PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ [ ] INITIAL [ ] RE-OPENING
INTERMEDIARY NO. _____ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

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

DATE: _____
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 MEMORIAL MEDICAL CENTER (14-0148) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, 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 PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		1632185	453249		1
2	SUBPROVIDER I		157203			2
2.01	SUBPROVIDER II		-8278	1		2.01
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		1781110	453250		100

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

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

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08
02/25/2010 13:09

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
1 STREET: 701 NORTH FIRST STREET
1.01 CITY: SPRINGFIELD STATE: IL P.O.BOX: ZIP CODE: 62781 COUNTY: SANGAMON 1 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	MEMORIAL MEDICAL CENTER	14-0148	10/01/1966	N	P	O	2
3 SUBPROVIDER I	MEM MEDICAL PSYCH UNIT	14-S148	10/01/1966	N	P	O	3
3.01 SUBPROVIDER II	MEM MEDICAL REHAB UNIT	14-T148	10/01/1966	N	P	O	3.01
4 SWING BEDS - SNF							4
5 SWING BEDS - NF							5
6 HOSPITAL-BASED SNF							6
7 HOSPITAL-BASED NF							7
8 HOSPITAL-BASED OLTC							8
9 HOSPITAL-BASED HHA							9
11 SEPARATELY CERTIFIED ASC							11
12 HOSPITAL-BASED HOSPICE							12
14 HOSP-BASED RHC							14
15 OUTPATIENT REHABILITATION PROVID							15
16 RENAL DIALYSIS	MEMORIAL MEDICAL CENTER	14-2315	10/01/1966				16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2008 TO: 09/30/2009 17

18 TYPE OF CONTROL 1 2 2 18

TYPE OF HOSPITAL/SUBPROVIDER

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

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES	21.01
21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.		21.02
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N N 44100	21.03
21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.04
21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.05
21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO	21.07
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	YES	23
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3.	10/01/1966	23.01
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.02
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.03
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.04
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	07/01/1999	23.05
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	YES	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02

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

28.03	STAFFING			
28.04	RECRUITMENT	0.00	N	28.03
28.05	RETENTION OF EMPLOYEES	0.00	N	28.04
28.06	TRAINING	0.00	N	28.05
28.07	OTHER (SPECIFY)	0.00	N	28.06
				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES 14H058	40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
40.02 STREET: P.O.BOX: 40.02
40.03 CITY: STATE: ZIP CODE: 40.03

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

MULTICAMPUS

61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. 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: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	323	118078			52872		10668		1
2	HMO					3851		1440		2
2.01	HMO (IRF PPS Sub)							78		2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	323	118078			52872		10668		5
6	INTENSIVE CARE UNIT	43	15515			5934		344		6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT	10	3650			915		464		8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY									11
12	TOTAL HOSPITAL	376	137243			59721		11476		12
13	RPCH VISITS									13
14	SUBPROVIDER I	35	12775			4971		1656		14
14.01	SUBPROVIDER II (REHAB	30	10950			2480		565		14.01
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY									18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	441								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
28.01	EMP. DISC. DAYS(IRF Sub)									28.01

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		91138								1
2	HMO XIX										
2.01	HMO (IRF PPS Sub)										2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF										2.01
4	HOSPITAL ADULTS & PEDS - SWING BED NF										3
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		91138								4
6	INTENSIVE CARE UNIT		9746								5
7	CORONARY CARE UNIT										6
8	BURN INTENSIVE CARE UNIT		2394								7
9	SURGICAL INTENSIVE CARE UNIT										8
10	OTHER SPECIAL CARE (SPECIFY)										9
11	NURSERY		3577								10
12	TOTAL HOSPITAL		106855			118.31		118.31	2956.33		11
13	RPCH VISITS										12
14	SUBPROVIDER I		10846			2.33		2.33	68.69		13
14.01	SUBPROVIDER II (REHAB		4906			.40		.40	28.75		14
15	SKILLED NURSING FACILITY										14.01
16	NURSING FACILITY										15
17	OTHER LONG TERM CARE										16
18	HOME HEALTH AGENCY										17
20	ASC (DISTINCT PART)										18
21	HOSPICE (DISTINCT PART)										20
23	O/P REHAB PROVIDER										21
24	RHC I										23
25	TOTAL					121.04		121.04	3053.77		24
26	OBSERVATION BED DAYS		1879	201	1678						25
27	AMBULANCE TRIPS										26
28	EMPLOYEE DISCOUNT DAYS		1564								27
28.01	EMP. DISC. DAYS(IRF Sub)		54								28
											28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		11240	2376	23086	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		11240	2376	23086	12
13	RPCH VISITS					13
14	SUBPROVIDER I		233	248	1165	14
14.01	SUBPROVIDER II (REHAB		337	39	479	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
SALARIES							
1 TOTAL SALARIES	163485075	-2082296	161402779	6668783.00	24.20		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	8373413		8373413	122235.00	68.50	LABOR DISTRIBUT	3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	5415655	3065	5418720	234183.00	23.14	LABOR DISTRIBUT	6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	5348345	99348	5447693	230252.00	23.66		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3291973		3291973	55626.00	59.18	CONT LABOR/INVO	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	2271979		2271979	16197.19	140.27	TIME STUDIES	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	13130622		13130622	227713.00	57.66	HOME OFFICE LD	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	39414576		39414576			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1503849		1503849			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	1269792		1269792			CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	1287457		1287457			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	3009902	-54292	2955610	151354.31	19.53		21
22 ADMINISTRATIVE & GENERAL	17773980	-195596	17578384	831281.31	21.15		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	3495981	3970	3499951	123711.36	28.29		23
24 OPERATION OF PLANT							24
25 LAUNDRY & LINEN SERVICE	782954	4739	787693	64727.34	12.17		25
26 HOUSEKEEPING	3149984	13048	3163032	256885.90	12.31		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2959243	-2090650	868593	64219.69	13.53		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	639269	2141471	2780740	215848.74	12.88		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1917783	50907	1968690	63145.00	31.18		30
31 CENTRAL SERVICES AND SUPPLY	1640344	664	1641008	123801.54	13.26		31
32 PHARMACY	5084285	-31783	5052502	154323.32	32.74		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2626935	31634	2658569	158192.07	16.81		33
34 SOCIAL SERVICE		469294	469294	20998.72	22.35		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1 NET SALARIES	149696007	-2085361	147610646	6312365.00	23.38	1
2 EXCLUDED AREA SALARIES	5348345	99348	5447693	230252.00	23.66	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	144347662	-2184709	142162953	6082113.00	23.37	3
4 SUBTOTAL OTHER WAGES & REL COSTS	18694574		18694574	299536.19	62.41	4
5 SUBTOTAL WAGE-RELATED COSTS	39414576		39414576		27.72%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	202456812	-2184709	200272103	6381649.19	31.38	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	43080660	343406	43424066	2228489.30	19.49	13

