

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 5

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY'S HOSPITAL (14-0166) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, 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.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	337453	33941	1
3	SWING BED - SNF			2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	337453	33941	9
				100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL			N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	14-5551	12/06/1985	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2007	TO: 06/30/2008				17
18	TYPE OF CONTROL			1	2		18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		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		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		YES		YES		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			NO	28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100		0.8358	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1		2040	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	50.00		Y	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	TEMPORARY EMPLOYEES	1.70		Y	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
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 (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36.01
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37
					37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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	148005							40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:								40.01
40.02	STREET: 4936 LAVERNA ROAD	P.O.BOX:								40.02
40.03	CITY: SPRINGFIELD	STATE: IL ZIP CODE: 62707								40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES								41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO								43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO								44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO								45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?									45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?									45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?									45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.									46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				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: PREMIUMS: 1581924 PAID LOSSES: 78323 AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				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			
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.			DATE / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO	57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO	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)					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			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1		2	3	4	5

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-----			OBS. BEDS ADMITTED 5.01	
				TITLE V 3	TITLE XVIII 4	TITLE NONCOVERED DAYS 4.01		TITLE XIX 5
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	174	63684			15195		10630	1
2 HMO								2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	174	63684			15195		10630	5
6 INTENSIVE CARE UNIT	12	4392			1055			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	186	68076			16250		10630	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY	40	14640			3730			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	226							25
26 OBSERVATION BED DAYS								26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		34096							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		34096							5
6 INTENSIVE CARE UNIT		2062							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		1602							11
12 TOTAL HOSPITAL		37760			1.22		1.22	821.46	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY		5009						20.85	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					1.22		1.22	842.31	25
26 OBSERVATION BED DAYS		913	224	689					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		461							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3350	2294	8231	1
2	HMO XIX					2
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		3350	2294	8231	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	37044327	291340	37335667	1761637.00	21.19	6	1
2 TOTAL SALARIES							2
3 NON-PHYSICIAN ANESTHETIST PART A			1978022	22227.00	88.99		3
4 NON-PHYSICIAN ANESTHETIST PART B	1978022						4
4.01 PHYSICIAN - PART A							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	881753	25916	907669	43616.00	20.81		8
8.01 EXCLUDED AREA SALARIES	1661223	-24081	1637142	105930.00	15.45		8.01
9 OTHER WAGES & RELATED COSTS							9
9.01 CONTRACT LABOR	583878		583878	9204.65	63.43		9.01
9.02 PHARMACY SERVICES UNDER CONTRACT							9.02
9.03 LABORATORY SERVICES UNDER CONTRACT							9.03
10 MANAGEMENT AND ADMINISTRATIVE SERVICES'	164667		164667	3219.00	51.15		10
10.01 CONTRACT LABOR: PHYSICIAN PART A	550122		550122	5750.00	95.67		10.01
11 TEACHING PHYSICIAN UNDER CONTRACT							11
12 HOME OFFICE SALARIES & WAGE REL COSTS	1426448		1426448	21245.00	67.14		12
12.01 HOME OFFICE: PHYSICIAN PART A							12.01
13 TEACHING PHYSICIAN SALARIES							13
14 WAGE-RELATED COSTS (CORE)	10516870		10516870			CMS 339	14
15 WAGE RELATED COSTS (OTHER)						CMS 339	15
16 EXCLUDED AREAS	1363965		1363965			CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	17
18 NON-PHYSICIAN ANESTHETIST PART B	669963		669963			CMS 339	18
18.01 PHYSICIAN PART A						CMS 339	18.01
19 PART A TEACHING PHYSICIANS						CMS 339	19
19.01 PHYSICIAN PART B						CMS 339	19.01
20 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	20
21 INTERNS & RESIDENTS (IN APPR PGM)							21
22 OVERHEAD COSTS - DIRECT SALARIES							22
22.01 EMPLOYEE BENEFITS	406285	-10234	396051	21862.00	18.12		22.01
23 ADMINISTRATIVE & GENERAL	4552721	1409	4554130	251804.00	18.09		23
24 ADMINISTRATIVE & GENERAL UNDER CONTACT							24
25 MAINTENANCE & REPAIRS	75743		75743				25
26 OPERATION OF PLANT	736636		736636	44816.00	16.44		26
27 LAUNDRY & LINEN SERVICE	300361	1929	302290	26559.00	11.38		27
28 HOUSEKEEPING	662137	89	662226	65410.00	10.12		28
28.01 HOUSEKEEPING UNDER CONTRACT							28.01
29 DIETARY	1094950	-493637	601313	92569.00	6.50		29
29.01 DIETARY UNDER CONTRACT							29.01
30 CAFETERIA		497940	497940				30
31 MAINTENANCE OF PERSONNEL							31
32 NURSING ADMINISTRATION	412820		412820	14077.00	29.33		32
33 CENTRAL SERVICES AND SUPPLY	207307	897	208204	10609.00	19.63		33
34 PHARMACY	968167		968167	30375.00	31.87		34
35 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1063866		1063866	66841.00	15.92		35
36 SOCIAL SERVICE							36
37 OTHER GENERAL SERVICE							37

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	35066305	291340	35357645	1739410.00	20.33		1
2 EXCLUDED AREA SALARIES	2542976	1835	2544811	149546.00	17.02		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	32523329	289505	32812834	1589864.00	20.64		3
4 SUBTOTAL OTHER WAGES & REL COSTS	2725115		2725115	39418.65	69.13		4
5 SUBTOTAL WAGE-RELATED COSTS	10516870		10516870		32.05%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	45765314	289505	46054819	1629282.65	28.27		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	10480993	-1607	10479386	624922.00	16.77		13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		19						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		324						7
8	RHB		128						8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		166						10
11	RMB		704						11
12	RMA		65						12
12.01	RMX		318						12.01
12.02	RML		1005						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		188						15
16	SE2		358						16
17	SE1		33						17
18	SSC		4						18
19	SSB		11						19
20	SSA		181						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		55						24
25	CA2								25
26	CA1		106						26
27	IB2								27
28	IB1		1						28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1		7						36
37	PD2								37
38	PD1		14						38
39	PC2								39
40	PC1		43						40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		3730						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	0.317099 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								
1 0100 OLD CAP REL COSTS-BLDG & FIXT				1228290	1228290	7014	1235304	1
2 0200 OLD CAP REL COSTS-MVBLE EQUIP				176	176	16029	16205	2
3 0300 NEW CAP REL COSTS-BLDG & FIXT				1886005	1886005		1886005	3
4 0400 NEW CAP REL COSTS-MVBLE EQUIP				5235375	5235375	433146	5668521	4
5 0500 EMPLOYEE BENEFITS	406285	13386621	13792906	-330454	13462452	-4032903	9429549	5
6 0600 ADMINISTRATIVE & GENERAL	4552721	18329343	22882064	-8191435	14690629	-2843655	11846974	6
7 0700 MAINTENANCE & REPAIRS	75743	14614	90357		90357	-4763	85594	7
8 0800 OPERATION OF PLANT	736636	2871983	3608619	-6690	3601929		3601929	8
9 0900 LAUNDRY & LINEN SERVICE	300361	203651	504012	1325	505337	-3060	502277	9
10 1000 HOUSEKEEPING	662137	376165	1038302	89	1038391	-141	1038250	10
11 1100 DIETARY	1094950	1244074	2339024	-1059393	1279631	-533539	746092	11
12 1200 CAFETERIA				1063696	1063696		1063696	12
13 1300 MAINTENANCE OF PERSONNEL								13
14 1400 NURSING ADMINISTRATION	412820	46784	459604		459604		459604	14
15 1500 CENTRAL SERVICES & SUPPLY	207307	458385	665692	-434442	231250	-1423	229872	15
16 1600 PHARMACY	968167	3726919	4695086	-3481584	1213502		1213502	16
17 1700 MEDICAL RECORDS & LIBRARY	1063866	446891	1510757	-50479	1460278	-1541	1458737	17
18 1800 SOCIAL SERVICE								18
20 2000 NONPHYSICIAN ANESTHETISTS								20
21 2100 NURSING SCHOOL								21
22 2200 I&R SERVICES-SALARY & FRINGES A		11	11	-11				22
23 2300 I&R SERVICES-OTHER PRGM COSTS A								23
24 2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	6709969	882323	7592292	94299	7686591	-181	7686410	25
26 2600 INTENSIVE CARE UNIT	986711	259457	1246168	69090	1315258		1315258	26
31 3100 SUBPROVIDER I	25916	5142	31058	-31058				31
33 3300 NURSERY	320606	292365	612971		612971	-246201	366770	33
34 3400 SKILLED NURSING FACILITY	881753	63437	945190	27612	972802		972802	34
ANCILLARY SERVICE COST CENTERS								
37 3700 OPERATING ROOM	1200475	4327076	5527551	91818	5619369		5619369	37
37.01 3951 STONE CENTER		17065	17065	-17065				37.01
37.02 3952 ENDOSCOPY	54236	89556	143792		143792		143792	37.02
38 3800 RECOVERY ROOM	362768	39560	402328		402328		402328	38
39 3900 DELIVERY ROOM & LABOR ROOM	766471	121526	887997	-3336	884661	-5600	879061	39
40 4000 ANESTHESIOLOGY	2040837	390468	2431305		2431305	-1978022	453283	40
40.01 4001 PAIN CENTER	283473	144749	428222	601	428823		428823	40.01
41 4100 RADIOLOGY-DIAGNOSTIC	1840639	1079981	2920620	-31984	2888636	-15551	2873085	41
43 4300 RADIOISOTOPE	298604	43556	342160	1368	343528		343528	43
44 4400 LABORATORY	1728312	1779773	3508085	-17992	3490093		3490093	44
46 4600 WHOLE BLOOD & PACKED RED BLOOD		429252	429252		429252		429252	46
46.30 4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 4900 RESPIRATORY THERAPY	751952	127448	879400	2861	882261	-49548	832713	49
50 5000 PHYSICAL THERAPY	1319967	74402	1394369	-10618	1383751	-345	1383406	50
53 5300 ELECTROCARDIOLOGY	1003862	2915058	3918920	-2255	3916665	-134339	3782326	53
54 5400 ELECTROENCEPHALOGRAPHY	264171	141991	406162		406162	-70358	335804	54
55 5500 MEDICAL SUPPLIES CHARGED TO PAT				435339	435339	-7535	427804	55
56 5600 DRUGS CHARGED TO PATIENTS				3481584	3481584	-9730	3471854	56
59 3950 TREATMENT CENTER	131861	29038	160899	-2088	158811	-22513	136298	59
OUTPATIENT SERVICE COST CENTERS								
60 6000 CLINIC	118139	135606	253745	-1658	252087	-80117	171970	60
60.01 4950 PRENATAL CLINIC	63586	299443	363029	-650	362379	-285113	77266	60.01
60.02 4951 OUTPATIENT PSYCHIATRIC	88037	1512	89549		89549		89549	60.02
60.03 4952 WOUND CLINIC	70178	44499	114677		114677	-335	114342	60.03
60.04 4953 NEUROSURGERY	185921	1511384	1697305	-45710	1651595	-1100000	551595	60.04
60.05 4954 DR JATOI	173633	6890	180523	-263	180260		180260	60.05
60.06 4955 UROLOGY PHYSICIAN	4432	103885	108317		108317	-82124	26193	60.06
60.07 4957 DR. CHU	498909	36858	535767	-1026	534741		534741	60.07
60.08 956 SPORTS MEDICINE CLINIC	93668	60798	154466	280	154746	-35350	119396	60.08
60.09 4958 DR. SHANKER	28573	5800	34373		34373		34373	60.09
60.10 4959 DR MIRMIRA	29513	427	29940		29940		29940	60.10
60.11 4960 DR TOKHI	25000	1400	26400		26400		26400	60.11
60.12 4961 CT\PET	7874	5177	13051		13051		13051	60.12
60.13 4962 RADIATION ONCOLOGY	282978	95515	378493	-855	377638		377638	60.13
60.14 4963 SPORTS MED-REHAB	400920	47518	448438	8941	457379		457379	60.14
61 6100 EMERGENCY	1884083	1857420	3741503	135779	3877282	-1759360	2117922	61
62 6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40

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	
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	35409020	58572796	93981816	43482	94025298	-12847158	81178140	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		-1340	-1340		-1340	191581	190241	96
100	7950 SENIOR SERVICES		200	200		200		200	100
100.01	7951 ADULT DAY CARE	158088	47557	205645	486	206131	-2911	203220	100.01
100.02	7952 EMPLOYEE ASSISTANCE								100.02
100.04	7953 CANCER CARE	3133	89954	93087		93087		93087	100.04
100.05	7954 RESIDENTIAL PROPERTIES		5998	5998		5998		5998	100.05
100.07	7976 BLUE MOUND		15989	15989		15989		15989	100.07
100.08	7955 ARTHUR CLINIC		50295	50295		50295		50295	100.08
100.09	7974 OCCUPATIONAL HEALTH	136	1181	1317	-1181	136		136	100.09
100.11	7956 SENIOR SERVICES								100.11
100.13	7957 MEDICAL OFFICE BUILDING 1750	28978	213587	242565		242565		242565	100.13
100.14	7958 MEDICAL ARTS	32837	171208	204045	-4659	199386		199386	100.14
100.15	7959 MT. ZION CLINIC	4781	18863	23644		23644		23644	100.15
100.16	7960 CERRO GORDO		6899	6899		6899		6899	100.16
100.17	7961 LIFELINE	7170	45809	52979		52979		52979	100.17
100.18	7980 COUNTY JAIL CONTRACT	74265	13832	88097		88097		88097	100.18
100.19	7962 ST. JOHN'S HOME HEALTH	17190	65	17255		17255		17255	100.19
100.23	7963 ST. MARY'S SURGERY CENTER		18	18		18		18	100.23
100.24	7964 FIELDS WRIGHT MEDICAL PRACTICE	67217	4335	71552	-2536	69016		69016	100.24
100.25	7965 WARRENSBURG CLINIC								100.25
100.28	7975 LAUNDRY OUTSIDE SERVICES	110100	116484	226584	-32095	194489		194489	100.28
100.35	7966 MEDICAL MANAGEMENT SYSTEM		44683	44683	-2364	42319		42319	100.35
100.36	7967 LAKE SHORE MEDICAL OFFICE BUILD	57237	452702	509939		509939		509939	100.36
100.37	7968 DAY CARE CENTER		2934	2934		2934		2934	100.37
100.38	7969 SCHOOL HEALTH SERVICES	165425	9004	174429		174429		174429	100.38
100.40	7977 PRAIRIE CARDIOVASCULAR	17100		17100		17100	-17100		100.40
100.41	7978 G I SUITES								100.41
100.42	7979 RESPIRATORY CARE NURSING HOME	77		77		77		77	100.42
100.43	7970 OCCUPATIONAL HEALTH CLINIC								100.43
100.44	7971 PHYSICIAN POOL	753710	13052	766762	-1133	765629		765629	100.44
100.48	7972 MRI BUILDING								100.48
100.49	7973 FUND DEVELOPMENT	137863	-161860	-23997		-23997	23997		100.49
100.50	7981 CENTRAL ILLINOIS LUNG								100.50
101	TOTAL	37044327	59734245	96778572		96778572	-12651591	84126981	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 OLD CAPITAL RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1		449970
2	A	OLD CAP REL COSTS-MVBLE EQUIP	2		79
3 NEW CAPITAL RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		1869976
4	B	NEW CAP REL COSTS-MVBLE EQUIP	4		3846951
5 OLD HSHS CAPITAL RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1		7014
6	C	OLD CAP REL COSTS-MVBLE EQUIP	2		97
7 NEW HSHS CAPITAL RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		16029
8	C	NEW CAP REL COSTS-MVBLE EQUIP	4		433146
9 CAFETERIA RECLASS	D	CAFETERIA	12	497940	565756
10 DOR RECLASS	E	ADMINISTRATIVE & GENERAL	6	1409	
11	E	LAUNDRY & LINEN SERVICE	9	1929	
12	E	HOUSEKEEPING	10	89	
13	E	DIETARY	11	4303	
14	E	CENTRAL SERVICES & SUPPLY	15	897	
15	E	ADULT DAY CARE	100.01	1835	
16	E	RADIOLOGY-DIAGNOSTIC	41	528	
17	E				
18	E				
19 RECLASS TEMP EXP	F	EMPLOYEE BENEFITS	5	756	
20	F	ADULTS & PEDIATRICS	25	107596	
21	F	OPERATING ROOM	37	78786	
22	F	RADIOISOTOPE	43	1368	
23	F	INTENSIVE CARE UNIT	26	69534	
24	F	PHYSICAL THERAPY	50	1197	
25	F	ELECTROCARDIOLOGY	53	803	
26	F	EMERGENCY	61	6701	
27	F	NEUROSURGERY	60.04	10709	
28	F	SPORTS MEDICINE CLINIC	60.08	1306	
29	F	SPORTS MED-REHAB	60.14	9236	
30	F	RESPIRATORY THERAPY	49	3424	
31	F				
32	F				
33 RECLASS LEASE EXPENSE	G	NEW CAP REL COSTS-MVBLE EQUIP	4		955278
34	G				
35	G				
36 SUBTOTAL				800346	8144296

