14-0148)	SUB I	SUB II (14-T148)	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	7107549					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	286642					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD {E,PT A,LN.3.17} [E-3,PT VI,LN.18] [x E-3,PT VI,LN.1]	280.80					4
4.01	NO. OF INTERNS & RESIDENTS 87.55 14.30	101.85					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	10.78					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	766194					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0417					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1204					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1621					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0334					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	237392					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8397777					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						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						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
28	BURN INTENSIVE CARE UNIT						28
31	SUBPROVIDER I						31
31.01	SUBPROVIDER II (REHAB						31.01
33	NURSERY						33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43.01	CARDIAC REHAB						43.01
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOOD						46
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	GI UNIT						53.01
53.02	VASCULAR LAB						53.02
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	RENAL TXPLANT LAB						56.01
57	RENAL DIALYSIS						57
58	ASC (NON-DISTINCT PART)						58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION						83
85.01	PANCREAS ACQUISITION						85.01
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN						96
98	PHYSICIANS' PRIVATE OFFICES						98
98.01	SIU SCHOOL OF MEDICINE						98.01
98.03	UNIVERSITY BUILDING (MHCCI)						98.03
98.04	MEALS ON WHEELS						98.04
98.05	ACS HOME CARE						98.05
98.06	VNA OF CENTRAL IL						98.06
98.07	GAMBRO						98.07
98.08	FOUNDATION						98.08
98.09	SIU MAP PROGRAM						98.09
98.10	AUDIOLOGY						98.10
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

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

HOSPITAL

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	59.19		9.18				68.37	25
26	INTENSIVE CARE UNIT	51.93		1.68				53.61	26
28	BURN INTENSIVE CARE UNIT	15.20		19.03				34.23	28
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	29.18	9.87					39.05	37
39	DELIVERY ROOM & LABOR ROOM	0.64						0.64	39
40	ANESTHESIOLOGY	21.12	11.16					32.28	40
41	RADIOLOGY-DIAGNOSTIC	17.82	20.67					38.49	41
42	RADIOLOGY-THERAPEUTIC	4.44	44.38					48.82	42
43.01	CARDIAC REHAB	33.53	24.09					57.62	43.01
44	LABORATORY	26.44	3.04					29.48	44
46	WHOLE BLOOD & PACKED RED BLOOD	40.99	6.70					47.69	46
49	RESPIRATORY THERAPY	51.97	3.92					55.89	49
50	PHYSICAL THERAPY	17.43	0.82					18.25	50
51	OCCUPATIONAL THERAPY	33.57						33.57	51
52	SPEECH PATHOLOGY	29.54						29.54	52
53	ELECTROCARDIOLOGY	38.68	17.09					55.77	53
53.01	GI UNIT	18.58	23.85					42.43	53.01
53.02	VASCULAR LAB	32.86	27.62					60.48	53.02
54	ELECTROENCEPHALOGRAPHY	26.46	7.06					33.52	54
55	MEDICAL SUPPLIES CHARGED TO PAT	33.67	6.66					40.33	55
56	DRUGS CHARGED TO PATIENTS	42.24	6.29					48.53	56
56.01	RENAL TXPLANT LAB	10.52						10.52	56.01
57	RENAL DIALYSIS	56.73	2.52					59.25	57
58	ASC (NON-DISTINCT PART)	1.56	19.25					20.81	58
61	EMERGENCY	15.88	12.60					28.48	61
62	OBSERVATION BEDS (NON-DISTINCT	1.58	6.73					8.31	62
101	TOTAL CHARGES	25.02	11.19					36.21	101

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

SUBPROVIDER I

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
31	SUBPROVIDER I	41.87		14.30				56.17	31
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	0.01						0.01	37
41	RADIOLOGY-DIAGNOSTIC	0.19						0.19	41
42	RADIOLOGY-THERAPEUTIC	0.03						0.03	42
43.01	CARDIAC REHAB	0.03						0.03	43.01
44	LABORATORY	0.45						0.45	44
46	WHOLE BLOOD & PACKED RED BLOOD	0.04						0.04	46
49	RESPIRATORY THERAPY	0.13						0.13	49
50	PHYSICAL THERAPY	0.45						0.45	50
51	OCCUPATIONAL THERAPY	0.47						0.47	51
52	SPEECH PATHOLOGY	0.24						0.24	52
53	ELECTROCARDIOLOGY	0.07						0.07	53
53.01	GI UNIT	0.05						0.05	53.01
53.02	VASCULAR LAB	0.20						0.20	53.02
54	ELECTROENCEPHALOGRAPHY	0.57						0.57	54
55	MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01	55
56	DRUGS CHARGED TO PATIENTS	0.68						0.68	56
57	RENAL DIALYSIS	0.85						0.85	57
61	EMERGENCY	0.46						0.46	61
101	TOTAL CHARGES	0.19						0.19	101