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2315

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

		---- OUTPATIENT ---		---- TRAINING ----		------ HOME ------		
		REGULAR 1	HIGH FLUX 2	HEMO-DIALYSIS 3	CAPD CCPD 4	HEMO-DIALYSIS 5	CAPD CCPD 6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	7						1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365						5
6	NUMBER OF STATIONS	11						6
7	TREATMENT CAPACITY PER DAY PER STATION	2						7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
	TRANSPLANT INFORMATION							
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						128	12
	EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						118934	13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						8024	14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
	PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)							
15	MCP INITIAL METHOD X							15
	ARANESP							
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	47203985	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	145010547	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	192214532	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.290139	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	145010547	28
29	TOTAL GROSS MEDICAID COST	42073215	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	47203985	30
31	UNCOMPENSATED CARE COST	13695717	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	42073215	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
3	0300	NEW CAP REL COSTS-BLDG & FIXT		9225861	9225861	1018486	10244347	2282142	12526489	3
5	0500	EMPLOYEE BENEFITS	3009902	38089592	41099494	-1393516	39705978	-15407349	24298629	5
6	0600	ADMINISTRATIVE & GENERAL	17773980	74837206	92611186	-1642103	90969083	-33643664	57325419	6
7	0700	MAINTENANCE & REPAIRS	3495981	11151169	14647150	1525113	16172263	328625	16500888	7
9	0900	LAUNDRY & LINEN SERVICE	782954	630927	1413881	6592	1420473	-78306	1342167	9
10	1000	HOUSEKEEPING	3149984	2250799	5400783	40856	5441639	28065	5469704	10
11	1100	DIETARY	2959243	1452101	4411344	-2715316	1696028	-158244	1537784	11
12	1200	CAFETERIA	639269	2156425	2795694	2766137	5561831	-3992820	1569011	12
14	1400	NURSING ADMINISTRATION	1917783	450685	2368468	50907	2419375	-31125	2388250	14
15	1500	CENTRAL SERVICES & SUPPLY	1640344	528115	2168459	15529	2183988	-245	2183743	15
16	1600	PHARMACY	5084285	17038725	22123010	-15944082	6178928	-3993	6174935	16
17	1700	MEDICAL RECORDS & LIBRARY	2626935	2252523	4879458	31634	4911092	114276	5025368	17
18	1800	SOCIAL SERVICE				687200	687200		687200	18
22	2200	I&R SERVICES-SALARY & FRINGES A	5415655		5415655	3065	5418720		5418720	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A		1227285	1227285	1011250	2238535		2238535	23
24	2400	PARAMED ED PRGM-(SPECIFY)		358	358	40019	40377		40377	24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	28583732	5647087	34230819	1069380	35300199	-25640	35274559	25
26	2600	INTENSIVE CARE UNIT	6877411	1568079	8445490	49529	8495019	-33992	8461027	26
28	2800	BURN INTENSIVE CARE UNIT	1135891	520862	1656753	-4967	1651786	-31011	1620775	28
31	3100	SUBPROVIDER I	3601242	522160	4123402	-20978	4102424	-9549	4092875	31
31.01	3101	SUBPROVIDER II (REHAB	1344208	222233	1566441	13936	1580377	-6773	1573604	31.01
33	3300	NURSERY	3810018	1189811	4999829	-3746962	1252867	-9159	1243708	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	11186143	5994681	17180824	99236	17280060	-75642	17204418	37
39	3900	DELIVERY ROOM & LABOR ROOM				2489415	2489415		2489415	39
40	4000	ANESTHESIOLOGY	9084407	2726463	11810870	45646	11856516	-8851202	3005314	40
41	4100	RADIOLOGY-DIAGNOSTIC	8639521	11374549	20014070	63364	20077434	378468	20455902	41
42	4200	RADIOLOGY-THERAPEUTIC	1538118	2231874	3769992	11239	3781231		3781231	42
43.01	3620	CARDIAC REHAB	932954	112065	1045019	5094	1050113	-215	1049898	43.01
44	4400	LABORATORY	8888984	13311749	22200733	61948	22262681	-1090694	21171987	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD	361210	4955869	5317079	2272	5319351		5319351	46
49	4900	RESPIRATORY THERAPY	3680491	1813219	5493710	26166	5519876	5505	5525381	49
50	5000	PHYSICAL THERAPY	5871965	1245492	7117457	57896	7175353	46871	7222224	50
51	5100	OCCUPATIONAL THERAPY	1456675	147851	1604526	6668	1611194	18223	1629417	51
52	5200	SPEECH PATHOLOGY	452594	73274	525868	-897	524971	7936	532907	52
53	5300	ELECTROCARDIOLOGY	5234866	19331973	24566839	-129749	24437090	-457535	23979555	53
53.01	3340	GI UNIT	1284805	1212910	2497715	13655	2511370		2511370	53.01
53.02	3650	VASCULAR LAB	321502	337305	658807	1299	660106	-9054	651052	53.02
54	5400	ELECTROENCEPHALOGRAPHY	277658	140308	417966	2147	420113	-35317	384796	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT	273693	32880924	33154617	712244	33866861	-16197	33850664	55
56	5600	DRUGS CHARGED TO PATIENTS				15977297	15977297		15977297	56
56.01	3640	RENAL TXPLANT LAB	162897	217885	380782	9495	390277	-1759	388518	56.01
57	5700	RENAL DIALYSIS	1111924	444583	1556507	-240363	1316144	-21597	1294547	57
58	5800	ASC (NON-DISTINCT PART)	2034708	3091594	5126302	18501	5144803	466907	5611710	58
		OUTPATIENT SERVICE COST CENTERS								
60.01	4040	MAP (2004)								60.01
61	6100	EMERGENCY	6438248	3890737	10328985	-83157	10245828	-1148646	9097182	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
		OTHER REIMBURSABLE COST CENTERS								
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
83	8300	KIDNEY ACQUISITION	120457	213675	334132	-46577	287555	-20404	267151	83
85.01	8510	PANCREAS ACQUISITION								85.01
88	8800	INTEREST EXPENSE		2867872	2867872	-2867872				88
95		SUBTOTALS	163202637	279578855	442781492	-903324	441878168	-61483114	380395054	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	262	237762	238024		238024		238024	96
98	9800	PHYSICIANS' PRIVATE OFFICES	3626	30190	33816	11269	45085		45085	98
98.01	9801	SIU SCHOOL OF MEDICINE				891081	891081		891081	98.01
98.03	9802	UNIVERSITY BUILDING (MHCCI)	61550	125395	186945		186945		186945	98.03
98.04	9803	MEALS ON WHEELS								98.04
98.05	9804	ACS HOME CARE								98.05
98.06	9805	VNA OF CENTRAL IL								98.06
98.07	9806	GAMBRO								98.07
98.08	9808	FOUNDATION								98.08
98.09	9807	SIU MAP PROGRAM	61550	628515	690065		690065		690065	98.09
98.10	9809	AUDIOLOGY	155450	354267	509717	974	510691		510691	98.10
101		TOTAL	163485075	280954984	444440059		444440059	-61483114	382956945	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	LEASE RECLASS	A	SIU SCHOOL OF MEDICINE	98.01		445187	1
2	LEASE RECLASS	A					2
3	DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		15977297	3
4	DRUGS CHARGED TO PATIENTS	B					4
5	INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		2702135	5
6	INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6		165737	6
7	INTEREST EXPENSE	C					7
8	SOCIAL SERVICE RECLASS	D	SOCIAL SERVICE	18	469294		8
9	SOCIAL SERVICE RECLASS	D					9
10	SOCIAL SERVICE NON-SALARY COSTS	D	SOCIAL SERVICE	18		217906	10
11	SOCIAL SERVICE NON-SALARY COSTS	D					11
12	RENAL MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55		252351	12
13	RENAL MEDICAL SUPPLIES	E					13
14	CAFE/DIETARY RECLASS	F	CAFETERIA	12	2134104		14
15	CAFE/DIETARY RECLASS	F					15
16	CAFE/DIETARY OTHER COSTS RECLASS	F	CAFETERIA	12		624666	16
17	CAFE/DIETARY OTHER COSTS RECLASS	F					17
18	FMS RECLASS	G	ADULTS & PEDIATRICS	25	981461		18
19	FMS RECLASS	G	DELIVERY ROOM & LABOR ROOM	39	1897008		19
20	FMS RECLASS	G					20
21	FMS RECLASS OTHER COSTS	G	ADULTS & PEDIATRICS	25		306495	21
22	FMS RECLASS OTHER COSTS	G	DELIVERY ROOM & LABOR ROOM	39		592407	22
23	FMS RECLASS OTHER COSTS	G					23
24	CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	6	53135		24
25	CONTRACT LABOR	H					25
26	CONTRACT LABOR	H					26
27	CONTRACT LABOR	H					27
28	CONTRACT LABOR	H					28
29	CONTRACT LABOR	H					29
30	CONTRACT LABOR	H					30
31	CONTRACT LABOR	H					31
32	CONTRACT LABOR	H					32
33	CONTRACT LABOR	H					33
34	CONTRACT LABOR	H					34
35							35
36	SUBTOTAL				5535002	21284181	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
	1	1	6	7	8	9	10	
1	LEASE RECLASS	A						1
2	LEASE RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		445187	10	2
3	DRUGS CHARGED TO PATIENTS	B						3
4	DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		15977297		4
5	INTEREST EXPENSE	C					11	5
6	INTEREST EXPENSE	C						6
7	INTEREST EXPENSE	C	INTEREST EXPENSE	88		2867872		7
8	SOCIAL SERVICE RECLASS	D						8
9	SOCIAL SERVICE RECLASS	D	ADMINISTRATIVE & GENERAL	6	469294			9
10	SOCIAL SERVICE NON-SALARY COSTS	D						10
11	SOCIAL SERVICE NON-SALARY COSTS	D	ADMINISTRATIVE & GENERAL	6		217906		11
12	RENAL MEDICAL SUPPLIES	E						12
13	RENAL MEDICAL SUPPLIES	E	RENAL DIALYSIS	57		252351		13
14	CAFE/DIETARY RECLASS	F						14
15	CAFE/DIETARY RECLASS	F	DIETARY	11	2134104			15
16	CAFE/DIETARY OTHER COSTS RECLASS	F						16
17	CAFE/DIETARY OTHER COSTS RECLASS	F	DIETARY	11		624666		17
18	FMS RECLASS	G						18
19	FMS RECLASS	G						19
20	FMS RECLASS	G	NURSERY	33	2878469			20
21	FMS RECLASS OTHER COSTS	G						21
22	FMS RECLASS OTHER COSTS	G						22
23	FMS RECLASS OTHER COSTS	G	NURSERY	33		898902		23