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 OLD CAPITAL RECLASS	A	ADMINISTRATIVE & GENERAL	6		450049	9 1
2	A					9 2
3 NEW CAPITAL RECLASS	B					9 3
4	B	ADMINISTRATIVE & GENERAL	6		5716927	9 4
5 OLD HSHS CAPITAL RECLASS	C	ADMINISTRATIVE & GENERAL	6		456286	9 5
6	C					9 6
7 NEW HSHS CAPITAL RECLASS	C					9 7
8	C					9 8
9 CAFETERIA RECLASS	D	DIETARY	11	497940	565756	9 9
10 DOR RECLASS	E					10
11	E					11
12	E					12
13	E					13
14	E					14
15	E					15
16	E	EMPLOYEE BENEFITS	5	10990		16
17	E					17
18	E					18
19 RECLASS TEMP EXP	F					19
20	F					20
21	F					21
22	F					22
23	F					23
24	F					24
25	F					25
26	F					26
27	F					27
28	F					28
29	F					29
30	F					30
31	F	LABORATORY	44	76		9 31
32	F	EMPLOYEE BENEFITS	5		291340	9 32
33 RECLASS LEASE EXPENSE	G	ADMINISTRATIVE & GENERAL	6		654887	9 33
34	G	OPERATION OF PLANT	8		6690	9 34
35	G	LAUNDRY & LINEN SERVICE	9		604	9 35
36 SUBTOTAL				509006	8142539	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	G				9
10	G				10
11	G				11
12	G				12
13	G	PAIN CENTER	40.01		601 13
14	G				14
15	G				15
16	G				16
17	G				17
18	G				18
19	G				19
20	G				20
21	G				21
22	G				22
23	G				23
24	G				24
25	G				25
26	G				26
27	G				27
28	G				28
29	G				29
30 RECLASS 7TH FLOOR	H	SKILLED NURSING FACILITY	34	25916	5142 30
31 RECLASS INTEREST EXPENSE	I	OLD CAP REL COSTS-BLDG & FIXT	1		741412 31
32 RECLASS BOND ISSUANCE EXPENSE	J	OLD CAP REL COSTS-BLDG & FIXT	1		29894 32
33 RECLASS DRUG SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO P	55		435339 33
34	K	DRUGS CHARGED TO PATIENTS	56		3481584 34
35 RECLASS PHYSICIAN ER COVERAGE	L	EMERGENCY	61		143400 35
36 SUBTOTAL				826262	12981668 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	G	MEDICAL RECORDS & LIBRARY	17		50479	9 1
2	G	ADULTS & PEDIATRICS	25		13297	9 2
3	G	SKILLED NURSING FACILITY	34		3446	9 3
4	G	OPERATING ROOM	37		4033	9 4
5	G	DELIVERY ROOM & LABOR ROOM	39		3336	9 5
6	G	LABORATORY	44		17916	9 6
7	G	PHYSICAL THERAPY	50		11815	9 7
8	G	ELECTROCARDIOLOGY	53		3058	9 8
9	G	EMERGENCY	61		14322	9 9
10	G	PRENATAL CLINIC	60.01		650	9 10
11	G	CLINIC	60		1658	9 11
12	G	TREATMENT CENTER	59		2088	9 12
13	G	INTENSIVE CARE UNIT	26		444	9 13
14	G	RADIOLOGY-DIAGNOSTIC	41		32512	9 14
15	G	RESPIRATORY THERAPY	49		563	9 15
16	G	ADULT DAY CARE	100.01		1349	9 16
17	G	MEDICAL ARTS	100.14		4659	17
18	G	LAUNDRY OUTSIDE SERVICES	100.28		32095	18
19	G	PHYSICIAN POOL	100.44		1133	19
20	G	NEUROSURGERY	60.04		56419	20
21	G	DR JATOI	60.05		263	21
22	G	DR. CHU	60.07		1026	22
23	G	SPORTS MEDICINE CLINIC	60.08		1026	23
24	G	RADIATION ONCOLOGY	60.13		855	24
25	G	EMPLOYEE BENEFITS	5		28880	25
26	G	SPORTS MED-REHAB	60.14		295	26
27	G	OCCUPATIONAL HEALTH	100.09		1181	27
28	G	FIELDS WRIGHT MEDICAL PRACTIC	100.24		2536	28
29	G	MEDICAL MANAGEMENT SYSTEM	100.35		2364	29
30	RECLASS 7TH FLOOR	H SUBPROVIDER I	31	25916	5142	30
31	RECLASS INTEREST EXPENSE	I ADMINISTRATIVE & GENERAL	6		741412	9 31
32	RECLASS BOND ISSUANCE EXPENSE	J ADMINISTRATIVE & GENERAL	6		29894	9 32
33	RECLASS DRUG SUPPLIES	K CENTRAL SERVICES & SUPPLY	15		435339	33
34		K PHARMACY	16		3481584	34
35	RECLASS PHYSICIAN ER COVERAGE	L ADMINISTRATIVE & GENERAL	6		143400	35
36	SUBTOTAL			534922	13273008	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1 RECLASS STONE CENTER	M	OPERATING ROOM	37		17065
2 RECLASS I & R	N	ADMINISTRATIVE & GENERAL	6		11
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				826262	12998744

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
1				7	8	9	
1	RECLASS STONE CENTER	M	STONE CENTER	37.01		17065	1
2	RECLASS I & R	N	I&R SERVICES-SALARY & FRINGES	22		11	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				534922	13290084	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	184759					184759	1
2 LAND IMPROVEMENTS	1086956					1086956	2
3 BUILDINGS AND FIXTURES	18436972					18436972	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	6446403					6446403	5
6 MOVABLE EQUIPMENT	14734049				54	14733995	6
7 SUBTOTAL	40889139				54	40889085	7
8 RECONCILING ITEMS							8
9 TOTAL	40889139				54	40889085	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	3080481					3080481	1
2 LAND IMPROVEMENTS	3093682	14351		14351		3108033	2
3 BUILDINGS AND FIXTURES	25518836	1122895		1122895		26641731	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	14503603	1666165		1666165		16169768	5
6 MOVABLE EQUIPMENT	47778550	6300390		6300390	136197	53942743	6
7 SUBTOTAL	93975152	9103801		9103801	136197	102942756	7
8 RECONCILING ITEMS							8
9 TOTAL	93975152	9103801		9103801	136197	102942756	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	1235304						1235304	1
2 OLD CAP REL COSTS-MVBLE EQUIP	176	16029					16205	2
3 NEW CAP REL COSTS-BLDG & FIXT	1886005						1886005	3
4 NEW CAP REL COSTS-MVBLE EQUIP	5235375			433146			5668521	4
5 TOTAL	8356860	16029		433146			8806035	5

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER				5	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	A	-352	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES	A	-336338	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-7333	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3547181			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	529071			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	A	-459314	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	A	-150	ADMINISTRATIVE & GENERAL	6	17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	A	-7535	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-9730	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-1541	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	A	-349	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 WHEEZES AND SNEEZES	A	-181	ADULTS & PEDIATRICS	25	37
38 MISC BILLINGS	A	-22513	TREATMENT CENTER	59	38
39 WORKSHOP	A	-198657	EMERGENCY	61	39
40 MISC	A	-6750	ELECTROCARDIOLOGY	53	40
41 MISC	A	-144	RADIOLOGY-DIAGNOSTIC	41	41
42 SILVER	A	-9525	RADIOLOGY-DIAGNOSTIC	41	42
43 PHYSICIAN OFFICE RENT	A	-49548	RESPIRATORY THERAPY	49	43
44 HEALTH CLUB	A	-345	PHYSICAL THERAPY	50	44
45 FW CLINIC RENT	A	-80117	CLINIC	60	45
46 SUPPLIES	A	-16915	ADMINISTRATIVE & GENERAL	6	46
47 MISC	A	-335	WOUND CLINIC	60.03	47
48 DIETICIAN INSTRUCTIONS	A	-12658	DIETARY	11	48
49 MISC	A	-171	DIETARY	11	49
49.01 REBATES	A	-46018	DIETARY	11	49.01
49.02 CATERED MEALS	A	-8300	DIETARY	11	49.02
49.03 BIOMED SERVICES	A	-4763	MAINTENANCE & REPAIRS	7	49.03
49.04 CLASS ACTION SETTLEMENT	A	-59406	ADMINISTRATIVE & GENERAL	6	49.04
49.05 DAVITA	A	-15072	ADMINISTRATIVE & GENERAL	6	49.05
49.06 MEDICAID PROMPT PAY	A	-26937	ADMINISTRATIVE & GENERAL	6	49.06
49.07 MISC	A	-7610	ADMINISTRATIVE & GENERAL	6	49.07
49.08 ADVERTISING	A	-464376	ADMINISTRATIVE & GENERAL	6	49.08
49.09 CHAPEL INCOME	A	-1739	ADMINISTRATIVE & GENERAL	6	49.09
49.10 EDUCATION	A	-757	EMPLOYEE BENEFITS	5	49.10
49.11 PHYSICIAN RECRUITMENT	A	-1399458	ADMINISTRATIVE & GENERAL	6	49.11
49.12 GROSS UP GIFT SHOP	B	191581	GIFT, FLOWER, COFFEE SHOP & CAN	96	49.12
49.13 MISC	A	-2399	ADMINISTRATIVE & GENERAL	6	49.13
49.14 PCC	A	-17100	PRAIRIE CARDIOVASCULAR	100.40	49.14
49.15 IHA LOBBYING ACTIVITIES	A	-23508	ADMINISTRATIVE & GENERAL	6	49.15
49.16 CHA LOBBYING ACTIVITIES	A	-641	ADMINISTRATIVE & GENERAL	6	49.16
49.17 AHA LOBBYING ACTIVITIES	A	-4767	ADMINISTRATIVE & GENERAL	6	49.17

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.18 SELF INSURED HEALTH PREMIUMS	A	-3356592	EMPLOYEE BENEFITS	5	49.18
49.19 DORS	A	-3060	LAUNDRY & LINEN SERVICE	9	49.19
49.20 DORS	A	-141	HOUSEKEEPING	10	49.20
49.21 DORS	A	-6826	DIETARY	11	49.21
49.22 DORS	A	-1423	CENTRAL SERVICES & SUPPLY	15	49.22
49.23 DORS	A	-2235	ADMINISTRATIVE & GENERAL	6	49.23
49.24 DORS	A	-838	RADIOLOGY-DIAGNOSTIC	41	49.24
49.25 DORS	A	-2911	ADULT DAY CARE	100.01	49.25
49.26 FOUNDATION HOSPITAL OPERATION	A	-478594	ADMINISTRATIVE & GENERAL	6	49.26
49.27 FOUNDATION HOSPITAL EDUCATION	A	-15514	ADMINISTRATIVE & GENERAL	6	49.27
49.28 CRNA	B	-1978022	ANESTHESIOLOGY	40	49.28
49.29 CRNA BENEFITS	B	-675554	EMPLOYEE BENEFITS	5	49.29
49.30 RECLASS FOUNDATION	B	23997	FUND DEVELOPMENT	100.49	49.30
49.31 RECLASS FOUNDATION	B	-23997	ADMINISTRATIVE & GENERAL	6	49.31
50 TOTAL		-12651591			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL	2535413	2462628	72785	1
2	1	OLD CAP REL COSTS-BLDG & FIXT	7014		7014	9 2
3	2	OLD CAP REL COSTS-MVBLE EQUIP	16029		16029	10 3
4	11	DIETARY	97		97	11 4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	433146		433146	12 4.01
5		TOTALS	2991699	2462628	529071	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B ST. MARY'S HOSPITAL		HSBS		HEALTH CARE	1
2						2
3						3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	33 NURSERY		BROOKS	32229	32229					
2	33 NURSERY		GOWDARS	74529	74529					
3	33 NURSERY		SAMIR PATEL	71922	71922					
4	33 NURSERY		CHAVALIT ROJAN	28871	28871					
5	61 EMERGENCY		SURGICAL SPECIALIST	199992	199992					
6	61 EMERGENCY		CENTRAL ILLINOIS ER	1040811	1040811					
7	33 NURSERY		SHACKELFORD	150	150					
8	53 ELECTROCARDIOLOGY		PRAIRIE CARDIO CONS	127589	127589					
9	54 ELECTROENCEPHALOGRAPHY		DECATUR NEUROLOGICA	70358	70358					
10	60.01 PRENATAL CLINIC		HANNA	155261	155261					
11	60.01 PRENATAL CLINIC		VIVIAN WOMEN'S CENT	124305	124305					
14	37 OPERATING ROOM		MIDWEST NEURO MONIT							
16	61 EMERGENCY		HUSS	18000	18000					
17	61 EMERGENCY		KEFALAS	115500	115500					
18	61 EMERGENCY		TUAN	39000	39000					
19	61 EMERGENCY		GRAMPSAS	4000	4000					
20	41 RADIOLOGY-DIAGNOSTIC		CLINICAL RADIOLOGY	2522	2522					
21	60.01 PRENATAL CLINIC		MORISSETY	5547	5547					
22	61 EMERGENCY		ALTURI	22000	22000					
23	61 EMERGENCY		DUNCAN	23000	23000					
24	61 EMERGENCY		GREGORY	46300	46300					
25	61 EMERGENCY		JATOI	7500	7500					
26	61 EMERGENCY		JONES	22100	22100					
27	39 DELIVERY ROOM & LABOR RO		BONDS	5600	5600					
28	60.04 NEUROSURGERY		PENCEK	1100000	1100000					
29	33 NURSERY		WARNICK	37600	37600					
30	33 NURSERY		POTTER	900	900					
31	60.06 UROLOGY PHYSICIAN		UROLOGY ASSOCIATES	82124	82124					
32	60.08 SPORTS MEDICINE CLINIC		SMITH	350	350					
33	60.08 SPORTS MEDICINE CLINIC		TUAN	35000	35000					
35	61 EMERGENCY		AHMAD	22500	22500					
36	41 RADIOLOGY-DIAGNOSTIC		PRAIRIE CARDIOVASCU	2522	2522					
37	6 ADMINISTRATIVE & GENERAL		SMITH	85000		85000	171400	720	59331	2967
38	6 ADMINISTRATIVE & GENERAL		FRITZ	12000		12000	171400	104	8570	429
101	TOTAL			3615082	3518082	97000		824	67901	3396

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	33 NURSERY		BROOKS					32229
2	33 NURSERY		GOWDARS					74529
3	33 NURSERY		SAMIR PATEL					71922
4	33 NURSERY		CHAVALIT ROJAN					28871
5	61 EMERGENCY		SURGICAL SPECIALIST					199992
6	61 EMERGENCY		CENTRAL ILLINOIS ER					1040811
7	33 NURSERY		SHACKELFORD					150
8	53 ELECTROCARDIOLOGY		PRAIRIE CARDIO CONS					127589
9	54 ELECTROENCEPHALOGRAPHY		DECATUR NEUROLOGICA					70358
10	60.01 PRENATAL CLINIC		HANNA					155261
11	60.01 PRENATAL CLINIC		VIVIAN WOMEN'S CENT					124305
14	37 OPERATING ROOM		MIDWEST NEURO MONIT					
16	61 EMERGENCY		HUSS					18000
17	61 EMERGENCY		KEFALAS					115500
18	61 EMERGENCY		TUAN					39000
19	61 EMERGENCY		GRAMPSAS					4000
20	41 RADIOLOGY-DIAGNOSTIC		CLINICAL RADIOLOGY					2522
21	60.01 PRENATAL CLINIC		MORISSETY					5547
22	61 EMERGENCY		ALTURI					22000
23	61 EMERGENCY		DUNCAN					23000
24	61 EMERGENCY		GREGORY					46300
25	61 EMERGENCY		JATOI					7500
26	61 EMERGENCY		JONES					22100
27	39 DELIVERY ROOM & LABOR RO		BONDS					5600
28	60.04 NEUROSURGERY		PENCEK					1100000
29	33 NURSERY		WARNICK					37600
30	33 NURSERY		POTTER					900
31	60.06 UROLOGY PHYSICIAN		UROLOGY ASSOCIATES					82124
32	60.08 SPORTS MEDICINE CLINIC		SMITH					350
33	60.08 SPORTS MEDICINE CLINIC		TUAN					35000
35	61 EMERGENCY		AHMAD					22500
36	41 RADIOLOGY-DIAGNOSTIC		PRAIRIE CARDIOVASCU					2522
37	6 ADMINISTRATIVE & GENERAL		SMITH			59331	25669	25669
38	6 ADMINISTRATIVE & GENERAL		FRITZ			8570	3430	3430
101	TOTAL					67901	29099	3547181