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

SUBPROVIDER II

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
31.01	SUBPROVIDER II (REHAB	50.29		9.02				59.31	31.01
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	0.02						0.02	37
40	ANESTHESIOLOGY	0.02						0.02	40
41	RADIOLOGY-DIAGNOSTIC	0.13						0.13	41
43.01	CARDIAC REHAB	0.19						0.19	43.01
44	LABORATORY	0.26						0.26	44
46	WHOLE BLOOD & PACKED RED BLOOD	0.28	0.01					0.29	46
49	RESPIRATORY THERAPY	0.64						0.64	49
50	PHYSICAL THERAPY	5.80						5.80	50
51	OCCUPATIONAL THERAPY	10.48						10.48	51
52	SPEECH PATHOLOGY	13.58						13.58	52
53	ELECTROCARDIOLOGY	0.02						0.02	53
53.01	GI UNIT	0.13						0.13	53.01
53.02	VASCULAR LAB	0.21						0.21	53.02
54	ELECTROENCEPHALOGRAPHY	0.15						0.15	54
55	MEDICAL SUPPLIES CHARGED TO PAT	0.11						0.11	55
56	DRUGS CHARGED TO PATIENTS	0.64						0.64	56
57	RENAL DIALYSIS	1.46						1.46	57
101	TOTAL CHARGES	0.37						0.37	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	12265583	3.49	-12265583	-9.07			3
5	EMPLOYEE BENEFITS	23148042	6.58	-23148042	-17.11			5
6	ADMINISTRATIVE & GENERAL	50917553	14.47	-50917553	-37.63			6
7	MAINTENANCE & REPAIRS	15694291	4.46	-15694291	-11.60			7
9	LAUNDRY & LINEN SERVICE	1320637	.38	-1320637	-.98			9
10	HOUSEKEEPING	5210425	1.48	-5210425	-3.85			10
11	DIETARY	1770169	.50	-1770169	-1.31			11
12	CAFETERIA	1211954	.34	-1211954	-.90			12
14	NURSING ADMINISTRATION	2375773	.68	-2375773	-1.76			14
15	CENTRAL SERVICES & SUPPLY	2069721	.59	-2069721	-1.53			15
16	PHARMACY	5673181	1.61	-5673181	-4.19			16
17	MEDICAL RECORDS & LIBRARY	4915498	1.40	-4915498	-3.63			17
18	SOCIAL SERVICE	721815	.21	-721815	-.53			18
22	I&R SERVICES-SALARY & FRINGES A	5127024	1.46	-5127024	-3.79			22
23	I&R SERVICES-OTHER PRGM COSTS A	2840709	.81	-2840709	-2.10			23
24	PARAMED ED PRGM-(SPECIFY)	39133	.01	-39133	-.03			24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	32225524	9.16	34753653	25.69	66979177	19.04	25
26	INTENSIVE CARE UNIT	6945615	1.97	4967783	3.67	11913398	3.39	26
28	BURN INTENSIVE CARE UNIT	1738308	.49	1330345	.98	3068653	.87	28
31	SUBPROVIDER I	3845452	1.09	5211963	3.85	9057415	2.57	31
31.01	SUBPROVIDER II (REHAB	1632751	.46	1637918	1.21	3270669	.93	31.01
33	NURSERY	1094875	.31	626191	.46	1721066	.49	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	14181626	4.03	10835597	8.01	25017223	7.11	37
39	DELIVERY ROOM & LABOR ROOM	2550551	.72	1208518	.89	3759069	1.07	39
40	ANESTHESIOLOGY	2524229	.72	1103225	.82	3627454	1.03	40
41	RADIOLOGY-DIAGNOSTIC	18794471	5.34	9805832	7.25	28600303	8.13	41
42	RADIOLOGY-THERAPEUTIC	3379093	.96	1649366	1.22	5028459	1.43	42
43.01	CARDIAC REHAB	985173	.28	546291	.40	1531464	.44	43.01
44	LABORATORY	19278476	5.48	8571602	6.34	27850078	7.92	44
46	WHOLE BLOOD & PACKED RED BLOOD	4787538	1.36	1025887	.76	5813425	1.65	46
49	RESPIRATORY THERAPY	4517385	1.28	2178946	1.61	6696331	1.90	49
50	PHYSICAL THERAPY	6457297	1.84	3205587	2.37	9662884	2.75	50
51	OCCUPATIONAL THERAPY	1771096	.50	1013956	.75	2785052	.79	51
52	SPEECH PATHOLOGY	837147	.24	427947	.32	1265094	.36	52
53	ELECTROCARDIOLOGY	23941421	6.80	7805878	5.77	31747299	9.02	53
53.01	GI UNIT	1980093	.56	1300553	.96	3280646	.93	53.01
53.02	VASCULAR LAB	640850	.18	277670	.21	918520	.26	53.02
54	ELECTROENCEPHALOGRAPHY	453499	.13	309422	.23	762921	.22	54
55	MEDICAL SUPPLIES CHARGED TO PAT	28169883	8.01	7141069	5.28	35310952	10.04	55
56	DRUGS CHARGED TO PATIENTS	15058466	4.28	10804021	7.99	25862487	7.35	56
56.01	RENAL TXPLANT LAB	374291	.11	226485	.17	600776	.17	56.01
57	RENAL DIALYSIS	1263070	.36	833447	.62	2096517	.60	57
58	ASC (NON-DISTINCT PART)	5392577	1.53	2537252	1.88	7929829	2.25	58
60.01	MAP (2004)							60.01