24	CONTRACT LABOR	H						24
25	CONTRACT LABOR	H	MAINTENANCE & REPAIRS	7	30559			25
26	CONTRACT LABOR	H	LAUNDRY & LINEN SERVICE	9	1853			26
27	CONTRACT LABOR	H	HOUSEKEEPING	10	27808			27
28	CONTRACT LABOR	H	CENTRAL SERVICES & SUPPLY	15	14865			28
29	CONTRACT LABOR	H	PHARMACY	16	64998			29
30	CONTRACT LABOR	H	ADULTS & PEDIATRICS	25	1316711			30
31	CONTRACT LABOR	H	INTENSIVE CARE UNIT	26	342158			31
32	CONTRACT LABOR	H	BURN INTENSIVE CARE UNIT	28	20825			32
33	CONTRACT LABOR	H	SUBPROVIDER II (REHAB	31.01	252			33
34	CONTRACT LABOR	H	OPERATING ROOM	37	254650			34
35								35
36	SUBTOTAL				7556546	21284181		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1	CONTRACT LABOR	H					1
2	CONTRACT LABOR	H					2
3	CONTRACT LABOR	H					3
4	CONTRACT LABOR	H					4
5	CONTRACT LABOR	H					5
6	CONTRACT LABOR	H					6
7	CONTRACT LABOR	H					7
8	CONTRACT LABOR	H	MAINTENANCE & REPAIRS	7		30559	8
9	CONTRACT LABOR	H	LAUNDRY & LINEN SERVICE	9		1853	9
10	CONTRACT LABOR	H	HOUSEKEEPING	10		27808	10
11	CONTRACT LABOR	H	CENTRAL SERVICES & SUPPLY	15		14865	11
12	CONTRACT LABOR	H	PHARMACY	16		64998	12
13	CONTRACT LABOR	H	ADULTS & PEDIATRICS	25		1316711	13
14	CONTRACT LABOR	H	INTENSIVE CARE UNIT	26		342158	14
15	CONTRACT LABOR	H	BURN INTENSIVE CARE UNIT	28		20825	15
16	CONTRACT LABOR	H	SUBPROVIDER II (REHAB	31.01		252	16
17	CONTRACT LABOR	H	OPERATING ROOM	37		254650	17
18	CONTRACT LABOR	H	RADIOLOGY-DIAGNOSTIC	41		113216	18
19	CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	42		153243	19
20	CONTRACT LABOR	H	LABORATORY	44		22914	20
21	CONTRACT LABOR	H	RESPIRATORY THERAPY	49		469893	21
22	CONTRACT LABOR	H	OCCUPATIONAL THERAPY	51		131785	22
23	CONTRACT LABOR	H	ELECTROCARDIOLOGY	53		399957	23
24	CONTRACT LABOR	H	EMERGENCY	61		108968	24
25	CONTRACT LABOR	H					25
26	KINETIC BED RECLASS	I	MEDICAL SUPPLIES CHARGED TO P	55		451574	26
27	KINETIC BED RECLASS	I					27
28	BUILDING INSURANCE RECLASS	J	NEW CAP REL COSTS-BLDG & FIXT	3		252122	28
29	BUILDING INSURANCE RECLASS	J					29
30	OBSERVATION RECLASS	K	ADULTS & PEDIATRICS	25	15231		30
31	OBSERVATION RECLASS	K					31
32	OBSERVATION RECLASS	K					32
33	OBSERVATION RECLASS	K					33
34							34
35							35
36	SUBTOTAL				5550233	25462532	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1		6	7	8	9	10
1	CONTRACT LABOR	H	RADIOLOGY-DIAGNOSTIC	41	113216		1
2	CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	42	153243		2
3	CONTRACT LABOR	H	LABORATORY	44	22914		3
4	CONTRACT LABOR	H	RESPIRATORY THERAPY	49	469893		4
5	CONTRACT LABOR	H	OCCUPATIONAL THERAPY	51	131785		5
6	CONTRACT LABOR	H	ELECTROCARDIOLOGY	53	399957		6
7	CONTRACT LABOR	H	EMERGENCY	61	108968		7
8	CONTRACT LABOR	H					8
9	CONTRACT LABOR	H					9
10	CONTRACT LABOR	H					10
11	CONTRACT LABOR	H					11
12	CONTRACT LABOR	H					12
13	CONTRACT LABOR	H					13
14	CONTRACT LABOR	H					14
15	CONTRACT LABOR	H					15
16	CONTRACT LABOR	H					16
17	CONTRACT LABOR	H					17
18	CONTRACT LABOR	H					18
19	CONTRACT LABOR	H					19
20	CONTRACT LABOR	H					20
21	CONTRACT LABOR	H					21
22	CONTRACT LABOR	H					22
23	CONTRACT LABOR	H					23
24	CONTRACT LABOR	H					24
25	CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	6		53135	25
26	KINETIC BED RECLASS	I					26
27	KINETIC BED RECLASS	I	ADULTS & PEDIATRICS	25		451574	27
28	BUILDING INSURANCE RECLASS	J					12 28
29	BUILDING INSURANCE RECLASS	J	ADMINISTRATIVE & GENERAL	6		252122	29
30	OBSERVATION RECLASS	K					30
31	OBSERVATION RECLASS	K	INTENSIVE CARE UNIT	26	2027		31
32	OBSERVATION RECLASS	K	BURN INTENSIVE CARE UNIT	28	12640		32
33	OBSERVATION RECLASS	K	SUBPROVIDER II (REHAB	31.01	564		33
34							34
35							35
36	SUBTOTAL				8971753	22041012	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	OBSERVATION OTHER COST RECLASS	K	ADULTS & PEDIATRICS	25		6351	1
2	OBSERVATION OTHER COST RECLASS	K					2
3	OBSERVATION OTHER COST RECLASS	K					3
4	OBSERVATION OTHER COST RECLASS	K					4
5	ACADEMIC SUPPORT	L	I&R SERVICES-OTHER PRGM COSTS	23		1011250	5
6	ACADEMIC SUPPORT	L					6
7	GIFT CARD EMPLOYEE BONUS	M					7
8							8
9	GIFT CARD EMPLOYEE BONUS	M	ADMINISTRATIVE & GENERAL	6	11557		9
10	GIFT CARD EMPLOYEE BONUS	M	MAINTENANCE & REPAIRS	7	1744		10
11	GIFT CARD EMPLOYEE BONUS	M	LAUNDRY & LINEN SERVICE	9	747		11
12	GIFT CARD EMPLOYEE BONUS	M	HOUSEKEEPING	10	4135		12
13	GIFT CARD EMPLOYEE BONUS	M	DIETARY	11	4284		13
14	GIFT CARD EMPLOYEE BONUS	M	CAFETERIA	12	772		14
15	GIFT CARD EMPLOYEE BONUS	M	NURSING ADMINISTRATION	14	1345		15
16	GIFT CARD EMPLOYEE BONUS	M	CENTRAL SERVICES & SUPPLY	15	1420		16
17	GIFT CARD EMPLOYEE BONUS	M	MEDICAL RECORDS & LIBRARY	17	2018		17
18	GIFT CARD EMPLOYEE BONUS	M	I&R SERVICES-SALARY & FRINGES	22	2765		18
19	GIFT CARD EMPLOYEE BONUS	M	ADULTS & PEDIATRICS	25	16613		19
20	GIFT CARD EMPLOYEE BONUS	M	INTENSIVE CARE UNIT	26	3587		20
21	GIFT CARD EMPLOYEE BONUS	M	BURN INTENSIVE CARE UNIT	28	648		21
22	GIFT CARD EMPLOYEE BONUS	M	SUBPROVIDER I	31	1993		22
23	GIFT CARD EMPLOYEE BONUS	M	SUBPROVIDER II (REHAB	31.01	922		23
24	GIFT CARD EMPLOYEE BONUS	M	NURSERY	33	2316		24
25	GIFT CARD EMPLOYEE BONUS	M	OPERATING ROOM	37	5206		25
26	GIFT CARD EMPLOYEE BONUS	M	ANESTHESIOLOGY	40	1843		26
27	GIFT CARD EMPLOYEE BONUS	M	RADIOLOGY-DIAGNOSTIC	41	5256		27
28	GIFT CARD EMPLOYEE BONUS	M	RADIOLOGY-THERAPEUTIC	42	523		28
29	GIFT CARD EMPLOYEE BONUS	M	CARDIAC REHAB	43.01	448		29
30	GIFT CARD EMPLOYEE BONUS	M	LABORATORY	44	5754		30
31	GIFT CARD EMPLOYEE BONUS	M	WHOLE BLOOD & PACKED RED BLOO	46	174		31
32	GIFT CARD EMPLOYEE BONUS	M	RESPIRATORY THERAPY	49	1719		32
33	GIFT CARD EMPLOYEE BONUS	M	PHYSICAL THERAPY	50	3811		33
34	GIFT CARD EMPLOYEE BONUS	M	OCCUPATIONAL THERAPY	51	673		34
35							35
36	SUBTOTAL				5632506	26480133	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	OBSERVATION OTHER COST RECLASS	K					1
2	OBSERVATION OTHER COST RECLASS	K	INTENSIVE CARE UNIT	26		462	2
3	OBSERVATION OTHER COST RECLASS	K	BURN INTENSIVE CARE UNIT	28		5796	3
4	OBSERVATION OTHER COST RECLASS	K	SUBPROVIDER II (REHAB	31.01		93	4
5	ACADEMIC SUPPORT	L					5
6	ACADEMIC SUPPORT	L	ADMINISTRATIVE & GENERAL	6		1011250	6
7	GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	5	96570		7
8							8
9	GIFT CARD EMPLOYEE BONUS	M					9
10	GIFT CARD EMPLOYEE BONUS	M					10
11	GIFT CARD EMPLOYEE BONUS	M					11
12	GIFT CARD EMPLOYEE BONUS	M					12
13	GIFT CARD EMPLOYEE BONUS	M					13
14	GIFT CARD EMPLOYEE BONUS	M					14
15	GIFT CARD EMPLOYEE BONUS	M					15
16	GIFT CARD EMPLOYEE BONUS	M					16
17	GIFT CARD EMPLOYEE BONUS	M					17
18	GIFT CARD EMPLOYEE BONUS	M					18
19	GIFT CARD EMPLOYEE BONUS	M					19
20	GIFT CARD EMPLOYEE BONUS	M					20
21	GIFT CARD EMPLOYEE BONUS	M					21
22	GIFT CARD EMPLOYEE BONUS	M					22
23	GIFT CARD EMPLOYEE BONUS	M					23
24	GIFT CARD EMPLOYEE BONUS	M					24
25	GIFT CARD EMPLOYEE BONUS	M					25
26	GIFT CARD EMPLOYEE BONUS	M					26
27	GIFT CARD EMPLOYEE BONUS	M					27
28	GIFT CARD EMPLOYEE BONUS	M					28
29	GIFT CARD EMPLOYEE BONUS	M					29
30	GIFT CARD EMPLOYEE BONUS	M					30
31	GIFT CARD EMPLOYEE BONUS	M					31
32	GIFT CARD EMPLOYEE BONUS	M					32
33	GIFT CARD EMPLOYEE BONUS	M					33
34	GIFT CARD EMPLOYEE BONUS	M					34
35							35
36	SUBTOTAL				9068323	23058613	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	GIFT CARD EMPLOYEE BONUS	M	SPEECH PATHOLOGY	52	274		1
2	GIFT CARD EMPLOYEE BONUS	M	ELECTROCARDIOLOGY	53	2590		2
3	GIFT CARD EMPLOYEE BONUS	M	GI UNIT	53.01	747		3
4	GIFT CARD EMPLOYEE BONUS	M	VASCULAR LAB	53.02	100		4
5	GIFT CARD EMPLOYEE BONUS	M	ELECTROENCEPHALOGRAPHY	54	199		5
6	GIFT CARD EMPLOYEE BONUS	M	MEDICAL SUPPLIES CHARGED TO P	55	149		6
7	GIFT CARD EMPLOYEE BONUS	M	PHARMACY	16	2541		7
8	GIFT CARD EMPLOYEE BONUS	M	RENAL TXPLANT LAB	56.01	100		8
9	GIFT CARD EMPLOYEE BONUS	M	RENAL DIALYSIS	57	473		9
10	GIFT CARD EMPLOYEE BONUS	M	ASC (NON-DISTINCT PART)	58	1146		10
11	GIFT CARD EMPLOYEE BONUS	M	EMERGENCY	61	5355		11
12	GIFT CARD EMPLOYEE BONUS	M	KIDNEY ACQUISITION	83	125		12
13	GIFT CARD EMPLOYEE BONUS	M	PHYSICIANS' PRIVATE OFFICES	98	423		13
14	GIFT CARD EMPLOYEE BONUS	M	AUDIOLOGY	98.10	75		14
15	SIU PURCHASED SERVICE SUPPORT	N	SIU SCHOOL OF MEDICINE	98.01		445894	15
16	SIU PURCHASED SERVICE SUPPORT	N					16
17	SIU PURCHASED SERVICE SUPPORT	N					17
18	SIU PURCHASED SERVICE SUPPORT	N					18
19	SIU PURCHASED SERVICE SUPPORT	N					19
20	SIU PURCHASED SERVICE SUPPORT	N					20
21	SIU PURCHASED SERVICE SUPPORT	N					21
22	MANAGEMENT INCENTIVE PROGRAM	Q					22
23	MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	5	20545		23
24	MANAGEMENT INCENTIVE PROGRAM	Q	ADMINISTRATIVE & GENERAL	6	103090		24
25	MANAGEMENT INCENTIVE PROGRAM	Q	MAINTENANCE & REPAIRS	7	13750		25
26	MANAGEMENT INCENTIVE PROGRAM	Q	DIETARY	11	7995		26
27	MANAGEMENT INCENTIVE PROGRAM	Q	NURSING ADMINISTRATION	14	37871		27
28	MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL RECORDS & LIBRARY	17	8028		28
29	MANAGEMENT INCENTIVE PROGRAM	Q	ADULTS & PEDIATRICS	25	41646		29
30	MANAGEMENT INCENTIVE PROGRAM	Q	INTENSIVE CARE UNIT	26	17106		30
31	MANAGEMENT INCENTIVE PROGRAM	Q	BURN INTENSIVE CARE UNIT	28	6676		31
32	MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER I	31	12002		32