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	1235304	1235304						1
2 OLD CAP REL COSTS-MVBLE EQUIP		16205	16205					2
3 NEW CAP REL COSTS-BLDG & FIXT	1886005			1886005				3
4 NEW CAP REL COSTS-MVBLE EQUIP	5668521				5668521			4
5 EMPLOYEE BENEFITS	9429549	4801	63	7330	22031	9463774		5
6 ADMINISTRATIVE & GENERAL	11846974	129464	1698	197660	594081	1166750	13936627	13936627
7 MAINTENANCE & REPAIRS	85594	11216	147	17125	51469	19405	184956	36724
8 OPERATION OF PLANT	3601929	146066	1916	223007	670264	188723	4831905	959399
9 LAUNDRY & LINEN SERVICE	502277	50438	662	77007	231450	77445	939279	186499
10 HOUSEKEEPING	1038250	18680	245	28520	85719	169660	1341074	266277
11 DIETARY	746092	51430	675	78521	235999	154054	1266771	251524
12 CAFETERIA	1063696	12230	160	18672	56120	127570	1278448	253842
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	459604	4607	60	7034	21142	105763	598210	118778
15 CENTRAL SERVICES & SUPPLY	229827	31075	408	47444	142597	53341	504692	100209
16 PHARMACY	1213502	12131	159	18522	55668	248041	1548023	307368
17 MEDICAL RECORDS & LIBRARY	1458737	36391	477	55560	166990	272558	1990713	395266
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	7686410	281861	3701	430325	1293376	1746625	11442298	2271902
26 INTENSIVE CARE UNIT	1315258	18858	247	28792	86535	270606	1720296	341573
31 SUBPROVIDER I								31
33 NURSERY	366770	7311	96	11162	33550	82138	501027	99481
34 SKILLED NURSING FACILITY	972802	32553	427	49700	149377	232541	1437400	285403
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	5619369	55894	733	85337	256485	327742	6345560	1259943
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	143792	10546	138	16101	48393	13895	232865	46237
38 RECOVERY ROOM	402328	7200	94	10993	33039	92940	546594	108529
39 DELIVERY ROOM & LABOR ROOM	879061	30058	394	45892	137931	196367	1289703	256077
40 ANESTHESIOLOGY	453283	1001	13	1528	4593	522854	983272	195234
40.01 PAIN CENTER	428823	11143	146	17013	51134	72625	580884	115337
41 RADIOLOGY-DIAGNOSTIC	2873085	50229	659	76687	230488	471700	3702848	735219
43 RADIOISOTOPE	343528	2107	28	3216	9667	76852	435398	86450
44 LABORATORY	3490093	31822	417	48584	146023	442767	4159706	825930
46 WHOLE BLOOD & PACKED RED BLOOD	429252	864	11	1320	3966		435413	86453
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	832713	2405	32	3672	11037	193524	1043383	207169
50 PHYSICAL THERAPY	1383406	44827	588	68440	205701	338477	2041439	405338
53 ELECTROCARDIOLOGY	3782326	27853	365	42525	127812	257391	4238272	841530
54 ELECTROENCEPHALOGRAPHY	335804	8369	110	12778	38405	67680	463146	91960
55 MEDICAL SUPPLIES CHARGED TO PAT	427804						427804	84943
56 DRUGS CHARGED TO PATIENTS	3471854						3471854	689354
59 TREATMENT CENTER	136298	4350	57	6641	19961	33782	201089	39927
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	171970					30267	202237	40155
60.01 PRENATAL CLINIC	77266					16290	93556	18576
60.02 OUTPATIENT PSYCHIATRIC	89549	11369	149	17357	52169	22555	193148	38351
60.03 WOUND CLINIC	114342					17979	132321	26273
60.04 NEUROSURGERY	551595					50376	601971	119524
60.05 DR JATOI	180260					44484	224744	44624
60.06 UROLOGY PHYSICIAN	26193					1135	27328	5426
60.07 DR. CHU	534741					127818	662559	131554
60.08 SPORTS MEDICINE CLINIC	119396					24332	143728	28538
60.09 DR. SHANKER	34373					7320	41693	8278
60.10 DR MIRMIRA	29940					7561	37501	7446
60.11 DR TOKHI	26400					6405	32805	6514
60.12 CT\PET	13051					2017	15068	2992
60.13 RADIATION ONCOLOGY	377638					72498	450136	89377
60.14 SPORTS MED-REHAB	457379					105080	562459	111679
61 EMERGENCY	2117922	40163	527	61319	184297	484411	2888639	573554
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT		5A	GENERAL
	0	1	2	3	4	5		6
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	81178140	1189312	15602	1815784	5457469	9044344	80430842	13202736 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	190241	1668	22	2547	7655		202133	40135 96
100 SENIOR SERVICES	200						200	40 100
100.01ADULT DAY CARE	203220					40972	244192	48486 100.01
100.02EMPLOYEE ASSISTANCE								100.02
100.04CANCER CARE	93087					803	93890	18642 100.04
100.05RESIDENTIAL PROPERTIES	5998						5998	1191 100.05
100.07BLUE MOUND	15989						15989	3175 100.07
100.08ARTHUR CLINIC	50295						50295	9986 100.08
100.09OCCUPATIONAL HEALTH	136					35	171	34 100.09
100.11SENIOR SERVICES								100.11
100.13MEDICAL OFFICE BUILDING 1750	242565					7424	249989	49637 100.13
100.14MEDICAL ARTS	199386					8413	207799	41260 100.14
100.15MT. ZION CLINIC	23644					1225	24869	4938 100.15
100.16CERRO GORDO	6899						6899	1370 100.16
100.17LIFELINE	52979					1837	54816	10884 100.17
100.18COUNTY JAIL CONTRACT	88097					19026	107123	21270 100.18
100.19ST. JOHN'S HOME HEALTH	17255	16176	212	24697	74229	4404	136973	27197 100.19
100.23ST. MARY'S SURGERY CENTER	18						18	4 100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE	69016					17221	86237	17123 100.24
100.25WARRENSBURG CLINIC								100.25
100.28LAUNDRY OUTSIDE SERVICES	194489					28207	222696	44217 100.28
100.35MEDICAL MANAGEMENT SYSTEM	42319						42319	8403 100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD	509939					14664	524603	104163 100.36
100.37DAY CARE CENTER	2934						2934	583 100.37
100.38SCHOOL HEALTH SERVICES	174429					42381	216810	43049 100.38
100.40PRAIRIE CARDIOVASCULAR		17161	225	26201	78749	4381	126717	25160 100.40
100.41G I SUITES								100.41
100.42RESPIRATORY CARE NURSING HOME	77					20	97	19 100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL	765629					193097	958726	190360 100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		3190	42	4871	14639	35320	58062	11529 100.49
100.50CENTRAL ILLINOIS LUNG		7797	102	11905	35780		55584	11036 100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	84126981	1235304	16205	1886005	5668521	9463774	84126981	13936627 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS	221680								7
8 OPERATION OF PLANT	29711	5821015							8
9 LAUNDRY & LINEN SERVICE	10260	311101	1447139						9
10 HOUSEKEEPING	3800	115217		1726368					10
11 DIETARY	10461	317215		101513	1947484				11
12 CAFETERIA	2488	75433		24140		1634351			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	937	28417		9094		22864	778300		14
15 CENTRAL SERVICES & SUPPLY	6321	191670		61337		11531		875760	15
16 PHARMACY	2468	74826		23945		53621		923	16
17 MEDICAL RECORDS & LIBRARY	7402	224457		71829		58921		9	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	57331	1738472	1153678	556329	1552559	377589	317300	180923	25
26 INTENSIVE CARE UNIT	3836	116315	69770	37222	93893	58499	46663	49556	26
31 SUBPROVIDER I									31
33 NURSERY	1487	45095	54206	14431	72947	17756	15162	6907	33
34 SKILLED NURSING FACILITY	6622	200783	169485	64253	228085	50270	41699	15866	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11369	344751		110324		70851	50670	28821	37
37.01 STONE CENTER									37.01
37.02 ENDOSCOPY	2145	65046		20816		3004	2565	2199	37.02
38 RECOVERY ROOM	1465	44409		14212		20092	17156	9334	38
39 DELIVERY ROOM & LABOR ROOM	6114	185398		59330		42450	36247	16342	39
40 ANESTHESIOLOGY	204	6173		1976		113030	96513	44762	40
40.01 PAIN CENTER	2267	68731		21995		15700	13406	3180	40.01
41 RADIOLOGY-DIAGNOSTIC	10217	309807		99142		101971		7957	41
43 RADIOISOTOPE	429	12994		4158		16614		596	43
44 LABORATORY	6473	196275		62810		95717		8164	44
46 WHOLE BLOOD & PACKED RED BLOOD	176	5331		1706					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	489	14836		4748		41836	29496	164	49
50 PHYSICAL THERAPY	9118	276490		88480		73171		1863	50
53 ELECTROCARDIOLOGY	5666	171797		54977		55642	13901	11079	53
54 ELECTROENCEPHALOGRAPHY	1702	51621		16519		14631		1810	54
55 MEDICAL SUPPLIES CHARGED TO PAT								401568	55
56 DRUGS CHARGED TO PATIENTS									56
59 TREATMENT CENTER	885	26830		8586		7303	6236		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC						6543		335	60
60.01 PRENATAL CLINIC						3522	3007	293	60.01
60.02 OUTPATIENT PSYCHIATRIC	2313	70122		22440		4876	4163		60.02
60.03 WOUND CLINIC						3887		6097	60.03
60.04 NEUROSURGERY						10890			60.04
60.05 DR JATOI						9616		17	60.05
60.06 UROLOGY PHYSICIAN						245		9	60.06
60.07 DR. CHU						27632		45	60.07
60.08 SPORTS MEDICINE CLINIC						5260		267	60.08
60.09 DR. SHANKER						1582		6	60.09
60.10 DR MIRMIRA						1635			60.10
60.11 DR TOKHI						1385			60.11
60.12 CT\PET						436		242	60.12
60.13 RADIATION ONCOLOGY						15672			60.13
60.14 SPORTS MED-REHAB						22716		133	60.14
61 EMERGENCY	8169	247720		79273		104719	84116	75307	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	TENANCE & REPAIRS 7	OF PLANT 8	+ LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	212325	5537332	1447139	1635585	1947484	1543679	778300	874774	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	339	10289		3293					96
100 SENIOR SERVICES									100
100.01ADULT DAY CARE						8857		445	100.01
100.02EMPLOYEE ASSISTANCE									100.02
100.04CANCER CARE						174		165	100.04
100.05RESIDENTIAL PROPERTIES									100.05
100.07BLUE MOUND									100.07
100.08ARTHUR CLINIC									100.08
100.09OCCUPATIONAL HEALTH							8		100.09
100.11SENIOR SERVICES									100.11
100.13MEDICAL OFFICE BUILDING 1750						1605		13	100.13
100.14MEDICAL ARTS						1819		108	100.14
100.15MT. ZION CLINIC						265		19	100.15
100.16CERRO GORDO									100.16
100.17LIFELINE						397			100.17
100.18COUNTY JAIL CONTRACT						4113		76	100.18
100.19ST. JOHN'S HOME HEALTH	3290	99774		31929		952		14	100.19
100.23ST. MARY'S SURGERY CENTER									100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE						3723		1	100.24
100.25WARRENSBURG CLINIC									100.25
100.28LAUNDRY OUTSIDE SERVICES						6098			100.28
100.35MEDICAL MANAGEMENT SYSTEM									100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD						3170		109	100.36
100.37DAY CARE CENTER									100.37
100.38SCHOOL HEALTH SERVICES						9162		26	100.38
100.40PRAIRIE CARDIOVASCULAR	3491	105849		33873		947			100.40
100.41G I SUITES									100.41
100.42RESPIRATORY CARE NURSING HOME							4		100.42
100.43OCCUPATIONAL HEALTH CLINIC									100.43
100.44PHYSICIAN POOL						41743		10	100.44
100.48MRI BUILDING									100.48
100.49FUND DEVELOPMENT	649	19677		6297		7635			100.49
100.50CENTRAL ILLINOIS LUNG	1586	48094		15391					100.50
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	221680	5821015	1447139	1726368	1947484	1634351	778300	875760	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY	2011174					16
17 MEDICAL RECORDS & LIBRARY		2748597				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6903	216660	19871944		19871944	25
26 INTENSIVE CARE UNIT	1094	24065	2562782		2562782	26
31 SUBPROVIDER I						31
33 NURSERY	5556	5282	839337		839337	33
34 SKILLED NURSING FACILITY	394	13281	2513541		2513541	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3639	319385	8545313		8545313	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	677	14169	389723		389723	37.02
38 RECOVERY ROOM	40	24854	786685		786685	38
39 DELIVERY ROOM & LABOR ROOM		25267	1916928		1916928	39
40 ANESTHESIOLOGY	38087	77143	1556394		1556394	40
40.01 PAIN CENTER	48	50753	872301		872301	40.01
41 RADIOLOGY-DIAGNOSTIC	2510	464893	5434564		5434564	41
43 RADIOISOTOPE		50649	607288		607288	43
44 LABORATORY	1152	343943	5700170		5700170	44
46 WHOLE BLOOD & PACKED RED BLOOD		15922	545001		545001	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	1289	59925	1403335		1403335	49
50 PHYSICAL THERAPY	43	81529	2977471		2977471	50
53 ELECTROCARDIOLOGY	2928	264126	5659918		5659918	53
54 ELECTROENCEPHALOGRAPHY	44	32699	674132		674132	54
55 MEDICAL SUPPLIES CHARGED TO PAT		10130	924445		924445	55
56 DRUGS CHARGED TO PATIENTS	1940958	332074	6434240		6434240	56
59 TREATMENT CENTER		3046	293902		293902	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		4144	253414		253414	60
60.01 PRENATAL CLINIC	4213	4289	127456		127456	60.01
60.02 OUTPATIENT PSYCHIATRIC		6010	341423		341423	60.02
60.03 WOUND CLINIC	112	2731	171421		171421	60.03
60.04 NEUROSURGERY		55079	787464		787464	60.04
60.05 DR JATOI	28	2474	281503		281503	60.05
60.06 UROLOGY PHYSICIAN	83	577	33668		33668	60.06
60.07 DR. CHU		10176	831966		831966	60.07
60.08 SPORTS MEDICINE CLINIC	688	2592	181073		181073	60.08
60.09 DR. SHANKER			51559		51559	60.09
60.10 DR MIRMIRA			46582		46582	60.10
60.11 DR TOKHI			40704		40704	60.11
60.12 CT\PET		1409	20147		20147	60.12
60.13 RADIATION ONCOLOGY		19963	575148		575148	60.13
60.14 SPORTS MED-REHAB	102	391	697480		697480	60.14
61 EMERGENCY	517	208967	4270981		4270981	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	25	26	27	
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS	2011105	2748597	79221403		79221403	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			256189		256189	96
100 SENIOR SERVICES			240		240	100
100.01ADULT DAY CARE	14		301994		301994	100.01
100.02EMPLOYEE ASSISTANCE						100.02
100.04CANCER CARE			112871		112871	100.04
100.05RESIDENTIAL PROPERTIES			7189		7189	100.05
100.07BLUE MOUND			19164		19164	100.07
100.08ARTHUR CLINIC			60281		60281	100.08
100.09OCCUPATIONAL HEALTH			213		213	100.09
100.11SENIOR SERVICES						100.11
100.13MEDICAL OFFICE BUILDING 1750			301244		301244	100.13
100.14MEDICAL ARTS			250986		250986	100.14
100.15MT. ZION CLINIC			30091		30091	100.15
100.16CERRO GORDO			8269		8269	100.16
100.17LIFELINE			66097		66097	100.17
100.18COUNTY JAIL CONTRACT			132582		132582	100.18
100.19ST. JOHN'S HOME HEALTH			300129		300129	100.19
100.23ST. MARY'S SURGERY CENTER			22		22	100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE			107084		107084	100.24
100.25WARRENSBURG CLINIC						100.25
100.28LAUNDRY OUTSIDE SERVICES			273011		273011	100.28
100.35MEDICAL MANAGEMENT SYSTEM			50722		50722	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD			632045		632045	100.36
100.37DAY CARE CENTER			3517		3517	100.37
100.38SCHOOL HEALTH SERVICES	55		269102		269102	100.38
100.40PRAIRIE CARDIOVASCULAR			296037		296037	100.40
100.41G I SUITES						100.41
100.42RESPIRATORY CARE NURSING HOME			120		120	100.42
100.43OCCUPATIONAL HEALTH CLINIC						100.43
100.44PHYSICIAN POOL			1190839		1190839	100.44
100.48MRI BUILDING						100.48
100.49FUND DEVELOPMENT			103849		103849	100.49
100.50CENTRAL ILLINOIS LUNG			131691		131691	100.50
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	2011174	2748597	84126981		84126981	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS	
	0	1	2	4A	5	6	7	8
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		4801	63	4864	4864			5
6	129464		1698	131162	601	131763		6
7	11216		147	11363	10	347	11720	7
8	146066		1916	147982	97	9069	1571	158719
9	50438		662	51100	40	1763	542	8483
10	18680		245	18925	87	2517	201	3142
11	51430		675	52105	79	2378	553	8649
12	12230		160	12390	66	2400	132	2057
13								13
14	4607		60	4667	54	1123	50	775
15	31075		408	31483	27	947	334	5226
16	12131		159	12290	128	2906	130	2040
17	36391		477	36868	140	3737	391	6120
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		281861	3701	285562	890	21494	3031	47401
26		18858	247	19105	139	3229	203	3172
31								31
33		7311	96	7407	42	940	79	1230
34		32553	427	32980	120	2698	350	5475
ANCILLARY SERVICE COST CENTERS								
37		55894	733	56627	169	11911	601	9400
37.01								37.01
37.02		10546	138	10684	7	437	113	1774
38		7200	94	7294	48	1026	77	1211
39		30058	394	30452	101	2421	323	5055
40		1001	13	1014	269	1846	11	168
40.01		11143	146	11289	37	1090	120	1874
41		50229	659	50888	243	6950	540	8447
43		2107	28	2135	40	817	23	354
44		31822	417	32239	228	7808	342	5352
46		864	11	875		817	9	145
46.30								46.30
49		2405	32	2437	100	1958	26	405
50		44827	588	45415	174	3832	482	7539
53		27853	365	28218	133	7955	300	4684
54		8369	110	8479	35	869	90	1408
55						803		55
56						6517		56
59		4350	57	4407	17	377	47	732
OUTPATIENT SERVICE COST CENTERS								
60					16	380		60
60.01					8	176		60.01
60.02		11369	149	11518	12	363	122	1912
60.03					9	248		60.03
60.04					26	1130		60.04
60.05					23	422		60.05
60.06					1	51		60.06
60.07					66	1244		60.07
60.08					13	270		60.08
60.09					4	78		60.09
60.10					4	70		60.10
60.11					3	62		60.11
60.12					1	28		60.12
60.13					37	845		60.13
60.14					54	1056		60.14
61		40163	527	40690	250	5422	432	6754
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT
	0	1	2	BE ALLOC	5	GENERAL	REPAIRS	8
				4A		6	7	
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS		1189312	15602	1204914	4648	124827	11225	150984 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		1668	22	1690		379	18	281 96
100 SENIOR SERVICES								100
100.01ADULT DAY CARE					21	458		100.01
100.02EMPLOYEE ASSISTANCE								100.02
100.04CANCER CARE						176		100.04
100.05RESIDENTIAL PROPERTIES						11		100.05
100.07BLUE MOUND						30		100.07
100.08ARTHUR CLINIC						94		100.08
100.09OCCUPATIONAL HEALTH								100.09
100.11SENIOR SERVICES								100.11
100.13MEDICAL OFFICE BUILDING 1750					4	469		100.13
100.14MEDICAL ARTS					4	390		100.14
100.15MT. ZION CLINIC					1	47		100.15
100.16CERRO GORDO						13		100.16
100.17LIFELINE					1	103		100.17
100.18COUNTY JAIL CONTRACT					10	201		100.18
100.19ST. JOHN'S HOME HEALTH		16176	212	16388	2	257	174	2720 100.19
100.23ST. MARY'S SURGERY CENTER								100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE					9	162		100.24
100.25WARRENSBURG CLINIC								100.25
100.28LAUNDRY OUTSIDE SERVICES					15	418		100.28
100.35MEDICAL MANAGEMENT SYSTEM						79		100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD					8	985		100.36
100.37DAY CARE CENTER						6		100.37
100.38SCHOOL HEALTH SERVICES					22	407		100.38
100.40PRAIRIE CARDIOVASCULAR		17161	225	17386	2	238	185	2886 100.40
100.41G I SUITES								100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL					99	1800		100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		3190	42	3232	18	109	34	537 100.49
100.50CENTRAL ILLINOIS LUNG		7797	102	7899		104	84	1311 100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1235304	16205	1251509	4864	131763	11720	158719 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	61928								9
10 HOUSEKEEPING		24872							10
11 DIETARY		1463	65227						11
12 CAFETERIA		348		17393					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		131			7043				14
15 CENTRAL SERVICES & SUPPLY		884				39024			15
16 PHARMACY		345				41	18450		16
17 MEDICAL RECORDS & LIBRARY		1035						48918	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	49369	8014	52000	4025	2873	8081	64	3860	25
26 INTENSIVE CARE UNIT	2986	536	3145	622	422	2214	10	429	26
31 SUBPROVIDER I									31
33 NURSERY	2320	208	2443	189	137	309	51	94	33
34 SKILLED NURSING FACILITY	7253	926	7639	535	377	709	4	237	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1589		753	459	1287	34	5690	37
37.01 STONE CENTER									37.01
37.02 ENDOSCOPY		300		32	23	98	6	252	37.02
38 RECOVERY ROOM		205		214	155	417		443	38
39 DELIVERY ROOM & LABOR ROOM		855		451	328	730		450	39
40 ANESTHESIOLOGY		28		1202	873	1999	351	1374	40
40.01 PAIN CENTER		317		167	121	142		904	40.01
41 RADIOLOGY-DIAGNOSTIC		1428		1084		355	23	8235	41
43 RADIOISOTOPE		60		177		27		902	43
44 LABORATORY		905		1018		365	11	6127	44
46 WHOLE BLOOD & PACKED RED BLOOD		25						284	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		68		445	267	7	12	1068	49
50 PHYSICAL THERAPY		1275		778		83		1452	50
53 ELECTROCARDIOLOGY		792		592	126	495	27	4705	53
54 ELECTROENCEPHALOGRAPHY		238		156		81		583	54
55 MEDICAL SUPPLIES CHARGED TO PAT						17844		180	55
56 DRUGS CHARGED TO PATIENTS							17803	5916	56
59 TREATMENT CENTER		124		78	56			54	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				70		15		74	60
60.01 PRENATAL CLINIC				37	27	13	39	76	60.01
60.02 OUTPATIENT PSYCHIATRIC		323		52	38			107	60.02
60.03 WOUND CLINIC				41		272	1	49	60.03
60.04 NEUROSURGERY				116				981	60.04
60.05 DR JATOI				102		1		44	60.05
60.06 UROLOGY PHYSICIAN				3			1	10	60.06
60.07 DR. CHU				294		2		181	60.07
60.08 SPORTS MEDICINE CLINIC				56		12	6	46	60.08
60.09 DR. SHANKER				17					60.09
60.10 DR MIRMIRA				17					60.10
60.11 DR TOKHI				15					60.11
60.12 CT\PET				5		11		25	60.12
60.13 RADIATION ONCOLOGY				167				356	60.13
60.14 SPORTS MED-REHAB				242		6	1	7	60.14
61 EMERGENCY		1142		1114	761	3364	5	3723	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	+ LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	61928	23564	65227	16429	7043	38980	18449	48918 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		47						96
100 SENIOR SERVICES								100
100.01ADULT DAY CARE				94		20		100.01
100.02EMPLOYEE ASSISTANCE								100.02
100.04CANCER CARE				2		7		100.04
100.05RESIDENTIAL PROPERTIES								100.05
100.07BLUE MOUND								100.07
100.08ARTHUR CLINIC								100.08
100.09OCCUPATIONAL HEALTH								100.09
100.11SENIOR SERVICES								100.11
100.13MEDICAL OFFICE BUILDING 1750				17		1		100.13
100.14MEDICAL ARTS				19		5		100.14
100.15MT. ZION CLINIC				3		1		100.15
100.16CERRO GORDO								100.16
100.17LIFELINE				4				100.17
100.18COUNTY JAIL CONTRACT				44		3		100.18
100.19ST. JOHN'S HOME HEALTH		460		10		1		100.19
100.23ST. MARY'S SURGERY CENTER								100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE				40				100.24
100.25WARRENSBURG CLINIC								100.25
100.28LAUNDRY OUTSIDE SERVICES				65				100.28
100.35MEDICAL MANAGEMENT SYSTEM								100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD				34		5		100.36
100.37DAY CARE CENTER								100.37
100.38SCHOOL HEALTH SERVICES				97		1	1	100.38
100.40PRAIRIE CARDIOVASCULAR		488		10				100.40
100.41G I SUITES								100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL				444				100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		91		81				100.49
100.50CENTRAL ILLINOIS LUNG		222						100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	61928	24872	65227	17393	7043	39024	18450	48918 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	486664		486664	25
26 INTENSIVE CARE UNIT	36212		36212	26
31 SUBPROVIDER I				31
33 NURSERY	15449		15449	33
34 SKILLED NURSING FACILITY	59303		59303	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	88520		88520	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	13726		13726	37.02
38 RECOVERY ROOM	11090		11090	38
39 DELIVERY ROOM & LABOR ROOM	41166		41166	39
40 ANESTHESIOLOGY	9135		9135	40
40.01 PAIN CENTER	16061		16061	40.01
41 RADIOLOGY-DIAGNOSTIC	78193		78193	41
43 RADIOISOTOPE	4535		4535	43
44 LABORATORY	54395		54395	44
46 WHOLE BLOOD & PACKED RED BLOOD	2155		2155	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	6793		6793	49
50 PHYSICAL THERAPY	61030		61030	50
53 ELECTROCARDIOLOGY	48027		48027	53
54 ELECTROENCEPHALOGRAPHY	11939		11939	54
55 MEDICAL SUPPLIES CHARGED TO PAT	18827		18827	55
56 DRUGS CHARGED TO PATIENTS	30236		30236	56
59 TREATMENT CENTER	5892		5892	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	555		555	60
60.01 PRENATAL CLINIC	376		376	60.01
60.02 OUTPATIENT PSYCHIATRIC	14447		14447	60.02
60.03 WOUND CLINIC	620		620	60.03
60.04 NEUROSURGERY	2253		2253	60.04
60.05 DR JATOI	592		592	60.05
60.06 UROLOGY PHYSICIAN	66		66	60.06
60.07 DR. CHU	1787		1787	60.07
60.08 SPORTS MEDICINE CLINIC	403		403	60.08
60.09 DR. SHANKER	99		99	60.09
60.10 DR MIRMIRA	91		91	60.10
60.11 DR TOKHI	80		80	60.11
60.12 CT\PET	70		70	60.12
60.13 RADIATION ONCOLOGY	1405		1405	60.13
60.14 SPORTS MED-REHAB	1366		1366	60.14
61 EMERGENCY	63657		63657	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	1187215		1187215	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	2415		2415	96
100 SENIOR SERVICES				100
100.01ADULT DAY CARE	593		593	100.01
100.02EMPLOYEE ASSISTANCE				100.02
100.04CANCER CARE	185		185	100.04
100.05RESIDENTIAL PROPERTIES	11		11	100.05
100.07BLUE MOUND	30		30	100.07
100.08ARTHUR CLINIC	94		94	100.08
100.09OCCUPATIONAL HEALTH				100.09
100.11SENIOR SERVICES				100.11
100.13MEDICAL OFFICE BUILDING 1750	491		491	100.13
100.14MEDICAL ARTS	418		418	100.14
100.15MT. ZION CLINIC	52		52	100.15
100.16CERRO GORDO	13		13	100.16
100.17LIFELINE	108		108	100.17
100.18COUNTY JAIL CONTRACT	258		258	100.18
100.19ST. JOHN'S HOME HEALTH	20012		20012	100.19
100.23ST. MARY'S SURGERY CENTER				100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE	211		211	100.24
100.25WARRENSBURG CLINIC				100.25
100.28LAUNDRY OUTSIDE SERVICES	498		498	100.28
100.35MEDICAL MANAGEMENT SYSTEM	79		79	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD	1032		1032	100.36
100.37DAY CARE CENTER	6		6	100.37
100.38SCHOOL HEALTH SERVICES	528		528	100.38
100.40PRAIRIE CARDIOVASCULAR	21195		21195	100.40
100.41G I SUITES				100.41
100.42RESPIRATORY CARE NURSING HOME				100.42
100.43OCCUPATIONAL HEALTH CLINIC				100.43
100.44PHYSICIAN POOL	2343		2343	100.44
100.48MRI BUILDING				100.48
100.49FUND DEVELOPMENT	4102		4102	100.49
100.50CENTRAL ILLINOIS LUNG	9620		9620	100.50
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	1251509		1251509	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		7330	22031	29361	29361				5
6 ADMINISTRATIVE & GENERAL	197660		594081	791741	3621	795362			6
7 MAINTENANCE & REPAIRS	17125	51469	51469	68594	60	2096	70750		7
8 OPERATION OF PLANT	223007	670264	670264	893271	586	54755	9482	958094	8
9 LAUNDRY & LINEN SERVICE	77007	231450	231450	308457	240	10644	3274	51205	9
10 HOUSEKEEPING	28520	85719	85719	114239	526	15197	1213	18964	10
11 DIETARY	78521	235999	235999	314520	478	14355	3339	52211	11
12 CAFETERIA	18672	56120	56120	74792	396	14487	794	12416	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	7034	21142	21142	28176	328	6779	299	4677	14
15 CENTRAL SERVICES & SUPPLY	47444	142597	142597	190041	166	5719	2017	31547	15
16 PHARMACY	18522	55668	55668	74190	770	17542	788	12316	16
17 MEDICAL RECORDS & LIBRARY	55560	166990	166990	222550	846	22559	2362	36944	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		430325	1293376	1723701	5411	129626	18301	286140	25
26 INTENSIVE CARE UNIT		28792	86535	115327	840	19494	1224	19145	26
31 SUBPROVIDER I									31
33 NURSERY		11162	33550	44712	255	5678	475	7422	33
34 SKILLED NURSING FACILITY		49700	149377	199077	722	16289	2113	33047	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		85337	256485	341822	1017	71908	3629	56743	37
37.01 STONE CENTER									37.01
37.02 ENDOSCOPY		16101	48393	64494	43	2639	685	10706	37.02
38 RECOVERY ROOM		10993	33039	44032	288	6194	467	7309	38
39 DELIVERY ROOM & LABOR ROOM		45892	137931	183823	609	14615	1951	30515	39
40 ANESTHESIOLOGY		1528	4593	6121	1622	11142	65	1016	40
40.01 PAIN CENTER		17013	51134	68147	225	6583	723	11313	40.01
41 RADIOLOGY-DIAGNOSTIC		76687	230488	307175	1464	41961	3261	50992	41
43 RADIOISOTOPE		3216	9667	12883	238	4934	137	2139	43
44 LABORATORY		48584	146023	194607	1374	47138	2066	32305	44
46 WHOLE BLOOD & PACKED RED BLOOD		1320	3966	5286		4934	56	877	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		3672	11037	14709	601	11824	156	2442	49
50 PHYSICAL THERAPY		68440	205701	274141	1050	23134	2910	45508	50
53 ELECTROCARDIOLOGY		42525	127812	170337	799	48028	1808	28276	53
54 ELECTROENCEPHALOGRAPHY		12778	38405	51183	210	5248	543	8496	54
55 MEDICAL SUPPLIES CHARGED TO PAT						4848			55
56 DRUGS CHARGED TO PATIENTS						39343			56
59 TREATMENT CENTER		6641	19961	26602	105	2279	282	4416	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					94	2292			60
60.01 PRENATAL CLINIC					51	1060			60.01
60.02 OUTPATIENT PSYCHIATRIC		17357	52169	69526	70	2189	738	11542	60.02
60.03 WOUND CLINIC					56	1499			60.03
60.04 NEUROSURGERY					156	6822			60.04
60.05 DR JATOI					138	2547			60.05
60.06 UROLOGY PHYSICIAN					4	310			60.06
60.07 DR. CHU					397	7508			60.07
60.08 SPORTS MEDICINE CLINIC					76	1629			60.08
60.09 DR. SHANKER					23	472			60.09
60.10 DR MIRMIRA					23	425			60.10
60.11 DR TOKHI					20	372			60.11
60.12 CT\PET					6	171			60.12
60.13 RADIATION ONCOLOGY					225	5101			60.13
60.14 SPORTS MED-REHAB					326	6374			60.14