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
61	EMERGENCY	8448076	2.40	4542663	3.36	12990739	3.69	61
62	OBSERVATION BEDS (NON-DISTINCT							62
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
83	KIDNEY ACQUISITION	865600	.25	242805	.18	1108405	.32	83
85.01	PANCREAS ACQUISITION	120593	.03	29601	.02	150194	.04	85.01
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	219294	.06	124736	.09	344030	.10	96
98	PHYSICIANS' PRIVATE OFFICES	29553	.01	1065624	.79	1095177	.31	98
98.01	SIU SCHOOL OF MEDICINE	720369	.20	2487531	1.84	3207900	.91	98.01
98.03	UNIVERSITY BUILDING (MHCCI)	122118	.03	38655	.03	160773	.05	98.03
98.04	MEALS ON WHEELS			165415	.12	165415	.05	98.04
98.05	ACS HOME CARE			930795	.69	930795	.26	98.05
98.06	VNA OF CENTRAL IL			346068	.26	346068	.10	98.06
98.07	GAMBRO			451859	.33	451859	.13	98.07
98.08	FOUNDATION			11604	.01	11604		98.08
98.09	SIU MAP PROGRAM	823173	.23	3363430	2.49	4186603	1.19	98.09
98.10	AUDIOLOGY	364504	.10	164318	.12	528822	.15	98.10
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	351835545	100.00	0	.00	351835545	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	2897015	102395454	.028292	29874450	845208	37
39	DELIVERY ROOM & LABOR ROOM	234990	8011660	.029331	51355	1506	39
40	ANESTHESIOLOGY	387002	22904325	.016896	4836483	81717	40
41	RADIOLOGY-DIAGNOSTIC	5336008	188756957	.028269	33644549	951098	41
42	RADIOLOGY-THERAPEUTIC	1131427	23799311	.047540	1056743	50238	42
43.01	CARDIAC REHAB	79277	2572709	.030815	862563	26580	43.01
44	LABORATORY	1630581	128093690	.012730	33865522	431108	44
46	WHOLE BLOOD & PACKED RED BLOOD	85937	17236195	.004986	7065108	35227	46
49	RESPIRATORY THERAPY	474536	35329866	.013432	18359183	246601	49
50	PHYSICAL THERAPY	632116	21120462	.029929	3680789	110162	50
51	OCCUPATIONAL THERAPY	149097	7800832	.019113	2618359	50045	51
52	SPEECH PATHOLOGY	58884	3184750	.018489	940627	17391	52
53	ELECTROCARDIOLOGY	2672731	168476998	.015864	65169225	1033845	53
53.01	GI UNIT	450424	14379344	.031324	2671911	83695	53.01
53.02	VASCULAR LAB	210204	6183670	.033993	2032169	69080	53.02
54	ELECTROENCEPHALOGRAPHY	119448	2837765	.042092	750842	31604	54
55	MEDICAL SUPPLIES CHARGED TO PAT	643978	87992103	.007319	29630862	216868	55
56	DRUGS CHARGED TO PATIENTS	774961	77197735	.010039	32606397	327336	56
56.01	RENAL TXPLANT LAB	39813	649284	.061318	68300	4188	56.01
57	RENAL DIALYSIS	186259	7590538	.024538	4305926	105659	57
58	ASC (NON-DISTINCT PART)	981840	28575718	.034359	444353	15268	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	766362	48117829	.015927	7640164	121685	61
62	OBSERVATION BEDS (NON-DISTINCT	95966	1762476	.054450	27784	1513	62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL	20038856	1004969671		282203664	4857622	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	4841086		4841086	92720	52.21	54879	2865233	25
26	INTENSIVE CARE UNIT	917154		917154	7966	115.13	4137	476293	26
28	BURN INTENSIVE CARE UNIT	230528		230528	2381	96.82	362	35049	28
101	TOTAL	5988768		5988768			59378	3376575	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS		3376575
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS		4857622
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS		8234197
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	10960	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	59378	
PER DISCHARGE CAPITAL COSTS		751.30
PER DIEM CAPITAL COSTS		138.67

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)	104819234
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	339287441
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.309

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3104535
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	6247286
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.497

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3895536
2.	TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	6694405
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.582

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	8234197
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	26188087
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	125826380
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.208