33	MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER II (REHAB	31.01	5577		33
34	MANAGEMENT INCENTIVE PROGRAM	Q	NURSERY	33	5311		34
35							35
36	SUBTOTAL				5926400	26926027	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	DECREASE LINE # 7	DECREASE SALARY 8	DECREASE OTHER 9	WKST A-7 REF. 10
1	GIFT CARD EMPLOYEE BONUS	M					1
2	GIFT CARD EMPLOYEE BONUS	M					2
3	GIFT CARD EMPLOYEE BONUS	M					3
4	GIFT CARD EMPLOYEE BONUS	M					4
5	GIFT CARD EMPLOYEE BONUS	M					5
6	GIFT CARD EMPLOYEE BONUS	M					6
7	GIFT CARD EMPLOYEE BONUS	M					7
8	GIFT CARD EMPLOYEE BONUS	M					8
9	GIFT CARD EMPLOYEE BONUS	M					9
10	GIFT CARD EMPLOYEE BONUS	M					10
11	GIFT CARD EMPLOYEE BONUS	M					11
12	GIFT CARD EMPLOYEE BONUS	M					12
13	GIFT CARD EMPLOYEE BONUS	M					13
14	GIFT CARD EMPLOYEE BONUS	M					14
15	SIU PURCHASED SERVICE SUPPORT	N					15
16	SIU PURCHASED SERVICE SUPPORT	N	ADMINISTRATIVE & GENERAL	6		77831	16
17	SIU PURCHASED SERVICE SUPPORT	N	ADULTS & PEDIATRICS	25		40051	17
18	SIU PURCHASED SERVICE SUPPORT	N	SUBPROVIDER I	31		55507	18
19	SIU PURCHASED SERVICE SUPPORT	N	SPEECH PATHOLOGY	52		3269	19
20	SIU PURCHASED SERVICE SUPPORT	N	ELECTROCARDIOLOGY	53		169416	20
21	SIU PURCHASED SERVICE SUPPORT	N	EMERGENCY	61		99820	21
22	MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	5		458886	22
23	MANAGEMENT INCENTIVE PROGRAM	Q					23
24	MANAGEMENT INCENTIVE PROGRAM	Q					24
25	MANAGEMENT INCENTIVE PROGRAM	Q					25
26	MANAGEMENT INCENTIVE PROGRAM	Q					26
27	MANAGEMENT INCENTIVE PROGRAM	Q					27
28	MANAGEMENT INCENTIVE PROGRAM	Q					28
29	MANAGEMENT INCENTIVE PROGRAM	Q					29
30	MANAGEMENT INCENTIVE PROGRAM	Q					30
31	MANAGEMENT INCENTIVE PROGRAM	Q					31
32	MANAGEMENT INCENTIVE PROGRAM	Q					32
33	MANAGEMENT INCENTIVE PROGRAM	Q					33
34	MANAGEMENT INCENTIVE PROGRAM	Q					34
35							35
36	SUBTOTAL				9068323	23963393	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1		2	3	4	5	
1	MANAGEMENT INCENTIVE PROGRAM	Q	OPERATING ROOM	37	41122		1
2	MANAGEMENT INCENTIVE PROGRAM	Q	ANESTHESIOLOGY	40	26567		2
3	MANAGEMENT INCENTIVE PROGRAM	Q	RADIOLOGY-DIAGNOSTIC	41	6549		3
4	MANAGEMENT INCENTIVE PROGRAM	Q	RADIOLOGY-THERAPEUTIC	42	6070		4
5	MANAGEMENT INCENTIVE PROGRAM	Q	LABORATORY	44	8184		5
6	MANAGEMENT INCENTIVE PROGRAM	Q	RESPIRATORY THERAPY	49	5262		6
7	MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICAL THERAPY	50	19873		7
8	MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROCARDIOLOGY	53	13546		8
9	MANAGEMENT INCENTIVE PROGRAM	Q	GI UNIT	53.01	5114		9
10	MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL SUPPLIES CHARGED TO P	55	6821		10
11	MANAGEMENT INCENTIVE PROGRAM	Q	PHARMACY	16	9840		11
12	MANAGEMENT INCENTIVE PROGRAM	Q	RENAL DIALYSIS	57	6119		12
13	MANAGEMENT INCENTIVE PROGRAM	Q	ASC (NON-DISTINCT PART)	58	5964		13
14	MANAGEMENT INCENTIVE PROGRAM	Q	EMERGENCY	61	11908		14
15	MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICIANS' PRIVATE OFFICES	98	6350		15
16	POST TRANSPLANT MED DIR FEES	R					16
17	POST TRANSPLANT MED DIR FEES	R	ADULTS & PEDIATRICS	25		48201	17
18	EMS COORDINATOR RECLASS SALARY	S					18
19	EMS COORDINATOR RECLASS SALARY	S	PARAMED ED PRGM-(SPECIFY)	24	37175		19
20	EMS COORDINATOR RECLASS OTHER COSTS	S					20
21	EMS COORDINATOR RECLASS OTHER COSTS	S	PARAMED ED PRGM-(SPECIFY)	24		2844	21
22	DEPRECIATION RECLASS	T	MAINTENANCE & REPAIRS	7		1490584	22
23	DEPRECIATION RECLASS	T					23
24	TRANSPLANT LAB RECLASS	U					24
25	TRANSPLANT LAB RECLASS	U	RENAL TXPLANT LAB	56.01	8196		25
26	SUCCESS SHARING PROGRAM	W					26
27	SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	5	21733		27
28	SUCCESS SHARING PROGRAM	W	ADMINISTRATIVE & GENERAL	6	105916		28
29	SUCCESS SHARING PROGRAM	W	MAINTENANCE & REPAIRS	7	19035		29
30	SUCCESS SHARING PROGRAM	W	LAUNDRY & LINEN SERVICE	9	5845		30
31	SUCCESS SHARING PROGRAM	W	HOUSEKEEPING	10	36721		31
32	SUCCESS SHARING PROGRAM	W	DIETARY	11	31175		32
33	SUCCESS SHARING PROGRAM	W	CAFETERIA	12	6595		33
34	SUCCESS SHARING PROGRAM	W	NURSING ADMINISTRATION	14	11691		34
35							35
36	SUBTOTAL				6389771	28467656	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	DECREASE LINE # 7	DECREASE SALARY 8	DECREASE OTHER 9	WKST A-7 REF. 10
1	MANAGEMENT INCENTIVE PROGRAM	Q					1
2	MANAGEMENT INCENTIVE PROGRAM	Q					2
3	MANAGEMENT INCENTIVE PROGRAM	Q					3
4	MANAGEMENT INCENTIVE PROGRAM	Q					4
5	MANAGEMENT INCENTIVE PROGRAM	Q					5
6	MANAGEMENT INCENTIVE PROGRAM	Q					6
7	MANAGEMENT INCENTIVE PROGRAM	Q					7
8	MANAGEMENT INCENTIVE PROGRAM	Q					8
9	MANAGEMENT INCENTIVE PROGRAM	Q					9
10	MANAGEMENT INCENTIVE PROGRAM	Q					10
11	MANAGEMENT INCENTIVE PROGRAM	Q					11
12	MANAGEMENT INCENTIVE PROGRAM	Q					12
13	MANAGEMENT INCENTIVE PROGRAM	Q					13
14	MANAGEMENT INCENTIVE PROGRAM	Q					14
15	MANAGEMENT INCENTIVE PROGRAM	Q					15
16	POST TRANSPLANT MED DIR FEES	R	KIDNEY ACQUISITION	83		48201	16
17	POST TRANSPLANT MED DIR FEES	R					17
18	EMS COORDINATOR RECLASS SALARY	S	EMERGENCY	61	37175		18
19	EMS COORDINATOR RECLASS SALARY	S					19
20	EMS COORDINATOR RECLASS OTHER COS	S	EMERGENCY	61		2844	20
21	EMS COORDINATOR RECLASS OTHER COS	S					21
22	DEPRECIATION RECLASS	T					22
23	DEPRECIATION RECLASS	T	NEW CAP REL COSTS-BLDG & FIXT	3		1490584	9 23
24	TRANSPLANT LAB RECLASS	U	LABORATORY	44	8196		24
25	TRANSPLANT LAB RECLASS	U					25
26	SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	5		880338	26
27	SUCCESS SHARING PROGRAM	W					27
28	SUCCESS SHARING PROGRAM	W					28
29	SUCCESS SHARING PROGRAM	W					29
30	SUCCESS SHARING PROGRAM	W					30
31	SUCCESS SHARING PROGRAM	W					31
32	SUCCESS SHARING PROGRAM	W					32
33	SUCCESS SHARING PROGRAM	W					33
34	SUCCESS SHARING PROGRAM	W					34
35							35
36	SUBTOTAL				9113694	26385360	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	SUCCESS SHARING PROGRAM	W	CENTRAL SERVICES & SUPPLY	15	14109		1
2	SUCCESS SHARING PROGRAM	W	MEDICAL RECORDS & LIBRARY	17	21588		2
3	SUCCESS SHARING PROGRAM	W	I&R SERVICES-SALARY & FRINGES	22	300		3
4	SUCCESS SHARING PROGRAM	W	ADULTS & PEDIATRICS	25	145007		4
5	SUCCESS SHARING PROGRAM	W	INTENSIVE CARE UNIT	26	31325		5
6	SUCCESS SHARING PROGRAM	W	BURN INTENSIVE CARE UNIT	28	6145		6
7	SUCCESS SHARING PROGRAM	W	SUBPROVIDER I	31	20534		7
8	SUCCESS SHARING PROGRAM	W	SUBPROVIDER II (REHAB	31.01	8094		8
9	SUCCESS SHARING PROGRAM	W	NURSERY	33	22782		9
10	SUCCESS SHARING PROGRAM	W	OPERATING ROOM	37	52908		10
11	SUCCESS SHARING PROGRAM	W	ANESTHESIOLOGY	40	17236		11
12	SUCCESS SHARING PROGRAM	W	RADIOLOGY-DIAGNOSTIC	41	51559		12
13	SUCCESS SHARING PROGRAM	W	RADIOLOGY-THERAPEUTIC	42	4646		13
14	SUCCESS SHARING PROGRAM	W	CARDIAC REHAB	43.01	4646		14
15	SUCCESS SHARING PROGRAM	W	LABORATORY	44	56206		15
16	SUCCESS SHARING PROGRAM	W	WHOLE BLOOD & PACKED RED BLOO	46	2098		16
17	SUCCESS SHARING PROGRAM	W	RESPIRATORY THERAPY	49	19185		17
18	SUCCESS SHARING PROGRAM	W	PHYSICAL THERAPY	50	34212		18
19	SUCCESS SHARING PROGRAM	W	OCCUPATIONAL THERAPY	51	5995		19
20	SUCCESS SHARING PROGRAM	W	SPEECH PATHOLOGY	52	2098		20
21	SUCCESS SHARING PROGRAM	W	ELECTROCARDIOLOGY	53	23531		21
22	SUCCESS SHARING PROGRAM	W	GI UNIT	53.01	7794		22
23	SUCCESS SHARING PROGRAM	W	VASCULAR LAB	53.02	1199		23
24	SUCCESS SHARING PROGRAM	W	ELECTROENCEPHALOGRAPHY	54	1948		24
25	SUCCESS SHARING PROGRAM	W	MEDICAL SUPPLIES CHARGED TO P	55	1349		25
26	SUCCESS SHARING PROGRAM	W	PHARMACY	16	20834		26
27	SUCCESS SHARING PROGRAM	W	RENAL TXPLANT LAB	56.01	1199		27
28	SUCCESS SHARING PROGRAM	W	RENAL DIALYSIS	57	5396		28
29	SUCCESS SHARING PROGRAM	W	ASC (NON-DISTINCT PART)	58	11391		29
30	SUCCESS SHARING PROGRAM	W	EMERGENCY	61	39419		30
31	SUCCESS SHARING PROGRAM	W	KIDNEY ACQUISITION	83	1499		31
32	SUCCESS SHARING PROGRAM	W	PHYSICIANS' PRIVATE OFFICES	98	4496		32
33	SUCCESS SHARING PROGRAM	W	AUDIOLOGY	98.10	899		33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				7031398	28467656	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	SUCCESS SHARING PROGRAM	W					1
2	SUCCESS SHARING PROGRAM	W					2
3	SUCCESS SHARING PROGRAM	W					3
4	SUCCESS SHARING PROGRAM	W					4
5	SUCCESS SHARING PROGRAM	W					5
6	SUCCESS SHARING PROGRAM	W					6
7	SUCCESS SHARING PROGRAM	W					7
8	SUCCESS SHARING PROGRAM	W					8
9	SUCCESS SHARING PROGRAM	W					9
10	SUCCESS SHARING PROGRAM	W					10
11	SUCCESS SHARING PROGRAM	W					11
12	SUCCESS SHARING PROGRAM	W					12
13	SUCCESS SHARING PROGRAM	W					13
14	SUCCESS SHARING PROGRAM	W					14
15	SUCCESS SHARING PROGRAM	W					15
16	SUCCESS SHARING PROGRAM	W					16
17	SUCCESS SHARING PROGRAM	W					17
18	SUCCESS SHARING PROGRAM	W					18
19	SUCCESS SHARING PROGRAM	W					19
20	SUCCESS SHARING PROGRAM	W					20
21	SUCCESS SHARING PROGRAM	W					21
22	SUCCESS SHARING PROGRAM	W					22
23	SUCCESS SHARING PROGRAM	W					23
24	SUCCESS SHARING PROGRAM	W					24
25	SUCCESS SHARING PROGRAM	W					25
26	SUCCESS SHARING PROGRAM	W					26
27	SUCCESS SHARING PROGRAM	W					27
28	SUCCESS SHARING PROGRAM	W					28
29	SUCCESS SHARING PROGRAM	W					29
30	SUCCESS SHARING PROGRAM	W					30
31	SUCCESS SHARING PROGRAM	W					31
32	SUCCESS SHARING PROGRAM	W					32
33	SUCCESS SHARING PROGRAM	W					33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				9113694	26385360	36