61 EMERGENCY		61319	184297	245616	1503	32734	2607	40773	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	TENANCE & REPAIRS 7	OF PLANT 8
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS		1815784	5457469	7273253	28058	753477	67765	911402 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		2547	7655	10202		2291	108	1693 96
100 SENIOR SERVICES						2		100
100.01ADULT DAY CARE					127	2767		100.01
100.02EMPLOYEE ASSISTANCE								100.02
100.04CANCER CARE					2	1064		100.04
100.05RESIDENTIAL PROPERTIES						68		100.05
100.07BLUE MOUND						181		100.07
100.08ARTHUR CLINIC						570		100.08
100.09OCCUPATIONAL HEALTH						2		100.09
100.11SENIOR SERVICES								100.11
100.13MEDICAL OFFICE BUILDING 1750					23	2833		100.13
100.14MEDICAL ARTS					26	2355		100.14
100.15MT. ZION CLINIC					4	282		100.15
100.16CERRO GORDO						78		100.16
100.17LIFELINE					6	621		100.17
100.18COUNTY JAIL CONTRACT					59	1214		100.18
100.19ST. JOHN'S HOME HEALTH		24697	74229	98926	14	1552	1050	16422 100.19
100.23ST. MARY'S SURGERY CENTER								100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE					53	977		100.24
100.25WARRENSBURG CLINIC								100.25
100.28LAUNDRY OUTSIDE SERVICES					88	2524		100.28
100.35MEDICAL MANAGEMENT SYSTEM						480		100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD					46	5945		100.36
100.37DAY CARE CENTER						33		100.37
100.38SCHOOL HEALTH SERVICES					132	2457		100.38
100.40PRAIRIE CARDIOVASCULAR		26201	78749	104950	14	1436	1114	17422 100.40
100.41G I SUITES								100.41
100.42RESPIRATORY CARE NURSING HOME						1		100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL					599	10864		100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		4871	14639	19510	110	658	207	3239 100.49
100.50CENTRAL ILLINOIS LUNG		11905	35780	47685		630	506	7916 100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1886005	5668521	7554526	29361	795362	70750	958094 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	373820								9
10 HOUSEKEEPING		150139							10
11 DIETARY		8828	393731						11
12 CAFETERIA		2099		104984					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		791		1469	42519				14
15 CENTRAL SERVICES & SUPPLY		5334		741		235565			15
16 PHARMACY		2082		3445		248	111381		16
17 MEDICAL RECORDS & LIBRARY		6247		3785		2		295295	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	298014	48383	313887	24244	17330	48658	382	23277	25
26 INTENSIVE CARE UNIT	18023	3237	18983	3758	2550	13328	61	2585	26
31 SUBPROVIDER I									31
33 NURSERY	14002	1255	14748	1141	828	1858	308	568	33
34 SKILLED NURSING FACILITY	43781	5588	46113	3229	2278	4267	22	1427	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		9595		4552	2769	7751	201	34313	37
37.01 STONE CENTER									37.01
37.02 ENDOSCOPY		1810		193	140	591	37	1522	37.02
38 RECOVERY ROOM		1236		1291	937	2510	2	2670	38
39 DELIVERY ROOM & LABOR ROOM		5160		2727	1981	4395		2715	39
40 ANESTHESIOLOGY		172		7261	5274	12038	2108	8288	40
40.01 PAIN CENTER		1913		1009	732	855	3	5453	40.01
41 RADIOLOGY-DIAGNOSTIC		8622		6551		2140	139	49945	41
43 RADIOISOTOPE		362		1067		160		5442	43
44 LABORATORY		5463		6149		2196	64	36952	44
46 WHOLE BLOOD & PACKED RED BLOOD		148						1711	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		413		2688	1612	44	71	6438	49
50 PHYSICAL THERAPY		7695		4701		501	2	8759	50
53 ELECTROCARDIOLOGY		4781		3575	760	2980	162	28376	53
54 ELECTROENCEPHALOGRAPHY		1437		940		487	2	3513	54
55 MEDICAL SUPPLIES CHARGED TO PAT						108037		10888	55
56 DRUGS CHARGED TO PATIENTS							107494	35676	56
59 TREATMENT CENTER		747		469	341			327	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC				420		90		445	60
60.01 PRENATAL CLINIC				226	164	79	233	461	60.01
60.02 OUTPATIENT PSYCHIATRIC		1952		313	227			646	60.02
60.03 WOUND CLINIC				250		1640	6	293	60.03
60.04 NEUROSURGERY				700				5917	60.04
60.05 DR JATOI				618		4	2	266	60.05
60.06 UROLOGY PHYSICIAN				16		2	5	62	60.06
60.07 DR. CHU				1775		12		1093	60.07
60.08 SPORTS MEDICINE CLINIC				338		72	38	279	60.08
60.09 DR. SHANKER				102		2			60.09
60.10 DR MIRMIRA				105					60.10
60.11 DR TOKHI				89					60.11
60.12 CT\PET				28		65		151	60.12
60.13 RADIATION ONCOLOGY				1007				2145	60.13
60.14 SPORTS MED-REHAB				1459		36	6	42	60.14
61 EMERGENCY		6894		6727	4596	20253	29	22450	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	+ LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	373820	142244	393731	99158	42519	235301	111377	295295 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		286						96
100 SENIOR SERVICES								100
100.01ADULT DAY CARE				569		120	1	100.01
100.02EMPLOYEE ASSISTANCE								100.02
100.04CANCER CARE				11		44		100.04
100.05RESIDENTIAL PROPERTIES								100.05
100.07BLUE MOUND								100.07
100.08ARTHUR CLINIC								100.08
100.09OCCUPATIONAL HEALTH								100.09
100.11SENIOR SERVICES								100.11
100.13MEDICAL OFFICE BUILDING 1750				103		3		100.13
100.14MEDICAL ARTS				117		29		100.14
100.15MT. ZION CLINIC				17		5		100.15
100.16CERRO GORDO								100.16
100.17LIFELINE				26				100.17
100.18COUNTY JAIL CONTRACT				264		20		100.18
100.19ST. JOHN'S HOME HEALTH		2777		61		4		100.19
100.23ST. MARY'S SURGERY CENTER								100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE				239				100.24
100.25WARRENSBURG CLINIC								100.25
100.28LAUNDRY OUTSIDE SERVICES				392				100.28
100.35MEDICAL MANAGEMENT SYSTEM								100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD				204		29		100.36
100.37DAY CARE CENTER								100.37
100.38SCHOOL HEALTH SERVICES				589		7	3	100.38
100.40PRAIRIE CARDIOVASCULAR		2946		61				100.40
100.41G I SUITES								100.41
100.42RESPIRATORY CARE NURSING HOME								100.42
100.43OCCUPATIONAL HEALTH CLINIC								100.43
100.44PHYSICIAN POOL				2682		3		100.44
100.48MRI BUILDING								100.48
100.49FUND DEVELOPMENT		548		491				100.49
100.50CENTRAL ILLINOIS LUNG		1338						100.50
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	373820	150139	393731	104984	42519	235565	111381	295295 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2937354		2937354	25
26 INTENSIVE CARE UNIT	218555		218555	26
31 SUBPROVIDER I				31
33 NURSERY	93250		93250	33
34 SKILLED NURSING FACILITY	357953		357953	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	534300		534300	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	82860		82860	37.02
38 RECOVERY ROOM	66936		66936	38
39 DELIVERY ROOM & LABOR ROOM	248491		248491	39
40 ANESTHESIOLOGY	55107		55107	40
40.01 PAIN CENTER	96956		96956	40.01
41 RADIOLOGY-DIAGNOSTIC	472250		472250	41
43 RADIOISOTOPE	27362		27362	43
44 LABORATORY	328314		328314	44
46 WHOLE BLOOD & PACKED RED BLOOD	13012		13012	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	40998		40998	49
50 PHYSICAL THERAPY	368401		368401	50
53 ELECTROCARDIOLOGY	289882		289882	53
54 ELECTROENCEPHALOGRAPHY	72059		72059	54
55 MEDICAL SUPPLIES CHARGED TO PAT	113973		113973	55
56 DRUGS CHARGED TO PATIENTS	182513		182513	56
59 TREATMENT CENTER	35568		35568	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	3341		3341	60
60.01 PRENATAL CLINIC	2274		2274	60.01
60.02 OUTPATIENT PSYCHIATRIC	87203		87203	60.02
60.03 WOUND CLINIC	3744		3744	60.03
60.04 NEUROSURGERY	13595		13595	60.04
60.05 DR JATOI	3575		3575	60.05
60.06 UROLOGY PHYSICIAN	399		399	60.06
60.07 DR. CHU	10785		10785	60.07
60.08 SPORTS MEDICINE CLINIC	2432		2432	60.08
60.09 DR. SHANKER	599		599	60.09
60.10 DR MIRMIRA	553		553	60.10
60.11 DR TOKHI	481		481	60.11
60.12 CT\PET	421		421	60.12
60.13 RADIATION ONCOLOGY	8478		8478	60.13
60.14 SPORTS MED-REHAB	8243		8243	60.14
61 EMERGENCY	384182		384182	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	7166399		7166399	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	14580		14580	96
100 SENIOR SERVICES	2		2	100
100.01ADULT DAY CARE	3584		3584	100.01
100.02EMPLOYEE ASSISTANCE				100.02
100.04CANCER CARE	1121		1121	100.04
100.05RESIDENTIAL PROPERTIES	68		68	100.05
100.07BLUE MOUND	181		181	100.07
100.08ARTHUR CLINIC	570		570	100.08
100.09OCCUPATIONAL HEALTH	2		2	100.09
100.11SENIOR SERVICES				100.11
100.13MEDICAL OFFICE BUILDING 1750	2962		2962	100.13
100.14MEDICAL ARTS	2527		2527	100.14
100.15MT. ZION CLINIC	308		308	100.15
100.16CERRO GORDO	78		78	100.16
100.17LIFELINE	653		653	100.17
100.18COUNTY JAIL CONTRACT	1557		1557	100.18
100.19ST. JOHN'S HOME HEALTH	120806		120806	100.19
100.23ST. MARY'S SURGERY CENTER				100.23
100.24FIELDS WRIGHT MEDICAL PRACTICE	1269		1269	100.24
100.25WARRENSBURG CLINIC				100.25
100.28LAUNDRY OUTSIDE SERVICES	3004		3004	100.28
100.35MEDICAL MANAGEMENT SYSTEM	480		480	100.35
100.36LAKE SHORE MEDICAL OFFICE BUILD	6224		6224	100.36
100.37DAY CARE CENTER	33		33	100.37
100.38SCHOOL HEALTH SERVICES	3188		3188	100.38
100.40PRAIRIE CARDIOVASCULAR	127943		127943	100.40
100.41G I SUITES				100.41
100.42RESPIRATORY CARE NURSING HOME	1		1	100.42
100.43OCCUPATIONAL HEALTH CLINIC				100.43
100.44PHYSICIAN POOL	14148		14148	100.44
100.48MRI BUILDING				100.48
100.49FUND DEVELOPMENT	24763		24763	100.49
100.50CENTRAL ILLINOIS LUNG	58075		58075	100.50
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	7554526		7554526	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	388775						1
2 OLD CAP REL COSTS-MVBLE EQUIP		388775					2
3 NEW CAP REL COSTS-BLDG & FIXT			388775				3
4 NEW CAP REL COSTS-MVBLE EQUIP				388775			4
5 EMPLOYEE BENEFITS	1511	1511	1511	1511	36939616		5
6 ADMINISTRATIVE & GENERAL	40745	40745	40745	40745	4554130	-13936627	70190354
7 MAINTENANCE & REPAIRS	3530	3530	3530	3530	75743		184956
8 OPERATION OF PLANT	45970	45970	45970	45970	736636		4831905
9 LAUNDRY & LINEN SERVICE	15874	15874	15874	15874	302290		939279
10 HOUSEKEEPING	5879	5879	5879	5879	662226		1341074
11 DIETARY	16186	16186	16186	16186	601313		1266771
12 CAFETERIA	3849	3849	3849	3849	497940		1278448
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	1450	1450	1450	1450	412820		598210
15 CENTRAL SERVICES & SUPPLY	9780	9780	9780	9780	208204		504692
16 PHARMACY	3818	3818	3818	3818	968167		1548023
17 MEDICAL RECORDS & LIBRARY	11453	11453	11453	11453	1063866		1990713
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRINGES							
23 I&R SERVICES-OTHER PRGM COSTS							
24 PARAMED ED PRGM-(SPECIFY)							
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	88706	88706	88706	88706	6817565		11442298
26 INTENSIVE CARE UNIT	5935	5935	5935	5935	1056245		1720296
31 SUBPROVIDER I							
33 NURSERY	2301	2301	2301	2301	320606		501027
34 SKILLED NURSING FACILITY	10245	10245	10245	10245	907669		1437400
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	17591	17591	17591	17591	1279261		6345560
37.01 STONE CENTER							
37.02 ENDOSCOPY	3319	3319	3319	3319	54236		232865
38 RECOVERY ROOM	2266	2266	2266	2266	362768		546594
39 DELIVERY ROOM & LABOR ROOM	9460	9460	9460	9460	766471		1289703
40 ANESTHESIOLOGY	315	315	315	315	2040837		983272
40.01 PAIN CENTER	3507	3507	3507	3507	283473		580884
41 RADIOLOGY-DIAGNOSTIC	15808	15808	15808	15808	1841167		3702848
43 RADIOISOTOPE	663	663	663	663	299972		435398
44 LABORATORY	10015	10015	10015	10015	1728236		4159706
46 WHOLE BLOOD & PACKED RED BLOO	272	272	272	272			435413
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY	757	757	757	757	755376		1043383
50 PHYSICAL THERAPY	14108	14108	14108	14108	1321164		2041439
53 ELECTROCARDIOLOGY	8766	8766	8766	8766	1004665		4238272
54 ELECTROENCEPHALOGRAPHY	2634	2634	2634	2634	264171		463146
55 MEDICAL SUPPLIES CHARGED TO P							427804
56 DRUGS CHARGED TO PATIENTS							3471854
59 TREATMENT CENTER	1369	1369	1369	1369	131861		201089
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC					118139		202237
60.01 PRENATAL CLINIC					63586		93556
60.02 OUTPATIENT PSYCHIATRIC	3578	3578	3578	3578	88037		193148
60.03 WOUND CLINIC					70178		132321
60.04 NEUROSURGERY					196630		601971
60.05 DR JATOI					173633		224744
60.06 UROLOGY PHYSICIAN					4432		27328
60.07 DR. CHU					498909		662559
60.08 SPORTS MEDICINE CLINIC					94974		143728
60.09 DR. SHANKER					28573		41693
60.10 DR MIRMIRA					29513		37501
60.11 DR TOKHI					25000		32805
60.12 CT\PET					7874		15068
60.13 RADIATION ONCOLOGY					282978		450136
60.14 SPORTS MED-REHAB					410156		562459
61 EMERGENCY	12640	12640	12640	12640	1890784		2888639
62 OBSERVATION BEDS (NON-DISTINC							
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							
69.20 OUTPATIENT PHYSICAL THERAPY							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		6A
	1	2	3	4	5		
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	374300	374300	374300	374300	35302474	-13936627	66494215
NONREIMBURSABLE COST CENTERS							95
96 GIFT, FLOWER, COFFEE SHOP & C	525	525	525	525			202133 96
100 SENIOR SERVICES							200 100
100.01 ADULT DAY CARE					159923		244192 100.01
100.02 EMPLOYEE ASSISTANCE							100.02
100.04 CANCER CARE					3133		93890 100.04
100.05 RESIDENTIAL PROPERTIES							5998 100.05
100.07 BLUE MOUND							15989 100.07
100.08 ARTHUR CLINIC							50295 100.08
100.09 OCCUPATIONAL HEALTH					136		171 100.09
100.11 SENIOR SERVICES							100.11
100.13 MEDICAL OFFICE BUILDING 1750					28978		249989 100.13
100.14 MEDICAL ARTS					32837		207799 100.14
100.15 MT. ZION CLINIC					4781		24869 100.15
100.16 CERRO GORDO							6899 100.16
100.17 LIFELINE					7170		54816 100.17
100.18 COUNTY JAIL CONTRACT					74265		107123 100.18
100.19 ST. JOHN'S HOME HEALTH	5091	5091	5091	5091	17190		136973 100.19
100.23 ST. MARY'S SURGERY CENTER							18 100.23
100.24 FIELDS WRIGHT MEDICAL PRACTIC					67217		86237 100.24
100.25 WARRENSBURG CLINIC							100.25
100.28 LAUNDRY OUTSIDE SERVICES					110100		222696 100.28
100.35 MEDICAL MANAGEMENT SYSTEM							42319 100.35
100.36 LAKE SHORE MEDICAL OFFICE BUI					57237		524603 100.36
100.37 DAY CARE CENTER							2934 100.37
100.38 SCHOOL HEALTH SERVICES					165425		216810 100.38
100.40 PRAIRIE CARDIOVASCULAR	5401	5401	5401	5401	17100		126717 100.40
100.41 G I SUITES							100.41
100.42 RESPIRATORY CARE NURSING HOME					77		97 100.42
100.43 OCCUPATIONAL HEALTH CLINIC							100.43
100.44 PHYSICIAN POOL					753710		958726 100.44
100.48 MRI BUILDING							100.48
100.49 FUND DEVELOPMENT	1004	1004	1004	1004	137863		58062 100.49
100.50 CENTRAL ILLINOIS LUNG	2454	2454	2454	2454			55584 100.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1235304	16205	1886005	5668521	9463774		13936627 103
104 UNIT COST MULT-WS B PT I		.041682		14.580467			104
104 UNIT COST MULT-WS B PT I	3.177427		4.851148		.256196		.198555 104
105 COST TO BE ALLOC PER B PT II					4864		131763 105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II					.000132		.001877 106
107 COST TO BE ALLOC PER B PT III					29361		795362 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.000795		.011332 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY + LINEN SERVICE PATIENT DAYS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA GROSS SALARIES 12	NURSING ADMINIS-TRATION GROSS SALARIES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7	342989								7
8	45970	297019							8
9	15874	15874	42769						9
10	5879	5879		275266					10
11	16186	16186		16186	42769				11
12	3849	3849		3849		29509338			12
13									13
14	1450	1450		1450		412820	16457602		14
15	9780	9780		9780		208204		204813802	15
16	3818	3818		3818		968167		215751	16
17	11453	11453		11453		1063866		2053	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	88706	88706	34096	88706	34096	6817565	6709477	42311347	25
26	5935	5935	2062	5935	2062	1056245	986711	11589303	26
31									31
33	2301	2301	1602	2301	1602	320606	320606	1615349	33
34	10245	10245	5009	10245	5009	907669	881753	3710459	34
ANCILLARY SERVICE COST CENTERS									
37	17591	17591		17591		1279261	1071448	6740157	37
37.01									37.01
37.02	3319	3319		3319		54236	54236	514338	37.02
38	2266	2266		2266		362768	362768	2182878	38
39	9460	9460		9460		766471	766471	3821908	39
40	315	315		315		2040837	2040837	10468106	40
40.01	3507	3507		3507		283473	283473	743582	40.01
41	15808	15808		15808		1841167		1860827	41
43	663	663		663		299972		139452	43
44	10015	10015		10015		1728236		1909333	44
46	272	272		272					46
46.30									46.30
49	757	757		757		755376	623716	38285	49
50	14108	14108		14108		1321164		435713	50
53	8766	8766		8766		1004665	293943	2590909	53
54	2634	2634		2634		264171		423223	54
55								93918000	55
56									56
59	1369	1369		1369		131861	131861		59
OUTPATIENT SERVICE COST CENTERS									
60						118139		78363	60
60.01						63586	63586	68431	60.01
60.02	3578	3578		3578		88037	88037		60.02
60.03						70178		1425790	60.03
60.04						196630			60.04
60.05						173633		3886	60.05
60.06						4432		2130	60.06
60.07						498909		10493	60.07
60.08						94974		62470	60.08
60.09						28573		1439	60.09
60.10						29513			60.10
60.11						25000			60.11
60.12						7874		56533	60.12
60.13						282978			60.13
60.14						410156		31146	60.14
61	12640	12640		12640		1890784	1778679	17611437	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY + LINEN SERVICE PATIENT DAYS 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA GROSS SALARIES 12	NURSING ADMINIS-TRATION GROSS SALARIES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	328514	282544	42769	260791	42769	27872196	16457602	204583091	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	525	525		525					96
100 SENIOR SERVICES									100
100.01 ADULT DAY CARE						159923		104042	100.01
100.02 EMPLOYEE ASSISTANCE									100.02
100.04 CANCER CARE						3133		38688	100.04
100.05 RESIDENTIAL PROPERTIES									100.05
100.07 BLUE MOUND									100.07
100.08 ARTHUR CLINIC									100.08
100.09 OCCUPATIONAL HEALTH						136			100.09
100.11 SENIOR SERVICES									100.11
100.13 MEDICAL OFFICE BUILDING 1750						28978		3039	100.13
100.14 MEDICAL ARTS						32837		25215	100.14
100.15 MT. ZION CLINIC						4781		4475	100.15
100.16 CERRO GORDO									100.16
100.17 LIFELINE						7170			100.17
100.18 COUNTY JAIL CONTRACT						74265		17764	100.18
100.19 ST. JOHN'S HOME HEALTH	5091	5091		5091		17190		3188	100.19
100.23 ST. MARY'S SURGERY CENTER									100.23
100.24 FIELDS WRIGHT MEDICAL PRACTIC						67217		254	100.24
100.25 WARRENSBURG CLINIC									100.25
100.28 LAUNDRY OUTSIDE SERVICES						110100			100.28
100.35 MEDICAL MANAGEMENT SYSTEM									100.35
100.36 LAKE SHORE MEDICAL OFFICE BUI						57237		25589	100.36
100.37 DAY CARE CENTER									100.37
100.38 SCHOOL HEALTH SERVICES						165425		6109	100.38
100.40 PRAIRIE CARDIOVASCULAR	5401	5401		5401		17100			100.40
100.41 G I SUITES									100.41
100.42 RESPIRATORY CARE NURSING HOME						77			100.42
100.43 OCCUPATIONAL HEALTH CLINIC									100.43
100.44 PHYSICIAN POOL						753710		2348	100.44
100.48 MRI BUILDING									100.48
100.49 FUND DEVELOPMENT	1004	1004		1004		137863			100.49
100.50 CENTRAL ILLINOIS LUNG	2454	2454		2454					100.50
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	221680	5821015	1447139	1726368	1947484	1634351	778300	875760	103
104 UNIT COST MULT-WS B PT I	.646318		33.836166		45.534944		.047291		104
104 UNIT COST MULT-WS B PT I		19.598123		6.271635		.055384		.004276	104
105 COST TO BE ALLOC PER B PT II	11720	158719	61928	24872	65227	17393	7043	39024	105
106 UNIT COST MULT-WS B PT II	.034170		1.447965		1.525100		.000428		106
106 UNIT COST MULT-WS B PT II		.534373		.090356		.000589		.000191	106
107 COST TO BE ALLOC PER B PT III	70750	958094	373820	150139	393731	104984	42519	235565	107
108 UNIT COST MULT-WS B PT III	.206275		8.740443		9.205990		.002584		108
108 UNIT COST MULT-WS B PT III		3.225699		.545432		.003558		.001150	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	
	COSTED	RECORDS +	
	REQUIS.	LIBRARY	
	16	GROSS	
		REVENUE	
		17	
GENERAL SERVICE COST CENTERS			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16	363845725		16
17		249831934	17
18			18
20			20
21			21
22			22
23			23
24			24
INPATIENT ROUTINE SERV COST CENTERS			
25	1248734	19692815	25
26	197825	2187355	26
31			31
33	1005100	480132	33
34	71301	1207181	34
ANCILLARY SERVICE COST CENTERS			
37	658213	29029705	37
37.01			37.01
37.02	122424	1287813	37.02
38	7320	2259033	38
39		2296561	39
40	6889842	7011750	40
40.01	8613	4613097	40.01
41	453994	42260143	41
43		4603655	43
44	208326	31261867	44
46		1447233	46
46.30			46.30
49	233130	5446774	49
50	7780	7410356	50
53	529638	24007097	53
54	8000	2972126	54
55		920707	55
56	351143900	30183049	56
59		276878	59
OUTPATIENT SERVICE COST CENTERS			
60		376619	60
60.01	762145	389807	60.01
60.02		546274	60.02
60.03	20322	248197	60.03
60.04		5006236	60.04
60.05	5138	224857	60.05
60.06	15000	52414	60.06
60.07		924941	60.07
60.08	124422	235629	60.08
60.09			60.09
60.10			60.10
60.11			60.11
60.12		128027	60.12
60.13		1814502	60.13
60.14	18453	35561	60.14
61	93488	18993543	61
62			62
63.50			63.50
63.60			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10			69.10
69.20			69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	
	COSTED	RECORDS +	
	REQUIS.	LIBRARY	
	16	GROSS	
		REVENUE	
		17	
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	363833108	249831934	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
100 SENIOR SERVICES			100
100.01 ADULT DAY CARE	2600		100.01
100.02 EMPLOYEE ASSISTANCE			100.02
100.04 CANCER CARE			100.04
100.05 RESIDENTIAL PROPERTIES			100.05
100.07 BLUE MOUND			100.07
100.08 ARTHUR CLINIC			100.08
100.09 OCCUPATIONAL HEALTH			100.09
100.11 SENIOR SERVICES			100.11
100.13 MEDICAL OFFICE BUILDING 1750			100.13
100.14 MEDICAL ARTS			100.14
100.15 MT. ZION CLINIC			100.15
100.16 CERRO GORDO			100.16
100.17 LIFELINE			100.17
100.18 COUNTY JAIL CONTRACT			100.18
100.19 ST. JOHN'S HOME HEALTH			100.19
100.23 ST. MARY'S SURGERY CENTER			100.23
100.24 FIELDS WRIGHT MEDICAL PRACTIC			100.24
100.25 WARRENSBURG CLINIC			100.25
100.28 LAUNDRY OUTSIDE SERVICES			100.28
100.35 MEDICAL MANAGEMENT SYSTEM			100.35
100.36 LAKE SHORE MEDICAL OFFICE BUI			100.36
100.37 DAY CARE CENTER			100.37
100.38 SCHOOL HEALTH SERVICES	10017		100.38
100.40 PRAIRIE CARDIOVASCULAR			100.40
100.41 G I SUITES			100.41
100.42 RESPIRATORY CARE NURSING HOME			100.42
100.43 OCCUPATIONAL HEALTH CLINIC			100.43
100.44 PHYSICIAN POOL			100.44
100.48 MRI BUILDING			100.48
100.49 FUND DEVELOPMENT			100.49
100.50 CENTRAL ILLINOIS LUNG			100.50
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	2011174	2748597	103
104 UNIT COST MULT-WS B PT I	.005528		104
104 UNIT COST MULT-WS B PT I		.011002	104
105 COST TO BE ALLOC PER B PT II	18450	48918	105
106 UNIT COST MULT-WS B PT II	.000051		106
106 UNIT COST MULT-WS B PT II		.000196	106
107 COST TO BE ALLOC PER B PT III	111381	295295	107
108 UNIT COST MULT-WS B PT III	.000306		108
108 UNIT COST MULT-WS B PT III		.001182	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19871944		19871944		19871944	25
26 INTENSIVE CARE UNIT	2562782		2562782		2562782	26
31 SUBPROVIDER I						31
33 NURSERY	839337		839337		839337	33
34 SKILLED NURSING FACILITY	2513541		2513541		2513541	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8545313		8545313		8545313	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	389723		389723		389723	37.02
38 RECOVERY ROOM	786685		786685		786685	38
39 DELIVERY ROOM & LABOR ROOM	1916928		1916928		1916928	39
40 ANESTHESIOLOGY	1556394		1556394		1556394	40
40.01 PAIN CENTER	872301		872301		872301	40.01
41 RADIOLOGY-DIAGNOSTIC	5434564		5434564		5434564	41
43 RADIOISOTOPE	607288		607288		607288	43
44 LABORATORY	5700170		5700170		5700170	44
46 WHOLE BLOOD & PACKED RED BL	545001		545001		545001	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1403335		1403335		1403335	49
50 PHYSICAL THERAPY	2977471		2977471		2977471	50
53 ELECTROCARDIOLOGY	5659918		5659918		5659918	53
54 ELECTROENCEPHALOGRAPHY	674132		674132		674132	54
55 MEDICAL SUPPLIES CHARGED TO	924445		924445		924445	55
56 DRUGS CHARGED TO PATIENTS	6434240		6434240		6434240	56
59 TREATMENT CENTER	293902		293902		293902	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	253414		253414		253414	60
60.01 PRENATAL CLINIC	127456		127456		127456	60.01
60.02 OUTPATIENT PSYCHIATRIC	341423		341423		341423	60.02
60.03 WOUND CLINIC	171421		171421		171421	60.03
60.04 NEUROSURGERY	787464		787464		787464	60.04
60.05 DR JATOI	281503		281503		281503	60.05
60.06 UROLOGY PHYSICIAN	33668		33668		33668	60.06
60.07 DR. CHU	831966		831966		831966	60.07
60.08 SPORTS MEDICINE CLINIC	181073		181073		181073	60.08
60.09 DR. SHANKER	51559		51559		51559	60.09
60.10 DR MIRMIRA	46582		46582		46582	60.10
60.11 DR TOKHI	40704		40704		40704	60.11
60.12 CT\PET	20147		20147		20147	60.12
60.13 RADIATION ONCOLOGY	575148		575148		575148	60.13
60.14 SPORTS MED-REHAB	697480		697480		697480	60.14
61 EMERGENCY	4270981		4270981		4270981	61
62 OBSERVATION BEDS (NON-DISTI	518237		518237		518237	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	79739640		79739640		79739640	101
102 LESS OBSERVATION BEDS	518237		518237		518237	102
103 TOTAL	79221403		79221403		79221403	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19175092		19175092			25
26 INTENSIVE CARE UNIT	2187355		2187355			26
31 SUBPROVIDER I						31
33 NURSERY	480132		480132			33
34 SKILLED NURSING FACILITY	1207181		1207181			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15250480	13779225	29029705	.294364	.294364	.294364 37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	387631	900182	1287813	.302624	.302624	.302624 37.02
38 RECOVERY ROOM	936683	1322350	2259033	.348240	.348240	.348240 38
39 DELIVERY ROOM & LABOR ROOM	1615029	681532	2296561	.834695	.834695	.834695 39
40 ANESTHESIOLOGY	3195819	3815931	7011750	.221969	.221969	.221969 40
40.01 PAIN CENTER	87140	4525957	4613097	.189092	.189092	.189092 40.01
41 RADIOLOGY-DIAGNOSTIC	12562959	29697184	42260143	.128598	.128598	.128598 41
43 RADIOISOTOPE	1011843	3591812	4603655	.131914	.131914	.131914 43
44 LABORATORY	14022435	17239432	31261867	.182336	.182336	.182336 44
46 WHOLE BLOOD & PACKED RED BL	1119354	327879	1447233	.376581	.376581	.376581 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4804586	642188	5446774	.257645	.257645	.257645 49
50 PHYSICAL THERAPY	3047677	4362679	7410356	.401799	.401799	.401799 50
53 ELECTROCARDIOLOGY	12124190	11882907	24007097	.235760	.235760	.235760 53
54 ELECTROENCEPHALOGRAPHY	498564	2473562	2972126	.226818	.226818	.226818 54
55 MEDICAL SUPPLIES CHARGED TO	880535	40172	920707	1.004060	1.004060	1.004060 55
56 DRUGS CHARGED TO PATIENTS	21727317	8455732	30183049	.213174	.213174	.213174 56
59 TREATMENT CENTER	38049	238829	276878	1.061486	1.061486	1.061486 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		376619	376619	.672866	.672866	.672866 60
60.01 PRENATAL CLINIC	7351	382456	389807	.326972	.326972	.326972 60.01
60.02 OUTPATIENT PSYCHIATRIC	44764	501510	546274	.625003	.625003	.625003 60.02
60.03 WOUND CLINIC		248197	248197	.690665	.690665	.690665 60.03
60.04 NEUROSURGERY		5006236	5006236	.157297	.157297	.157297 60.04
60.05 DR JATOI		224857	224857	1.251920	1.251920	1.251920 60.05
60.06 UROLOGY PHYSICIAN		52414	52414	.642347	.642347	.642347 60.06
60.07 DR. CHU		924941	924941	.899480	.899480	.899480 60.07
60.08 SPORTS MEDICINE CLINIC		235629	235629	.768467	.768467	.768467 60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI						60.11
60.12 CT\PET	5269	122758	128027	.157365	.157365	.157365 60.12
60.13 RADIATION ONCOLOGY		1814502	1814502	.316973	.316973	.316973 60.13
60.14 SPORTS MED-REHAB		35561	35561	19.613622	19.613622	19.613622 60.14
61 EMERGENCY	3709887	15283656	18993543	.224865	.224865	.224865 61
62 OBSERVATION BEDS (NON-DISTI	145590	372133	517723	1.000993	1.000993	1.000993 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	120272912	129559022	249831934			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	120272912	129559022	249831934			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	486664		486664	2937354		2937354
26 INTENSIVE CARE UNIT	36212		36212	218555		218555
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	15449		15449	93250		93250
101 TOTAL	538325		538325	3249159		3249159

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	35009	15195	13.90	211211	83.90	1274861
26 INTENSIVE CARE UNIT	2062	1055	17.56	18526	105.99	111819
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1602		9.64		58.21	
101 TOTAL	38673	16250		229737		1386680

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	88520	534300	29029705	7895397	.003049	24073	.018405	145315
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY	13726	82860	1287813		.010658		.064342	37.02
38 RECOVERY ROOM	11090	66936	2259033	479377	.004909	2353	.029630	14204
39 DELIVERY ROOM & LABOR ROOM	41166	248491	2296561	8287	.017925	149	.108201	897
40 ANESTHESIOLOGY	9135	55107	7011750	2455306	.001303	3199	.007859	19296
40.01 PAIN CENTER	16061	96956	4613097	43761	.003482	152	.021018	920
41 RADIOLOGY-DIAGNOSTIC	78193	472250	42260143	7184440	.001850	13291	.011175	80286
43 RADIOISOTOPE	4535	27362	4603655	579364	.000985	571	.005944	3444
44 LABORATORY	54395	328314	31261867	8053348	.001740	14013	.010502	84576
46 WHOLE BLOOD & PACKED RED BLOO	2155	13012	1447233		.001489		.008991	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	6793	40998	5446774	3112567	.001247	3881	.007527	23428
50 PHYSICAL THERAPY	61030	368401	7410356	1358291	.008236	11187	.049714	67526
53 ELECTROCARDIOLOGY	48027	289882	24007097	9155184	.002001	18320	.012075	110549
54 ELECTROENCEPHALOGRAPHY	11939	72059	2972126	286950	.004017	1153	.024245	6957
55 MEDICAL SUPPLIES CHARGED TO P	18827	113973	920707	474542	.020448	9703	.123789	58743
56 DRUGS CHARGED TO PATIENTS	30236	182513	30183049	11747077	.001002	11771	.006047	71035
59 TREATMENT CENTER	5892	35568	276878	4064	.021280	86	.128461	522
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	555	3341	376619		.001474		.008871	60
60.01 PRENATAL CLINIC	376	2274	389807	4171	.000965	4	.005834	24
60.02 OUTPATIENT PSYCHIATRIC	14447	87203	546274	9919	.026446	262	.159632	1583
60.03 WOUND CLINIC	620	3744	248197		.002498		.015085	60.03
60.04 NEUROSURGERY	2253	13595	5006236		.000450		.002716	60.04
60.05 DR JATOI	592	3575	224857		.002633		.015899	60.05
60.06 UROLOGY PHYSICIAN	66	399	52414		.001259		.007612	60.06
60.07 DR. CHU	1787	10785	924941		.001932		.011660	60.07
60.08 SPORTS MEDICINE CLINIC	403	2432	235629		.001710		.010321	60.08
60.09 DR. SHANKER	99	599						60.09
60.10 DR MIRMIRA	91	553						60.10
60.11 DR TOKHI	80	481						60.11
60.12 CT/PET	70	421	128027		.000547		.003288	60.12
60.13 RADIATION ONCOLOGY	1405	8478	1814502		.000774		.004672	60.13
60.14 SPORTS MED-REHAB	1366	8243	35561		.038413		.231799	60.14
61 EMERGENCY	63657	384182	18993543	1881797	.003352	6308	.020227	38063
62 OBSERVATION BEDS (NON-DISTINC	12692	76603	517723		.024515		.147961	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	602279	3635890	226782174	54733842		120476		727368