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	9225861					9225861		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT								6
7	SUBTOTAL	9225861					9225861		7
8	RECONCILING ITEMS								8
9	TOTAL	9225861					9225861		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL-RELATED COSTS 14	TOTAL 15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	11691715	-445187	1470442	252122		-442603	12526489	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	11691715	-445187	1470442	252122		-442603	12526489	5

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL-RELATED COSTS 14	TOTAL 15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	9225861						9225861	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	9225861						9225861	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-11475784			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-3886603			14
15	LAUNDRY AND LINEN SERVICE	B	-158244	DIETARY	11	15
16	CAFETERIA - EMPLOYEES AND GUESTS					16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-190445	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES	B	-120110	CAFETERIA	12	22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37	CAFETERIA REVENUES	B	-3872670	CAFETERIA	12	37
37.01	AUTOPSY REIMBURSEMENT	B	-32663	LABORATORY	44	37.01
37.02	MISC. INCOME	B	-657	EMPLOYEE BENEFITS	5	37.02
37.03	MISC. INCOME	B	-111539	ADMINISTRATIVE & GENERAL	6	37.03
37.04	MISC. INCOME	B	-8884	MAINTENANCE & REPAIRS	7	37.04
37.05	MISC. INCOME	B	-78306	LAUNDRY & LINEN SERVICE	9	37.05
37.06	MISC. INCOME	B	-3000	HOUSEKEEPING	10	37.06
37.07	MISC. INCOME	B	-40	CAFETERIA	12	37.07
37.08	MISC. INCOME	B	-31125	NURSING ADMINISTRATION	14	37.08
37.09	MISC. INCOME	B	-245	CENTRAL SERVICES & SUPPLY	15	37.09
37.10	MISC. INCOME	B	-10500	PHARMACY	16	37.10
37.11	MISC. INCOME	B	-3589	ADULTS & PEDIATRICS	25	37.11
37.12	MISC. INCOME	B	-4243	NURSERY	33	37.12
37.13	MISC. INCOME	B	-1289	OPERATING ROOM	37	37.13
37.14	MISC. INCOME	B	-22853	RADIOLOGY-DIAGNOSTIC	41	37.14
37.15	MISC. INCOME	B	-215	CARDIAC REHAB	43.01	37.15
37.16	MISC. INCOME	B	-326838	LABORATORY	44	37.16
37.17	MISC. INCOME	B	-70662	PHYSICAL THERAPY	50	37.17
37.18	MISC. INCOME	B	-16529	ELECTROCARDIOLOGY	53	37.18
37.19	MISC. INCOME	B	-26602	ELECTROENCEPHALOGRAPHY	54	37.19
37.20	MISC. INCOME	B	-16197	MEDICAL SUPPLIES CHARGED TO PAT	55	37.20
37.21	MISC. INCOME	B	-140	ASC (NON-DISTINCT PART)	58	37.21
37.23	CHILD CARE INCOME	B	-973936	EMPLOYEE BENEFITS	5	37.23
37.24	PROMPT PAY INTEREST PENALTY	B	-343636	ADMINISTRATIVE & GENERAL	6	37.24
38	PHYSICIAN OFFICE LEASE	B	-1236	ADMINISTRATIVE & GENERAL	6	38
38.01	RENTAL INCOME	B	-202154	ADMINISTRATIVE & GENERAL	6	38.01
38.04	CRNA OFFSET	A	-8330658	ANESTHESIOLOGY	40	38.04
38.05	CRNA FICA	A	-450199	ANESTHESIOLOGY	40	38.05
38.06	CRNA BENEFITS	A	-1147922	EMPLOYEE BENEFITS	5	38.06
38.07	CRNA GIFT / EMPLOYEE BONUS / MIP	A	-45645	ANESTHESIOLOGY	40	38.07