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					35009		15195	25
26 INTENSIVE CARE UNIT					2062		1055	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
33 NURSERY					1602			33
34 SKILLED NURSING FACILITY					5009		3730	34
35 NURSING FACILITY								35
101 TOTAL					43682		19980	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
40.01 PAIN CENTER							40.01
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 TREATMENT CENTER							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PRENATAL CLINIC							60.01
60.02 OUTPATIENT PSYCHIATRIC							60.02
60.03 WOUND CLINIC							60.03
60.04 NEUROSURGERY							60.04
60.05 DR JATOI							60.05
60.06 UROLOGY PHYSICIAN							60.06
60.07 DR. CHU							60.07
60.08 SPORTS MEDICINE CLINIC							60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI							60.11
60.12 CT\PET							60.12
60.13 RADIATION ONCOLOGY							60.13
60.14 SPORTS MED-REHAB							60.14
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH		COST TO	RATIO OF	PROGRAM	PROGRAM		
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		29029705			7895397		2914311	37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY		1287813						37.02
38 RECOVERY ROOM		2259033			479377		308011	38
39 DELIVERY ROOM & LABOR ROOM		2296561			8287		1279	39
40 ANESTHESIOLOGY		7011750			2455306		1230379	40
40.01 PAIN CENTER		4613097			43761		1779319	40.01
41 RADIOLOGY-DIAGNOSTIC		42260143			7184440		7648455	41
43 RADIOISOTOPE		4603655			579364		625194	43
44 LABORATORY		31261867			8053348		2945954	44
46 WHOLE BLOOD & PACKED RED BLOO		1447233						46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		5446774			3112567		84821	49
50 PHYSICAL THERAPY		7410356			1358291		1131117	50
53 ELECTROCARDIOLOGY		24007097			9155184		4994558	53
54 ELECTROENCEPHALOGRAPHY		2972126			286950		514347	54
55 MEDICAL SUPPLIES CHARGED TO P		920707			474542		7122	55
56 DRUGS CHARGED TO PATIENTS		30183049			11747077		3710596	56
59 TREATMENT CENTER		276878			4064		5992	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		376619						60
60.01 PRENATAL CLINIC		389807			4171			60.01
60.02 OUTPATIENT PSYCHIATRIC		546274			9919		282716	60.02
60.03 WOUND CLINIC		248197					123822	60.03
60.04 NEUROSURGERY		5006236						60.04
60.05 DR JATOI		224857						60.05
60.06 UROLOGY PHYSICIAN		52414						60.06
60.07 DR. CHU		924941						60.07
60.08 SPORTS MEDICINE CLINIC		235629						60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI								60.11
60.12 CT\PET		128027					60929	60.12
60.13 RADIATION ONCOLOGY		1814502					955166	60.13
60.14 SPORTS MED-REHAB		35561						60.14
61 EMERGENCY		18993543			1881797		1872528	61
62 OBSERVATION BEDS (NON-DISTINC		517723					233700	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		226782174			54733842		31430316	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 STONE CENTER					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
40.01 PAIN CENTER					40.01
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 TREATMENT CENTER					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PRENATAL CLINIC					60.01
60.02 OUTPATIENT PSYCHIATRIC					60.02
60.03 WOUND CLINIC					60.03
60.04 NEUROSURGERY					60.04
60.05 DR JATOI					60.05
60.06 UROLOGY PHYSICIAN					60.06
60.07 DR. CHU					60.07
60.08 SPORTS MEDICINE CLINIC					60.08
60.09 DR. SHANKER					60.09
60.10 DR MIRMIRA					60.10
60.11 DR TOKHI					60.11
60.12 CT\PET					60.12
60.13 RADIATION ONCOLOGY					60.13
60.14 SPORTS MED-REHAB					60.14
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.294364	.294364	.294364			37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	.302624	.302624	.302624			37.02
38 RECOVERY ROOM	.348240	.348240	.348240			38
39 DELIVERY ROOM & LABOR ROOM	.834695	.834695	.834695			39
40 ANESTHESIOLOGY	.221969	.221969	.221969			40
40.01 PAIN CENTER	.189092	.189092	.189092			40.01
41 RADIOLOGY-DIAGNOSTIC	.128598	.128598	.128598			41
43 RADIOISOTOPE	.131914	.131914	.131914			43
44 LABORATORY	.182336	.182336	.182336			44
46 WHOLE BLOOD & PACKED RED BLOOD	.376581	.376581	.376581			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.257645	.257645	.257645			49
50 PHYSICAL THERAPY	.401799	.401799	.401799			50
53 ELECTROCARDIOLOGY	.235760	.235760	.235760			53
54 ELECTROENCEPHALOGRAPHY	.226818	.226818	.226818			54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.004060	1.004060	1.004060			55
56 DRUGS CHARGED TO PATIENTS	.213174	.213174	.213174			56
59 TREATMENT CENTER	1.061486	1.061486	1.061486			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.672866	.672866	.672866			60
60.01 PRENATAL CLINIC	.326972	.326972	.326972			60.01
60.02 OUTPATIENT PSYCHIATRIC	.625003	.625003	.625003			60.02
60.03 WOUND CLINIC	.690665	.690665	.690665			60.03
60.04 NEUROSURGERY	.157297	.157297	.157297			60.04
60.05 DR JATOI	1.251920	1.251920	1.251920			60.05
60.06 UROLOGY PHYSICIAN	.642347	.642347	.642347			60.06
60.07 DR. CHU	.899480	.899480	.899480			60.07
60.08 SPORTS MEDICINE CLINIC	.768467	.768467	.768467			60.08
60.09 DR. SHANKER						60.09
60.10 DR MIRMIRA						60.10
60.11 DR TOKHI						60.11
60.12 CT\PET	.157365	.157365	.157365			60.12
60.13 RADIATION ONCOLOGY	.316973	.316973	.316973			60.13
60.14 SPORTS MED-REHAB	19.613622	19.613622	19.613622			60.14
61 EMERGENCY	.224865	.224865	.224865			61
62 OBSERVATION BEDS (NON-DISTINCT	1.000993	1.000993	1.000993			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.213174	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 [XX] HOSPITAL (14-0166) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2914311						37
37.01 STONE CENTER								37.01
37.02 ENDOSCOPY								37.02
38 RECOVERY ROOM		308011						38
39 DELIVERY ROOM & LABOR ROOM		1279						39
40 ANESTHESIOLOGY		1230379						40
40.01 PAIN CENTER		1779319						40.01
41 RADIOLOGY-DIAGNOSTIC		7648455						41
43 RADIOISOTOPE		625194						43
44 LABORATORY		2945954						44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		84821	1247					49
50 PHYSICAL THERAPY		1131117						50
53 ELECTROCARDIOLOGY		4994558						53
54 ELECTROENCEPHALOGRAPHY		514347						54
55 MEDICAL SUPPLIES CHARGED TO PA		7122						55
56 DRUGS CHARGED TO PATIENTS		3710596						56
59 TREATMENT CENTER		5992						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 PRENATAL CLINIC								60.01
60.02 OUTPATIENT PSYCHIATRIC		282716						60.02
60.03 WOUND CLINIC		123822						60.03
60.04 NEUROSURGERY								60.04
60.05 DR JATOI								60.05
60.06 UROLOGY PHYSICIAN								60.06
60.07 DR. CHU								60.07
60.08 SPORTS MEDICINE CLINIC								60.08
60.09 DR. SHANKER								60.09
60.10 DR MIRMIRA								60.10
60.11 DR TOKHI								60.11
60.12 CT\PET		60929						60.12
60.13 RADIATION ONCOLOGY		955166						60.13
60.14 SPORTS MED-REHAB								60.14
61 EMERGENCY		1872528						61
62 OBSERVATION BEDS (NON-DISTINCT		233700						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		31430316	1247					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		31430316	1247					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		857868					37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY							37.02
38 RECOVERY ROOM		107262					38
39 DELIVERY ROOM & LABOR ROOM		1068					39
40 ANESTHESIOLOGY		273106					40
40.01 PAIN CENTER		336455					40.01
41 RADIOLOGY-DIAGNOSTIC		983576					41
43 RADIOISOTOPE		82472					43
44 LABORATORY		537153					44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		21854	321				49
50 PHYSICAL THERAPY		454482					50
53 ELECTROCARDIOLOGY		1177517					53
54 ELECTROENCEPHALOGRAPHY		116663					54
55 MEDICAL SUPPLIES CHARGED TO PAT		7151					55
56 DRUGS CHARGED TO PATIENTS		791003					56
59 TREATMENT CENTER		6360					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PRENATAL CLINIC							60.01
60.02 OUTPATIENT PSYCHIATRIC		176698					60.02
60.03 WOUND CLINIC		85520					60.03
60.04 NEUROSURGERY							60.04
60.05 DR JATOI							60.05
60.06 UROLOGY PHYSICIAN							60.06
60.07 DR. CHU							60.07
60.08 SPORTS MEDICINE CLINIC							60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI							60.11
60.12 CT\PET		9588					60.12
60.13 RADIATION ONCOLOGY		302762					60.13
60.14 SPORTS MED-REHAB							60.14
61 EMERGENCY		421066					61
62 OBSERVATION BEDS (NON-DISTINCT)		233932					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		6983556	321				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6983556	321				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
40.01 PAIN CENTER							40.01
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 TREATMENT CENTER							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PRENATAL CLINIC							60.01
60.02 OUTPATIENT PSYCHIATRIC							60.02
60.03 WOUND CLINIC							60.03
60.04 NEUROSURGERY							60.04
60.05 DR JATOI							60.05
60.06 UROLOGY PHYSICIAN							60.06
60.07 DR. CHU							60.07
60.08 SPORTS MEDICINE CLINIC							60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI							60.11
60.12 CT\PET							60.12
60.13 RADIATION ONCOLOGY							60.13
60.14 SPORTS MED-REHAB							60.14
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		29029705				10187	37
37.01 STONE CENTER							37.01
37.02 ENDOSCOPY		1287813					37.02
38 RECOVERY ROOM		2259033				1809	38
39 DELIVERY ROOM & LABOR ROOM		2296561					39
40 ANESTHESIOLOGY		7011750				3612	40
40.01 PAIN CENTER		4613097					40.01
41 RADIOLOGY-DIAGNOSTIC		42260143				137680	41
43 RADIOISOTOPE		4603655				18043	43
44 LABORATORY		31261867				199668	44
46 WHOLE BLOOD & PACKED RED BLOO		1447233					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5446774				99716	49
50 PHYSICAL THERAPY		7410356				799735	50
53 ELECTROCARDIOLOGY		24007097				24972	53
54 ELECTROENCEPHALOGRAPHY		2972126				18450	54
55 MEDICAL SUPPLIES CHARGED TO P		920707				51950	55
56 DRUGS CHARGED TO PATIENTS		30183049				869589	56
59 TREATMENT CENTER		276878					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		376619					60
60.01 PRENATAL CLINIC		389807					60.01
60.02 OUTPATIENT PSYCHIATRIC		546274					60.02
60.03 WOUND CLINIC		248197					60.03
60.04 NEUROSURGERY		5006236					60.04
60.05 DR JATOI		224857					60.05
60.06 UROLOGY PHYSICIAN		52414					60.06
60.07 DR. CHU		924941					60.07
60.08 SPORTS MEDICINE CLINIC		235629					60.08
60.09 DR. SHANKER							60.09
60.10 DR MIRMIRA							60.10
60.11 DR TOKHI							60.11
60.12 CT\PET		128027					60.12
60.13 RADIATION ONCOLOGY		1814502					60.13
60.14 SPORTS MED-REHAB		35561					60.14
61 EMERGENCY		18993543					61
62 OBSERVATION BEDS (NON-DISTINC		517723					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		226782174				2235411	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 STONE CENTER					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
40.01 PAIN CENTER					40.01
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 TREATMENT CENTER					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PRENATAL CLINIC					60.01
60.02 OUTPATIENT PSYCHIATRIC					60.02
60.03 WOUND CLINIC					60.03
60.04 NEUROSURGERY					60.04
60.05 DR JATOI					60.05
60.06 UROLOGY PHYSICIAN					60.06
60.07 DR. CHU					60.07
60.08 SPORTS MEDICINE CLINIC					60.08
60.09 DR. SHANKER					60.09
60.10 DR MIRMIRA					60.10
60.11 DR TOKHI					60.11
60.12 CT\PET					60.12
60.13 RADIATION ONCOLOGY					60.13
60.14 SPORTS MED-REHAB					60.14
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0166)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5551)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	35009					5009	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	35009					5009	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35009					5009	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)	15195					3730	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0166)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5551)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19871944					2513541	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	19871944					2513541	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18827159					1491855	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18827159					1491855	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.055494					1.684843	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	537.78					297.83	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	19871944					2513541	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0166)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	567.62					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8624986					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8624986					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	2562782	2062	1242.86	1055	1311217	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0166)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	12506874					48
49 TOTAL PROGRAM INPATIENT COSTS	22443077					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1616417					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	847844					51
52 TOTAL PROGRAM EXCLUDABLE COST	2464261					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	19978816					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0166)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						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						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						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						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						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 (PPS) (14-5551)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	2513541	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	501.80	67
68 PROGRAM ROUTINE SERVICE COST	1871714	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1871714	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	417256	71
72 PER DIEM CAPITAL RELATED COSTS	83.30	72
73 PROGRAM CAPITAL RELATED COSTS	310709	73
74 INPATIENT ROUTINE SERVICE COST	1561005	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1561005	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1871714	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	655554	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2527268	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) (14-0166)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	913					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	567.62					84
85 OBSERVATION BED COST	518237					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
 ROUTINE COST (FROM LINE 27)