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
38.08	REAL ESTATE TAXES	A	-28009	ADMINISTRATIVE & GENERAL	6		38.08
38.11	INTEREST EXPENSES	A	-625461	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.11
38.14	BOND SERIES INTEREST INCOME	B	-2271	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.14
38.15	INVESTMENT MGMT FEES	B	31950	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.15
38.16	OPERATIONS INVESTMENT INTEREST	B	-700193	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.16
38.17	WORK COMPENSATION	A	-1552187	EMPLOYEE BENEFITS	5		38.17
38.18	AHA LIFE	A	6344	ANESTHESIOLOGY	40		38.18
38.19	AHA LIFE	A	16213	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.19
38.20	AHA LIFE	A	6507	PHARMACY	16		38.20
38.22	AMBULANCE OFFSET	A	-450	SUBPROVIDER I	31		38.22
38.23	AMBULANCE OFFSET	A	-102864	EMERGENCY	61		38.23
39	SELF INSURANCE MALPRACTICE	A	1041420	ADMINISTRATIVE & GENERAL	6		39
40	SELF INSURANCE HEALTH	A	-10542191	EMPLOYEE BENEFITS	5		40
41	PENSION COST	A	-1123616	EMPLOYEE BENEFITS	5		41
42	ADVERTISING EXPENSE	A	-699225	ADMINISTRATIVE & GENERAL	6		42
43	POST JUDGEMENT INTEREST	B	-21310	ADMINISTRATIVE & GENERAL	6		43
44	HOSPITAL MUTUAL ASSISTANCE PROGRA	A	-149330	ADMINISTRATIVE & GENERAL	6		44
45	VNA OFFSET	A	-156361	ADMINISTRATIVE & GENERAL	6		45
46	OPERATING RELEASED	B	-442603	NEW CAP REL COSTS-BLDG & FIXT	3	14	46
46.01	OPERATING RELEASED	B	-20017	EMPLOYEE BENEFITS	5		46.01
46.02	OPERATING RELEASED	B	-157457	ADMINISTRATIVE & GENERAL	6		46.02
46.03	OPERATING RELEASED	B	-3582	ADMINISTRATIVE & GENERAL	6		46.03
46.04	OPERATING RELEASED	B	-2525	ADMINISTRATIVE & GENERAL	6		46.04
46.05	OPERATING RELEASED	B	-16606	ADMINISTRATIVE & GENERAL	6		46.05
46.06	OPERATING RELEASED	B	-327521	ADMINISTRATIVE & GENERAL	6		46.06
46.07	OPERATING RELEASED	B	-8711	EMERGENCY	61		46.07
46.08	OPERATING RELEASED	B	-1203	EMERGENCY	61		46.08
46.09	MEDICAL DIRECTOR ADJUST ADULTS &	A	507	ADULTS & PEDIATRICS	25		46.09
46.10	MEDICAL DIRECTOR ADJUST PSYCH	A	1058	SUBPROVIDER I	31		46.10
46.11	MEDICAL DIRECTOR ADJUST NURSERY	A	801	NURSERY	33		46.11
46.12	MEDICAL DIRECTOR ADJUST PULMONARY	A	16860	RESPIRATORY THERAPY	49		46.12
46.13	MEDICAL DIRECTOR ADJUST PHYSICAL	A	42066	PHYSICAL THERAPY	50		46.13
46.14	MEDICAL DIRECTOR ADJUST CARDIOLOG	A	29461	ELECTROCARDIOLOGY	53		46.14
46.15	MEDICAL DIRECTOR ADJUST VASCULAR	A	1600	VASCULAR LAB	53.02		46.15
46.16	MEDICAL DIRECTOR ADJUST ACUTE DIA	A	4	RENAL DIALYSIS	57		46.16
47	A&G PATIENT REVENUE OFFSET	B	-2035	ADMINISTRATIVE & GENERAL	6		47
48	ILLINOIS PROVIDER ASSESSMENT EXPE	A	-14026819	ADMINISTRATIVE & GENERAL	6		48
49							49
50	TOTAL		-61483114				50

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

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
	1	2	3	4	5	6	7	
1	58	ASC (NON-DISTINCT PART)	BAYLIS RENT	467047		467047		1
2	7	MAINTENANCE & REPAIRS	KOKE MILL RENT	125658		125658		2
3								3
4	44	LABORATORY	BAYLIS RENT	28815		28815		4
4.01	41	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT	248003		248003		4.01
4.02	6	ADMINISTRATIVE & GENERAL	BAYLIS RENT	18491	1179878	-1161387		4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT	89820		89820		4.03
4.04	44	LABORATORY	KOKE MILL RENT	33291		33291		4.04
4.05	50	PHYSICAL THERAPY	KOKE MILL RENT	217810		217810		4.05
4.06	51	OCCUPATIONAL THERAPY	KOKE MILL RENT	18223		18223		4.06
4.07	6	ADMINISTRATIVE & GENERAL	KOKE MILL RENT	5055	573459	-568404		4.07
4.08	6	ADMINISTRATIVE & GENERAL	VNA RENT	113064	40624	72440		4.08
4.09	52	SPEECH PATHOLOGY	KOKE MILL RENT	7936		7936		4.09
4.10	3	NEW CAP REL COSTS-BLDG & FIXT	BOND INTERST SPLIT AJE 97	1203837	1139555	64282	11	4.10
4.11	3	NEW CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION		88850	-88850	9	4.11
4.12	50	PHYSICAL THERAPY	PETERSBURG RENT	27311		27311		4.12
4.13	50	PHYSICAL THERAPY	INDUSTRIAL REHAB RENT	72091		72091		4.13
4.14	7	MAINTENANCE & REPAIRS	BAYLIS RENT	131795		131795		4.14
4.15	10	HOUSEKEEPING	BAYLIS RENT	7822		7822		4.15
4.16	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	18327232	21976373	-3649141		4.16
4.17	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	4029075		4029075	9	4.17
4.18	6	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS		4529988	-4529988		4.18
4.19	10	HOUSEKEEPING	KOKE MILL RENT	8308		8308		4.19
4.20	6	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON RENT	692828	480186	212642		4.20
4.21	7	MAINTENANCE & REPAIRS	2401 W JEFFERSON RENT	55026		55026		4.21
4.22	10	HOUSEKEEPING	2401 W JEFFERSON RENT	10191		10191		4.22
4.23	17	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON RENT	304721		304721		4.23
4.24	44	LABORATORY	2401 W JEFFERSON RENT	92594		92594		4.24
4.26	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY ALMH		82575	-82575		4.26
4.27	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY ALMH		10733	-10733		4.27
4.28	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY TMH		76687	-76687		4.28
4.29	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY TMH		9967	-9967		4.29
4.30	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY VNA		32702	-32702		4.30
4.31	5	EMPLOYEE BENEFITS	COO/PR EDUC/QLTY VNA		4250	-4250		4.31
4.32	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY ACS		19145	-19145		4.32
4.33	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY ACS		2488	-2488		4.33
4.34	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MPS		97141	-97141		4.34
4.35	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MPS		12626	-12626		4.35
4.36	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MHCCI		36136	-36136		4.36
4.37	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MHCCI		4697	-4697		4.37
4.38	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY HCNP		8481	-8481		4.38
4.39	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY HCNP		1090	-1090		4.39
4.40	44	LABORATORY	S SIXTH RENT	72444		72444		4.40
4.41	41	RADIOLOGY-DIAGNOSTIC	S SIXTH RENT	43070		43070		4.41
4.42	7	MAINTENANCE & REPAIRS	S SIXTH RENT	14056		14056		4.42
4.43	10	HOUSEKEEPING	S SIXTH RENT	3604		3604		4.43
4.44	6	ADMINISTRATIVE & GENERAL	S SIXTH RENT	4205	16332	-12127		4.44
4.45	44	LABORATORY	N DIRKSEN RENT	56092		56092		4.45
4.46	41	RADIOLOGY-DIAGNOSTIC	N DIRKSEN RENT	20428		20428		4.46
4.47	7	MAINTENANCE & REPAIRS	N DIRKSEN RENT	10974		10974		4.47
4.48	10	HOUSEKEEPING	N DIRKSEN RENT	1140		1140		4.48
4.49	6	ADMINISTRATIVE & GENERAL	N DIRKSEN RENT	2321	18485	-16164		4.49
4.50	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MHV		7561	-7561		4.50
4.51	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MHS		972	-972		4.51
5		TOTALS		26564378	30450981	-3886603		5

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

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

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

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

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

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA-TION INCL FRINGES 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD-JUSTED RCE LIMIT 8	PERCENT OF UNAD-JUSTED RCE LIMIT 9
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE	8677523	8180017	497505	136700	3870	254341	12717
2	25	ADULTS & PEDIATRICS	AGGREGATE	80524	1715	78809	136700	882	57966	2898
3	26	INTENSIVE CARE UNIT	AGGREGATE	89335	8155	81180	154100	747	55343	2767
4	28	BURN INTENSIVE CARE UNIT	AGGREGATE	55311	618	54693	154100	328	24300	1215
5	31	SUBPROVIDER I	AGGREGATE	14679	7889	6790	142500	66	4522	226
6	31.01	SUBPROVIDER II (REHAB	AGGREGATE	7365	6690	675	136700	9	592	30
7	33	NURSERY	AGGREGATE	19519		19519	136700	210	13802	690
8	37	OPERATING ROOM	AGGREGATE	111542	52455	59087	204100	379	37189	1859
9	40	ANESTHESIOLOGY	AGGREGATE	59644	6042	53602	200300	297	28600	1430
10	42	RADIOLOGY-THERAPEUTIC	AGGREGATE							
11	44	LABORATORY	AGGREGATE	1651823	840454	811369	219500	6040	637394	31870
12	49	RESPIRATORY THERAPY	AGGREGATE	33372		33372	136700	335	22017	1101
13	50	PHYSICAL THERAPY	AGGREGATE	341444	13750	327694	136700	1517	99699	4985
14	53	ELECTROCARDIOLOGY	AGGREGATE	514172	382034	132138	136700	665	43705	2185
15	53.01	GI UNIT	AGGREGATE							
16	53.02	VASCULAR LAB	AGGREGATE	18540		18540	136700	120	7886	394
17	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	13381	5144	8237	136700	71	4666	233
18	57	RENAL DIALYSIS	AGGREGATE	31985		31985	136700	158	10384	519
19	61	EMERGENCY	AGGREGATE	1069846	1011743	58103	136700	517	33978	1699
20	83	KIDNEY ACQUISITION	AGGREGATE	52607	2050	50557	136700	490	32203	1610
21	56.01	RENAL TXPLANT LAB	AGGREGATE	8196		8196	219500	61	6437	322
101		TOTAL		12850808	10518756	2332051		16762	1375024	68750

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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VERSION: 2009.08
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE					254341	243164	8423182
2	25	ADULTS & PEDIATRICS	AGGREGATE					57966	20843	22558
3	26	INTENSIVE CARE UNIT	AGGREGATE					55343	25837	33992
4	28	BURN INTENSIVE CARE UNIT	AGGREGATE					24300	30393	31011
5	31	SUBPROVIDER I	AGGREGATE					4522	2268	10157
6	31.01	SUBPROVIDER II (REHAB	AGGREGATE					592	83	6773
7	33	NURSERY	AGGREGATE					13802	5717	5717
8	37	OPERATING ROOM	AGGREGATE					37189	21898	74353
9	40	ANESTHESIOLOGY	AGGREGATE					28600	25002	31044
10	42	RADIOLOGY-THERAPEUTIC	AGGREGATE					637394	173975	1014429
11	44	LABORATORY	AGGREGATE					22017	11355	11355
12	49	RESPIRATORY THERAPY	AGGREGATE					99699	227995	241745
13	50	PHYSICAL THERAPY	AGGREGATE					43705	88433	470467
14	53	ELECTROCARDIOLOGY	AGGREGATE					7886	10654	10654
15	53.01	GI UNIT	AGGREGATE					4666	3571	8715
16	53.02	VASCULAR LAB	AGGREGATE					10384	21601	21601
17	54	ELECTROENCEPHALOGRAPHY	AGGREGATE					33978	24125	1035868
18	57	RENAL DIALYSIS	AGGREGATE					32203	18354	20404
19	61	EMERGENCY	AGGREGATE					6437	1759	1759
20	83	KIDNEY ACQUISITION	AGGREGATE					1375024	957027	11475784
21	56.01	RENAL TXPLANT LAB	AGGREGATE							
101		TOTAL								

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT	12526489	12526489							3
5	EMPLOYEE BENEFITS	24298629	165215	24463844						5
6	ADMINISTRATIVE & GENERAL	57325419	2040607	2862218	62228244	62228244				6
7	MAINTENANCE & REPAIRS	16500888	1467290	569883	18538061	3596773	22134834			7
9	LAUNDRY & LINEN SERVICE	1342167	115118	128257	1585542	307628	246065	2139235		9
10	HOUSEKEEPING	5469704	181593	515024	6166321	1196396	397337		7760054	10
11	DIETARY	1537784	82884	141430	1762098	341884	177164	710	59516	11
12	CAFETERIA	1569011	278565	587131	2434707	472384	595431	2388	200026	12
14	NURSING ADMINISTRATION	2388250	63237	320554	2772041	537834	135169		45408	14
15	CENTRAL SERVICES & SUPPLY	2183743	250184	267199	2701126	524075	534767	111770	179647	15
16	PHARMACY	6174935	100225		6275160	1217513	214231	3159	71968	16
17	MEDICAL RECORDS & LIBRARY	5025368	233459	432884	5691711	1104311	499017		167637	17
18	SOCIAL SERVICE	687200		76413	763613	148157				18
22	I&R SERVICES-SALARY & FRINGES A	5418720	78241	717790	6214751	1205792	167239	4922	56181	22
23	I&R SERVICES-OTHER PRGM COSTS A	2238535			2238535	434323				23
24	PARAMED ED PRGM-(SPECIFY)	40377		6053	46430	9008				24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	35274559	2184912	4635149	42094620	8167382	4670249	864451	1568902	25
26	INTENSIVE CARE UNIT	8461027	509307	1072249	10042583	1948472	1088642	139854	365713	26
28	BURN INTENSIVE CARE UNIT	1620775	113350	181697	1915822	371710	242284	37546	81392	28
31	SUBPROVIDER I	4092875	392341	591998	5077214	985086	838627	56186	281724	31
31.01	SUBPROVIDER II (REHAB	1573604	120930	221115	1915649	371676	258488	64261	86835	31.01
33	NURSERY	1243708	30797	156632	1431137	277671	65829	21752	22114	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	17204418	684140	1796090	19684648	3819235	1462348	219037	491253	37
39	DELIVERY ROOM & LABOR ROOM	2489415	30971	308882	2829268	548937	66200	44295	22239	39
40	ANESTHESIOLOGY	3005314	85221	130162	3220697	624883	182161	12605	61194	40
41	RADIOLOGY-DIAGNOSTIC	20455902	680934	1398621	22535457	4372352	1779947	105164	597946	41
42	RADIOLOGY-THERAPEUTIC	3781231	145505	227324	4154060	805975	311016	14298	104481	42
43.01	CARDIAC REHAB	1049898	41047	152739	1243684	241301	87738	263	29474	43.01
44	LABORATORY	21171987	629732	1455048	23256767	4512301	1379876	464	463548	44
46	WHOLE BLOOD & PACKED RED BLOOD	5319351	2195	59184	5380730	1043975	4692	751	1576	46
49	RESPIRATORY THERAPY	5525381	146832	527029	6199242	1202783	313852	4000	105434	49
50	PHYSICAL THERAPY	7222224	199866	965536	8387626	1627376	427213	30672	143516	50
51	OCCUPATIONAL THERAPY	1629417	71323	216812	1917552	372045	152453	3851	51214	51
52	SPEECH PATHOLOGY	532907	25696	74080	632683	122754	54925		18451	52
53	ELECTROCARDIOLOGY	23979555	234296	793708	25007559	4851992	500806	48852	168238	53
53.01	GI UNIT	2511370	108738	211423	2831531	549376	232427	27340	78080	53.01
53.02	VASCULAR LAB	651052	15114	52560	718726	139448	32307		10853	53.02
54	ELECTROENCEPHALOGRAPHY	384796	31745	45560	462101	89657	67854	13309	22795	54
55	MEDICAL SUPPLIES CHARGED TO PAT	33850664	13266	45919	33909849	6579223	28357		9526	55
56	DRUGS CHARGED TO PATIENTS	15977297		822679	16799976	3259548				56
56.01	RENAL TXPLANT LAB	388518	17246	26735	432499	83914	36864		12384	56.01
57	RENAL DIALYSIS	1294547	84858	183002	1562407	303140	181384	16488	60933	57
58	ASC (NON-DISTINCT PART)	5611710		334316	5946026	1153654	561470	50745	188617	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	9097182	290378	1033748	10421308	2021953	620683	217963	208509	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	267151	10282	19878	297311	57685	21977		7383	83
85.01	PANCREAS ACQUISITION									85.01
95	SUBTOTALS	380395054	11957640	24364711	379727072	61601582	18637089	2117096	6044707	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	238024	21116	43	259183	50287	45135		15162	96
98	PHYSICIANS' PRIVATE OFFICES	45085	157429	2425	204939	39762	336504	22139	113043	98
98.01	SIU SCHOOL OF MEDICINE	891081			891081	172888	1868968		627851	98.01
98.03	UNIVERSITY BUILDING (MHCCI)	186945		10022	196967	38216				98.03
98.04	MEALS ON WHEELS									98.04
98.05	ACS HOME CARE		345434	26414	371848	72146	308012		248042	98.05
98.06	VNA OF CENTRAL IL			19124	19124	3710	157044		126482	98.06
98.07	GAMBRO						262708		211548	98.07
98.08	FOUNDATION		29550	5613	35163	6822	63162		21218	98.08
98.09	SIU MAP PROGRAM	690065		10022	700087	135832	423466		341001	98.09
98.10	AUDIOLOGY	510691	15320	25470	551481	106999	32746		11000	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	382956945	12526489	24463844	382956945	62228244	22134834	2139235	7760054	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	2341372								11
12	CAFETERIA		3704936							12
14	NURSING ADMINISTRATION		46575	3537027						14
15	CENTRAL SERVICES & SUPPLY		91997		4143382					15
16	PHARMACY		116662		5422	7904115				16
17	MEDICAL RECORDS & LIBRARY		116708		1		7579385			17
18	SOCIAL SERVICE		14571					926341		18
22	I&R SERVICES-SALARY & FRINGES A		171115						7820000	22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		1077							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1617147	868634	1561204	121333	105873	4834889	639091	3335564	25
26	INTENSIVE CARE UNIT	118064	172315	309702	37327	22328	504787	14438		26
28	BURN INTENSIVE CARE UNIT	34695	33451	60121	16753	2943	124302	19948		28
31	SUBPROVIDER I	263265	105691	189958	3280	1353	566180	113608	799284	31
31.01	SUBPROVIDER II (REHAB	104124	44237	79506	4636	1335	256183	16433		31.01
33	NURSERY	79046	23911	42975	5779	943	50024			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		291208	523387	48168	5831	92468		1400702	37
39	DELIVERY ROOM & LABOR ROOM		48699	87526	11769	1921		3705		39
40	ANESTHESIOLOGY		2216	3982	62198	30483	55330			40
41	RADIOLOGY-DIAGNOSTIC		270882		196676	12283	327429		472375	41
42	RADIOLOGY-THERAPEUTIC		27281	49031	23972	252	58361	4844		42
43.01	CARDIAC REHAB		23803		560	45	3032			43.01
44	LABORATORY		321381		440289	3581	176600			44
46	WHOLE BLOOD & PACKED RED BLOOD		10140		23289		10611			46
49	RESPIRATORY THERAPY		101613	182630	23295	4742	21222		158762	49
50	PHYSICAL THERAPY		156021		1963	90	39413	3325		50
51	OCCUPATIONAL THERAPY		33251		1742	42	3790			51
52	SPEECH PATHOLOGY		13048		929					52
53	ELECTROCARDIOLOGY		140388	252319	894574	17704	153862			53
53.01	GI UNIT		37513	67421	40375	1865	25770	106389		53.01
53.02	VASCULAR LAB		7386	13274	128		6064			53.02
54	ELECTROENCEPHALOGRAPHY		8416		1034	14	3032			54
55	MEDICAL SUPPLIES CHARGED TO PAT		8001	10923	1959413	1731	43960			55
56	DRUGS CHARGED TO PATIENTS					7660574				56
56.01	RENAL TXPLANT LAB		5555		9427					56.01
57	RENAL DIALYSIS		24957			2152				57
58	ASC (NON-DISTINCT PART)		57300	103068	125158	3499	72004			58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		177793		65751	22527	150072	4560		61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		4847			4				83
85.01	PANCREAS ACQUISITION									85.01
95	SUBTOTALS	2216341	3578643	3537027	4125241	7904115	7579385	926341	6166687	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES		31		51					98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		4308							98.03
98.04	MEALS ON WHEELS	125031								98.04
98.05	ACS HOME CARE		55084							98.05
98.06	VNA OF CENTRAL IL		51238							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		6262							98.08
98.09	SIU MAP PROGRAM		4308						1653313	98.09
98.10	AUDIOLOGY		5062		18090					98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	2341372	3704936	3537027	4143382	7904115	7579385	926341	7820000	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION EMERGENCY 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	2672858					23
24	PARAMED ED PRGM-(SPECIFY)		56515				24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	1140088		71589427	-4475652	67113775	25
26	INTENSIVE CARE UNIT			14764225		14764225	26
28	BURN INTENSIVE CARE UNIT			2940967		2940967	28
31	SUBPROVIDER I	273193		9554649	-1072477	8482172	31
31.01	SUBPROVIDER II (REHAB			3203363		3203363	31.01
33	NURSERY			2021181		2021181	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	478757		28517042	-1879459	26637583	37
39	DELIVERY ROOM & LABOR ROOM			3664559		3664559	39
40	ANESTHESIOLOGY			4255749		4255749	40
41	RADIOLOGY-DIAGNOSTIC	161457		30831968	-633832	30198136	41
42	RADIOLOGY-THERAPEUTIC			5553571		5553571	42
43.01	CARDIAC REHAB			1629900		1629900	43.01
44	LABORATORY			30554807		30554807	44
46	WHOLE BLOOD & PACKED RED BLOOD			6475764		6475764	46
49	RESPIRATORY THERAPY	54264		8371839	-213026	8158813	49
50	PHYSICAL THERAPY			10817215		10817215	50
51	OCCUPATIONAL THERAPY			2535940		2535940	51
52	SPEECH PATHOLOGY			842790		842790	52
53	ELECTROCARDIOLOGY			32036294		32036294	53
53.01	GI UNIT			3998087		3998087	53.01
53.02	VASCULAR LAB			928186		928186	53.02
54	ELECTROENCEPHALOGRAPHY			668212		668212	54
55	MEDICAL SUPPLIES CHARGED TO PAT			42550983		42550983	55
56	DRUGS CHARGED TO PATIENTS			27720098		27720098	56
56.01	RENAL TXPLANT LAB			580643		580643	56.01
57	RENAL DIALYSIS			2151461	-118934	2032527	57
58	ASC (NON-DISTINCT PART)			8261541		8261541	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY		56515	13967634		13967634	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION			389207		389207	83
85.01	PANCREAS ACQUISITION						85.01
95	SUBTOTALS	2107759	56515	371377302	-8393380	362983922	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			369767		369767	96
98	PHYSICIANS' PRIVATE OFFICES			716469		716469	98
98.01	SIU SCHOOL OF MEDICINE			3560788		3560788	98.01
98.03	UNIVERSITY BUILDING (MHCCI)			239491		239491	98.03
98.04	MEALS ON WHEELS			125031		125031	98.04
98.05	ACS HOME CARE			1055132		1055132	98.05
98.06	VNA OF CENTRAL IL			357598		357598	98.06
98.07	GAMBRO			474256		474256	98.07
98.08	FOUNDATION			132627		132627	98.08
98.09	SIU MAP PROGRAM	565099		3823106	-2218412	1604694	98.09
98.10	AUDIOLOGY			725378		725378	98.10
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL	2672858	56515	382956945	-10611792	372345153	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS-TRATIVE & GENERAL 6	MAIN-TENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS	49432	165215	214647	214647					5
6	ADMINISTRATIVE & GENERAL	1699835	2040607	3740442	25120	3765562				6
7	MAINTENANCE & REPAIRS	497279	1467290	1964569	5001	217655	2187225			7
9	LAUNDRY & LINEN SERVICE	29479	115118	144597	1126	18616	24315	188654		9
10	HOUSEKEEPING	93503	181593	275096	4520	72399	39262		391277	10
11	DIETARY	47452	82884	130336	1241	20689	17506	63	3001	11
12	CAFETERIA	17861	278565	296426	5153	28586	58837	211	10086	12
14	NURSING ADMINISTRATION	152043	63237	215280	2813	32547	13357		2290	14
15	CENTRAL SERVICES & SUPPLY	319336	250184	569520	2345	31714	52842	9857	9058	15
16	PHARMACY	441899	100225	542124		73677	21169	279	3629	16
17	MEDICAL RECORDS & LIBRARY	120700	233459	354159	3799	66826	49310		8453	17
18	SOCIAL SERVICE				671	8966				18
22	I&R SERVICES-SALARY & FRINGES A	1141	78241	79382	6300	72967	16526	434	2833	22
23	I&R SERVICES-OTHER PRGM COSTS A					26283				23
24	PARAMED ED PRGM-(SPECIFY)	358		358	53	545				24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	317288	2184912	2502200	40625	494115	461483	76233	79108	25
26	INTENSIVE CARE UNIT	208641	509307	717948	9410	117910	107573	12333	18440	26
28	BURN INTENSIVE CARE UNIT	51549	113350	164899	1595	22494	23941	3311	4104	28
31	SUBPROVIDER I	33205	392341	425546	5196	59612	82868	4955	14205	31
31.01	SUBPROVIDER II (REHAB	9269	120930	130199	1941	22492	25542	5667	4378	31.01
33	NURSERY	47158	30797	77955	1375	16803	6505	1918	1115	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1943357	684140	2627497	15763	231117	144500	19316	24770	37
39	DELIVERY ROOM & LABOR ROOM	96032	30971	127003	2711	33218	6541	3906	1121	39
40	ANESTHESIOLOGY	396588	85221	481809	1142	37814	18000	1112	3086	40
41	RADIOLOGY-DIAGNOSTIC	4397982	680934	5078916	12275	264589	175883	9274	30150	41
42	RADIOLOGY-THERAPEUTIC	943542	145505	1089047	1995	48773	30733	1261	5268	42
43.01	CARDIAC REHAB	4374	41047	45421	1340	14602	8670	23	1486	43.01
44	LABORATORY	713053	629732	1342785	12770	273058	136351	41	23373	44
46	WHOLE BLOOD & PACKED RED BLOOD	25159	2195	27354	519	63175	464	66	79	46
49	RESPIRATORY THERAPY	260728	146832	407560	4625	72785	31013	353	5316	49
50	PHYSICAL THERAPY	279776	199866	479642	8474	98479	42214	2705	7236	50
51	OCCUPATIONAL THERAPY	20874	71323	92197	1903	22514	15064	340	2582	51
52	SPEECH PATHOLOGY	6898	25696	32594	650	7428	5427		930	52
53	ELECTROCARDIOLOGY	1950991	234296	2185287	6966	293614	49487	4308	8483	53
53.01	GI UNIT	313253	108738	421991	1855	33245	22967	2411	3937	53.01
53.02	VASCULAR LAB	180554	15114	195668	461	8439	3192		547	53.02
54	ELECTROENCEPHALOGRAPHY	65724	31745	97469	400	5426	6705	1174	1149	54
55	MEDICAL SUPPLIES CHARGED TO PAT	575	13266	13841	403	398136	2802		480	55
56	DRUGS CHARGED TO PATIENTS				7220	197249				56
56.01	RENAL TXPLANT LAB	13716	17246	30962	235	5078	3643		624	56.01
57	RENAL DIALYSIS	60342	84858	145200	1606	18344	17923	1454	3072	57
58	ASC (NON-DISTINCT PART)	708099		708099	2934	69812	55481	4475	9510	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	227862	290378	518240	9072	122357	61332	19222	10513	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	2004	10282	12286	174	3491	2172		372	83
85.01	PANCREAS ACQUISITION									85.01
95	SUBTOTALS	16748911	11957640	28706551	213777	3727639	1841600	186702	304784	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	2100	21116	23216		3043	4460		765	96
98	PHYSICIANS' PRIVATE OFFICES		157429	157429	21	2406	33251	1952	5700	98
98.01	SIU SCHOOL OF MEDICINE					10462	184680		31658	98.01
98.03	UNIVERSITY BUILDING (MHCCI)				88	2313				98.03
98.04	MEALS ON WHEELS									98.04
98.05	ACS HOME CARE		345434	345434	232	4366	30436		12507	98.05
98.06	VNA OF CENTRAL IL				168	225	15518		6377	98.06
98.07	GAMBRO						25959		10667	98.07
98.08	FOUNDATION		29550	29550	49	413	6241		1070	98.08
98.09	SIU MAP PROGRAM				88	8220	41844		17194	98.09
98.10	AUDIOLOGY	9101	15320	24421	224	6475	3236		555	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	16760112	12526489	29286601	214647	3765562	2187225	188654	391277	103