	COST 1	(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	486664	19871944	.024490	518237	12692	86
87 NEW CAPITAL-RELATED COST	2937354	19871944	.147814	518237	76603	87
88 NON PHYSICIAN ANESTHETIST		19871944		518237		88
89 MEDICAL EDUCATION		19871944		518237		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8948246		25
26 INTENSIVE CARE UNIT		1249653		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.294364	7895397	2324121	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	.302624			37.02
38 RECOVERY ROOM	.348240	479377	166938	38
39 DELIVERY ROOM & LABOR ROOM	.834695	8287	6917	39
40 ANESTHESIOLOGY	.221969	2455306	545002	40
40.01 PAIN CENTER	.189092	43761	8275	40.01
41 RADIOLOGY-DIAGNOSTIC	.128598	7184440	923905	41
43 RADIOISOTOPE	.131914	579364	76426	43
44 LABORATORY	.182336	8053348	1468415	44
46 WHOLE BLOOD & PACKED RED BLOOD	.376581			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.257645	3112567	801937	49
50 PHYSICAL THERAPY	.401799	1358291	545760	50
53 ELECTROCARDIOLOGY	.235760	9155184	2158426	53
54 ELECTROENCEPHALOGRAPHY	.226818	286950	65085	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.004060	474542	476469	55
56 DRUGS CHARGED TO PATIENTS	.213174	11747077	2504171	56
59 TREATMENT CENTER	1.061486	4064	4314	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.672866			60
60.01 PRENATAL CLINIC	.326972	4171	1364	60.01
60.02 OUTPATIENT PSYCHIATRIC	.625003	9919	6199	60.02
60.03 WOUND CLINIC	.690665			60.03
60.04 NEUROSURGERY	.157297			60.04
60.05 DR JATOI	1.251920			60.05
60.06 UROLOGY PHYSICIAN	.642347			60.06
60.07 DR. CHU	.899480			60.07
60.08 SPORTS MEDICINE CLINIC	.768467			60.08
60.09 DR. SHANKER				60.09
60.10 DR MIRMIRA				60.10
60.11 DR TOKHI				60.11
60.12 CT\PET	.157365			60.12
60.13 RADIATION ONCOLOGY	.316973			60.13
60.14 SPORTS MED-REHAB	19.613622			60.14
61 EMERGENCY	.224865	1881797	423150	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.000993			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		54733842	12506874	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		54733842		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.294364	10187	2999	37
37.01 STONE CENTER				37.01
37.02 ENDOSCOPY	.302624			37.02
38 RECOVERY ROOM	.348240	1809	630	38
39 DELIVERY ROOM & LABOR ROOM	.834695			39
40 ANESTHESIOLOGY	.221969	3612	802	40
40.01 PAIN CENTER	.189092			40.01
41 RADIOLOGY-DIAGNOSTIC	.128598	137680	17705	41
43 RADIOISOTOPE	.131914	18043	2380	43
44 LABORATORY	.182336	199668	36407	44
46 WHOLE BLOOD & PACKED RED BLOOD	.376581			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.257645	99716	25691	49
50 PHYSICAL THERAPY	.401799	799735	321333	50
53 ELECTROCARDIOLOGY	.235760	24972	5887	53
54 ELECTROENCEPHALOGRAPHY	.226818	18450	4185	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.004060	51950	52161	55
56 DRUGS CHARGED TO PATIENTS	.213174	869589	185374	56
59 TREATMENT CENTER	1.061486			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.672866			60
60.01 PRENATAL CLINIC	.326972			60.01
60.02 OUTPATIENT PSYCHIATRIC	.625003			60.02
60.03 WOUND CLINIC	.690665			60.03
60.04 NEUROSURGERY	.157297			60.04
60.05 DR JATOI	1.251920			60.05
60.06 UROLOGY PHYSICIAN	.642347			60.06
60.07 DR. CHU	.899480			60.07
60.08 SPORTS MEDICINE CLINIC	.768467			60.08
60.09 DR. SHANKER				60.09
60.10 DR MIRMIRA				60.10
60.11 DR TOKHI				60.11
60.12 CT\PET	.157365			60.12
60.13 RADIATION ONCOLOGY	.316973			60.13
60.14 SPORTS MED-REHAB	19.613622			60.14
61 EMERGENCY	.224865			61
62 OBSERVATION BEDS (NON-DISTINCT	1.000993			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2235411	655554	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2235411		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0166)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	4115620					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4487323					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	9427192					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						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						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	730697					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	184.12					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	4.90					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	2.99	0.00	2.99			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.22					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	1.22					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	0.41					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..	0.10					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	0.58	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0166)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.003150				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.000924				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	0.000924				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	2033				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2266				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]	4761				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	9060	0	9060		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0537				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2765				4.01
4.02	SUM OF 4 AND 4.01	0.3302				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1635				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2947927				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					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	21717819				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	21717819				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1750941				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	14756				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	23483516				16
17	PRIMARY PAYER PAYMENTS	37039				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23446477				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2345181				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	108488				20
21	REIMBURSABLE BAD DEBTS	746369				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	522458				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	21515266				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0166)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	21515266					26
27						27
28	21177813					28
28.01						28.01
29	337453					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0166) 1	HOSPITAL (14-0166) 1.01	HOSPITAL (14-0166) 1.02	
1 MEDICAL AND OTHER SERVICES	321			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6983556			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3220976	3119348		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.794	0.794		1.03
1.04 LINE 1.01 TIMES LINE 1.03	5544943			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	58.09			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	321			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1247			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	1247			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	1247			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	926			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	321			17
17.01 TOTAL PPS PAYMENTS	6340324			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0166) 1	HOSPITAL (14-0166) 1.01	HOSPITAL (14-0166) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1672221		18.01
19 SUBTOTAL	4668424		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4242		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4672666		23
24 PRIMARY PAYER PAYMENTS	4550		24
25 SUBTOTAL	4668116		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	330547		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	231383		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4899499		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)	-79		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	4899578		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4865637		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	33941		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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5551)	SNF (14-5551)	SNF (14-5551)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0166) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 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
 (14-0166)
 OCTOBER 1, 1997
 PRIOR TO ON OR AFTER
 1 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
(14-0166)
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
 HOSPITAL (14-0166)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21177813		4865637	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 .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		21177813		4865637	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 .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5551)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		991125		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		991125		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 .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5551) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5551) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	1111849	35
36 COINSURANCE	120724	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS		38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	991125	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 OTHER ADJUSTMENTS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	991125	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	991125	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	991125	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM		58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	6.19 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP 2.99	2.99 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	1.22 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	1.22 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	1.22 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	1.22 3.09
3.10	SEE INSTRUCTIONS	1.22 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		0.41	3.19
3.20	SEE INSTRUCTIONS		0.10	3.20
3.21	SEE INSTRUCTIONS		0.58	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.58	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		72883.94	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		42273	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		42273	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		16250	4
5	TOTAL INPATIENT DAYS		36158	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.449416	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 18998	0	18998	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		36158	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0		6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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	24314791 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	37039 15
16	TOTAL PART A REASONABLE COST	24277752 16
PART B REASONABLE COST		
17	REASONABLE COST	6983877 17
18	PRIMARY PAYER PAYMENTS	4550 18
19	TOTAL PART B REASONABLE COST	6979327 19
20	TOTAL REASONABLE COST	31257079 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.776712 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.223288 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	18998 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	14756 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	4242 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)	2.99 2
3	UNADJUSTED DIRECT GME FTE CAP	6.19 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.99 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	2.99 13
14	UNADJUSTED IME FTE CAP	4.90 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	2.99 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1906696			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	24783388			4
5	OTHER RECEIVABLES	7632244			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6829827			6
7	INVENTORY	2463041			7
8	PREPAID EXPENSES	1982113			8
9	OTHER CURRENT ASSETS	620000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	32557655			11
FIXED ASSETS					
12	LAND	3265240			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4196283			13
13.01	ACCUMULATED DEPRECIATION	-2426131			13.01
14	BUILDINGS	67779214			14
14.01	ACCUMULATED DEPRECIATION	-24385946			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION	-18647888			15.01
16	FIXED EQUIPMENT	8859225			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	68886996			18
18.01	ACCUMULATED DEPRECIATION	-53766283			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	53760710			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	67686547			25
26	TOTAL OTHER ASSETS	67686547			26
27	TOTAL ASSETS	154004912			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	4514528			28
29	SALARIES, WAGES & FEES PAYABLE	6086620			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	620000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	3493004			35
36	TOTAL CURRENT LIABILITIES	14714152			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	30293625			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	9533152			41
42	TOTAL LONG TERM LIABILITIES	39826777			42
43	TOTAL LIABILITIES	54540929			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	99463983			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	99463983			51
52	TOTAL LIABILITIES AND FUND BALANCES	154004912			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	96116706			1
2 NET INCOME (LOSS)	2648025			2
3 TOTAL	98764731			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 PENSION RELATED CHANGES	-247577			5
6 SHANE	-149			6
7 NET ASSEST RELEASED FROM RESTRICTIO	1271030			7
8 CHANGE IN TEMP RESTRICT ASSETS	-324072			8
9 CHANGES IN PERM RESTRICT ASSETS	20			9
10 TOTAL ADDITIONS	699252			10
11 SUBTOTAL	99463983			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHANGE IN ACCOUNTING PRINCIPLE				13
14 CHANGE IN TEMPORARILY RESTRD ASSETS				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	99463983			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	20024378		20024378	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	1216180		1216180	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	21240558		21240558	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	2209625		2209625	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2209625		2209625	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	23450183		23450183	18
19 ANCILLARY SERVICES	100227381		100227381	19
20 OUTPATIENT SERVICES		136275154	136275154	20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	123677564	136275154	259952718	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		96778572	26
27 ADD (SPECIFY)			27
28 PROVISION FOR UNCOLLECTIBLE ACCOUNT	10960512		28
29 ROUNDING	4		29
30 A-8 ADJUSTMENT TO CONFORM TO			30
31 AUDITOR'S F/S PRESENTATION			31
32			32
33 TOTAL ADDITIONS		10960516	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		107739088	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	259952718	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	154073678	2
3	NET PATIENT REVENUES	105879040	3
4	LESS - TOTAL OPERATING EXPENSES	107739088	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1860048	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-734136	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE	7332	9
10	PURCHASE DISCOUNTS	352	10
11	REBATES AND REFUNDS OF EXPENSES	336338	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	259855	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	467613	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	150	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	9730	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1541	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	43961	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	171	21
22	RENTAL OF HOSPITAL SPACE	1233864	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED FOR OPERATIONS	474616	24
24.01	OUTSIDE SERVICES	1405671	24.01
24.02	GAIN ON SALE OF ASSETS	3964	24.02
24.03	LOSS ON EARLY EXTINGUISHMENT OF DEB	-176430	24.03
24.04	ODD CENTS	4624	24.04
24.05	CHAPEL INCOME	1738	24.05
24.06	OTHER REVENUE	1167119	24.06
25	TOTAL OTHER INCOME	4508073	25
26	TOTAL	2648025	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2648025	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0166)	SUB I	SUB II	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	1524653			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	118343			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	100.05			4
4.01	NO. OF INTERNS & RESIDENTS	0.58	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	0.16			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	2439			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0537			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2765			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3302			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0692			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	105506			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1750941			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					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 STONE CENTER					37.01
37.02 ENDOSCOPY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
40.01 PAIN CENTER					40.01
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 TREATMENT CENTER					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PRENATAL CLINIC					60.01
60.02 OUTPATIENT PSYCHIATRIC					60.02
60.03 WOUND CLINIC					60.03
60.04 NEUROSURGERY					60.04
60.05 DR JATOI					60.05
60.06 UROLOGY PHYSICIAN					60.06
60.07 DR. CHU					60.07
60.08 SPORTS MEDICINE CLINIC					60.08
60.09 DR. SHANKER					60.09
60.10 DR MIRMIRA					60.10
60.11 DR TOKHI					60.11
60.12 CT\PET					60.12
60.13 RADIATION ONCOLOGY					60.13
60.14 SPORTS MED-REHAB					60.14
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

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
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
00 SENIOR SERVICES					00
00.01 ADULT DAY CARE					00.01
00.02 EMPLOYEE ASSISTANCE					00.02
00.04 CANCER CARE					00.04
00.05 RESIDENTIAL PROPERTIES					00.05
00.07 BLUE MOUND					00.07
00.08 ARTHUR CLINIC					00.08
00.09 OCCUPATIONAL HEALTH					00.09
00.11 SENIOR SERVICES					00.11
00.13 MEDICAL OFFICE BUILDING 1750					00.13
00.14 MEDICAL ARTS					00.14
00.15 MT. ZION CLINIC					00.15
00.16 CERRO GORDO					00.16
00.17 LIFELINE					00.17
00.18 COUNTY JAIL CONTRACT					00.18
00.19 ST. JOHN'S HOME HEALTH					00.19
00.23 ST. MARY'S SURGERY CENTER					00.23
00.24 FIELDS WRIGHT MEDICAL PRACTICE					00.24
00.25 WARRENSBURG CLINIC					00.25
00.28 LAUNDRY OUTSIDE SERVICES					00.28
00.35 MEDICAL MANAGEMENT SYSTEM					00.35
00.36 LAKE SHORE MEDICAL OFFICE BUILD					00.36
00.37 DAY CARE CENTER					00.37
00.38 SCHOOL HEALTH SERVICES					00.38
00.40 PRAIRIE CARDIOVASCULAR					00.40
00.41 G I SUITES					00.41
00.42 RESPIRATORY CARE NURSING HOME					00.42
00.43 OCCUPATIONAL HEALTH CLINIC					00.43
00.44 PHYSICIAN POOL					00.44
00.48 MRI BUILDING					00.48
00.49 FUND DEVELOPMENT					00.49
00.50 CENTRAL ILLINOIS LUNG					00.50
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	43.40		30.36				73.76 25
26 INTENSIVE CARE UNIT	51.16						51.16 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	27.20	10.04					37.24 37
38 RECOVERY ROOM	21.22	13.63					34.85 38
39 DELIVERY ROOM & LABOR ROOM	0.36	0.06					0.42 39
40 ANESTHESIOLOGY	35.02	17.55					52.57 40
40.01 PAIN CENTER	0.95	38.57					39.52 40.01
41 RADIOLOGY-DIAGNOSTIC	17.00	18.10					35.10 41
43 RADIOISOTOPE	12.58	13.58					26.16 43
44 LABORATORY	25.76	9.42					35.18 44
49 RESPIRATORY THERAPY	57.15	1.56					58.71 49
50 PHYSICAL THERAPY	18.33	15.26					33.59 50
53 ELECTROCARDIOLOGY	38.14	20.80					58.94 53
54 ELECTROENCEPHALOGRAPHY	9.65	17.31					26.96 54
55 MEDICAL SUPPLIES CHARGED TO PAT	51.54	0.77					52.31 55
56 DRUGS CHARGED TO PATIENTS	38.92	12.29					51.21 56
59 TREATMENT CENTER	1.47	2.16					3.63 59
60.01 PRENATAL CLINIC	1.07						1.07 60.01
60.02 OUTPATIENT PSYCHIATRIC	1.82	51.75					53.57 60.02
60.03 WOUND CLINIC		49.89					49.89 60.03
60.12 CT\PET		47.59					47.59 60.12
60.13 RADIATION ONCOLOGY		52.64					52.64 60.13
61 EMERGENCY	9.91	9.86					19.77 61
62 OBSERVATION BEDS (NON-DISTINCT		45.14					45.14 62
101 TOTAL CHARGES	21.91	12.58					34.49 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL	
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----				
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT			
	1	2	3	4	5	6	7		
UTILIZATION PERCENTAGES BASED ON DAYS									
34 SKILLED NURSING FACILITY		74.47					74.47	34	
UTILIZATION PERCENTAGES BASED ON CHARGES									
37 OPERATING ROOM		0.04					0.04	37	
38 RECOVERY ROOM		0.08					0.08	38	
40 ANESTHESIOLOGY		0.05					0.05	40	
41 RADIOLOGY-DIAGNOSTIC		0.33					0.33	41	
43 RADIOISOTOPE		0.39					0.39	43	
44 LABORATORY		0.64					0.64	44	
49 RESPIRATORY THERAPY		1.83					1.83	49	
50 PHYSICAL THERAPY		10.79					10.79	50	
53 ELECTROCARDIOLOGY		0.10					0.10	53	
54 ELECTROENCEPHALOGRAPHY		0.62					0.62	54	
55 MEDICAL SUPPLIES CHARGED TO PAT		5.64					5.64	55	
56 DRUGS CHARGED TO PATIENTS		2.88					2.88	56	
101 TOTAL CHARGES		0.89					0.89	101	

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	1235304	1.47	-1235304	-3.05		1
2	OLD CAP REL COSTS-MVBLE EQUIP	16205	.02	-16205	-.04		2
3	NEW CAP REL COSTS-BLDG & FIXT	1886005	2.24	-1886005	-4.66		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5668521	6.74	-5668521	-14.00		4
5	EMPLOYEE BENEFITS	9429549	11.21	-9429549	-23.29		5
6	ADMINISTRATIVE & GENERAL	11846974	14.08	-11846974	-29.26		6
7	MAINTENANCE & REPAIRS	85594	.10	-85594	-.21		7
8	OPERATION OF PLANT	3601929	4.28	-3601929	-8.90		8
9	LAUNDRY & LINEN SERVICE	502277	.60	-502277	-1.24		9
10	HOUSEKEEPING	1038250	1.23	-1038250	-2.56		10
11	DIETARY	746092	.89	-746092	-1.84		11
12	CAFETERIA	1063696	1.26	-1063696	-2.63		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	459604	.55	-459604	-1.14		14
15	CENTRAL SERVICES & SUPPLY	229827	.27	-229827	-.57		15
16	PHARMACY	1213502	1.44	-1213502	-3.00		16
17	MEDICAL RECORDS & LIBRARY	1458737	1.73	-1458737	-3.60		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7686410	9.14	12185534	30.10	19871944	23.62
26	INTENSIVE CARE UNIT	1315258	1.56	1247524	3.08	2562782	3.05
31	SUBPROVIDER I						31
33	NURSERY	366770	.44	472567	1.17	839337	1.00
34	SKILLED NURSING FACILITY	972802	1.16	1540739	3.81	2513541	2.99
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	5619369	6.68	2925944	7.23	8545313	10.16
37.01	STONE CENTER						37
37.02	ENDOSCOPY	143792	.17	245931	.61	389723	.46
38	RECOVERY ROOM	402328	.48	384357	.95	786685	.94
39	DELIVERY ROOM & LABOR ROOM	879061	1.04	1037867	2.56	1916928	2.28
40	ANESTHESIOLOGY	453283	.54	1103111	2.72	1556394	1.85
40.01	PAIN CENTER	428823	.51	443478	1.10	872301	1.04
41	RADIOLOGY-DIAGNOSTIC	2873085	3.42	2561479	6.33	5434564	6.46
43	RADIOISOTOPE	343528	.41	263760	.65	607288	.72
44	LABORATORY	3490093	4.15	2210077	5.46	5700170	6.78
46	WHOLE BLOOD & PACKED RED BLOOD	429252	.51	115749	.29	545001	.65
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	832713	.99	570622	1.41	1403335	1.67
50	PHYSICAL THERAPY	1383406	1.64	1594065	3.94	2977471	3.54
53	ELECTROCARDIOLOGY	3782326	4.50	1877592	4.64	5659918	6.73
54	ELECTROENCEPHALOGRAPHY	335804	.40	338328	.84	674132	.80

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	427804	.51	496641	1.23	924445	1.10	55
56 DRUGS CHARGED TO PATIENTS	3471854	4.13	2962386	7.32	6434240	7.65	56
59 TREATMENT CENTER	136298	.16	157604	.39	293902	.35	59
60 CLINIC	171970	.20	81444	.20	253414	.30	60
60.01 PRENATAL CLINIC	77266	.09	50190	.12	127456	.15	60.01
60.02 OUTPATIENT PSYCHIATRIC	89549	.11	251874	.62	341423	.41	60.02
60.03 WOUND CLINIC	114342	.14	57079	.14	171421	.20	60.03
60.04 NEUROSURGERY	551595	.66	235869	.58	787464	.94	60.04
60.05 DR JATOI	180260	.21	101243	.25	281503	.33	60.05
60.06 UROLOGY PHYSICIAN	26193	.03	7475	.02	33668	.04	60.06
60.07 DR. CHU	534741	.64	297225	.73	831966	.99	60.07
60.08 SPORTS MEDICINE CLINIC	119396	.14	61677	.15	181073	.22	60.08
60.09 DR. SHANKER	34373	.04	17186	.04	51559	.06	60.09
60.10 DR MIRMIRA	29940	.04	16642	.04	46582	.06	60.10
60.11 DR TOKHI	26400	.03	14304	.04	40704	.05	60.11
60.12 CT\PET	13051	.02	7096	.02	20147	.02	60.12
60.13 RADIATION ONCOLOGY	377638	.45	197510	.49	575148	.68	60.13
60.14 SPORTS MED-REHAB	457379	.54	240101	.59	697480	.83	60.14
61 EMERGENCY	2117922	2.52	2153059	5.32	4270981	5.08	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	190241	.23	65948	.16	256189	.30	96
100 SENIOR SERVICES	200		40		240		100
100.01 ADULT DAY CARE	203220	.24	98774	.24	301994	.36	100.01
100.02 EMPLOYEE ASSISTANCE							100.02
100.04 CANCER CARE	93087	.11	19784	.05	112871	.13	100.04
100.05 RESIDENTIAL PROPERTIES	5998	.01	1191		7189	.01	100.05
100.07 BLUE MOUND	15989	.02	3175	.01	19164	.02	100.07
100.08 ARTHUR CLINIC	50295	.06	9986	.02	60281	.07	100.08
100.09 OCCUPATIONAL HEALTH	136		77		213		100.09
100.11 SENIOR SERVICES							100.11
100.13 MEDICAL OFFICE BUILDING 1750	242565	.29	58679	.14	301244	.36	100.13
100.14 MEDICAL ARTS	199386	.24	51600	.13	250986	.30	100.14
100.15 MT. ZION CLINIC	23644	.03	6447	.02	30091	.04	100.15
100.16 CERRO GORDO	6899	.01	1370		8269	.01	100.16

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.17 LIFELINE	52979	.06	13118	.03	66097	.08	100.17
100.18 COUNTY JAIL CONTRACT	88097	.10	44485	.11	132582	.16	100.18
100.19 ST. JOHN'S HOME HEALTH	17255	.02	282874	.70	300129	.36	100.19
100.23 ST. MARY'S SURGERY CENTER	18		4		22		100.23
100.24 FIELDS WRIGHT MEDICAL PRACTICE	69016	.08	38068	.09	107084	.13	100.24
100.25 WARRENSBURG CLINIC							100.25
100.28 LAUNDRY OUTSIDE SERVICES	194489	.23	78522	.19	273011	.32	100.28
100.35 MEDICAL MANAGEMENT SYSTEM	42319	.05	8403	.02	50722	.06	100.35
100.36 LAKE SHORE MEDICAL OFFICE BUILD	509939	.61	122106	.30	632045	.75	100.36
100.37 DAY CARE CENTER	2934		583		3517		100.37
100.38 SCHOOL HEALTH SERVICES	174429	.21	94673	.23	269102	.32	100.38
100.40 PRAIRIE CARDIOVASCULAR			296037	.73	296037	.35	100.40
100.41 G I SUITES							100.41
100.42 RESPIRATORY CARE NURSING HOME	77		43		120		100.42
100.43 OCCUPATIONAL HEALTH CLINIC							100.43
100.44 PHYSICIAN POOL	765629	.91	425210	1.05	1190839	1.42	100.44
100.48 MRI BUILDING							100.48
100.49 FUND DEVELOPMENT			103849	.26	103849	.12	100.49
100.50 CENTRAL ILLINOIS LUNG			131691	.33	131691	.16	100.50
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	84126981	100.00	0	.00	84126981	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	622820	29029705	.021454	7895397	169388	37
37.01 STONE CENTER						37.01
37.02 ENDOSCOPY	96586	1287813	.075000			37.02
38 RECOVERY ROOM	78026	2259033	.034539	479377	16557	38
39 DELIVERY ROOM & LABOR ROOM	289657	2296561	.126126	8287	1046	39
40 ANESTHESIOLOGY	64242	7011750	.009162	2455306	22495	40
40.01 PAIN CENTER	113017	4613097	.024500	43761	1072	40.01
41 RADIOLOGY-DIAGNOSTIC	550443	42260143	.013025	7184440	93577	41
43 RADIOISOTOPE	31897	4603655	.006929	579364	4015	43
44 LABORATORY	382709	31261867	.012242	8053348	98589	44
46 WHOLE BLOOD & PACKED RED BLOOD	15167	1447233	.010480			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	47791	5446774	.008774	3112567	27309	49
50 PHYSICAL THERAPY	429431	7410356	.057950	1358291	78713	50
53 ELECTROCARDIOLOGY	337909	24007097	.014076	9155184	128869	53
54 ELECTROENCEPHALOGRAPHY	83998	2972126	.028262	286950	8110	54
55 MEDICAL SUPPLIES CHARGED TO PAT	132800	920707	.144237	474542	68446	55
56 DRUGS CHARGED TO PATIENTS	212749	30183049	.007049	11747077	82806	56
59 TREATMENT CENTER	41460	276878	.149741	4064	608	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3896	376619	.010345			60
60.01 PRENATAL CLINIC	2650	389807	.006799	4171	28	60.01
60.02 OUTPATIENT PSYCHIATRIC	101650	546274	.186078	9919	1845	60.02
60.03 WOUND CLINIC	4364	248197	.017583			60.03
60.04 NEUROSURGERY	15848	5006236	.003166			60.04
60.05 DR JATOI	4167	224857	.018532			60.05
60.06 UROLOGY PHYSICIAN	465	52414	.008871			60.06
60.07 DR. CHU	12572	924941	.013592			60.07
60.08 SPORTS MEDICINE CLINIC	2835	235629	.012031			60.08
60.09 DR. SHANKER	698					60.09
60.10 DR MIRMIRA	644					60.10
60.11 DR TOKHI	561					60.11
60.12 CT\PET	491	128027	.003835			60.12
60.13 RADIATION ONCOLOGY	9883	1814502	.005446			60.13
60.14 SPORTS MED-REHAB	9609	35561	.270212			60.14
61 EMERGENCY	447839	18993543	.023579	1881797	44371	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	89295	517723	.172476			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4238169	226782174		54733842	847844	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3424018		3424018	35009	97.80	15195	1486072 25
26 INTENSIVE CARE UNIT	254767		254767	2062	123.55	1055	130345 26
101 TOTAL	3678785		3678785			16250	1616417 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1616417	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							847844
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2464261
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					3350		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					16250		
PER DISCHARGE CAPITAL COSTS							735.60
PER DIEM CAPITAL COSTS							151.65

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)	19978816
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	64931741
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.308

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)	2464261
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.038

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	6529074
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	30299199
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.215