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SALARY & FRINGES 22	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	172836								11
12	CAFETERIA		399299							12
14	NURSING ADMINISTRATION		5020	271307						14
15	CENTRAL SERVICES & SUPPLY		9915		685251					15
16	PHARMACY		12573		897	654348				16
17	MEDICAL RECORDS & LIBRARY		12578				495125			17
18	SOCIAL SERVICE		1570					11207		18
22	I&R SERVICES-SALARY & FRINGES A		18442						196884	22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		116							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	119375	93618	119750	20067	8765	315842	7732		25
26	INTENSIVE CARE UNIT	8715	18571	23756	6173	1848	32975	175		26
28	BURN INTENSIVE CARE UNIT	2561	3605	4612	2771	244	8120	241		28
31	SUBPROVIDER I	19434	11391	14571	542	112	36986	1374		31
31.01	SUBPROVIDER II (REHAB	7686	4768	6099	767	111	16735	199		31.01
33	NURSERY	5835	2577	3296	956	78	3268			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		31385	40146	7966	483	6041			37
39	DELIVERY ROOM & LABOR ROOM		5249	6714	1946	159		45		39
40	ANESTHESIOLOGY		239	305	10287	2524	3614			40
41	RADIOLOGY-DIAGNOSTIC		29194		32527	1017	21389			41
42	RADIOLOGY-THERAPEUTIC		2940	3761	3965	21	3812	59		42
43.01	CARDIAC REHAB		2565		93	4	198			43.01
44	LABORATORY		34637		72817	296	11536			44
46	WHOLE BLOOD & PACKED RED BLOOD		1093		3852		693			46
49	RESPIRATORY THERAPY		10951	14009	3853	393	1386			49
50	PHYSICAL THERAPY		16815		325	7	2575	40		50
51	OCCUPATIONAL THERAPY		3584		288	3	248			51
52	SPEECH PATHOLOGY		1406		154					52
53	ELECTROCARDIOLOGY		15130	19354	147949	1466	10051			53
53.01	GI UNIT		4043	5172	6677	154	1683	1287		53.01
53.02	VASCULAR LAB		796	1018	21		396			53.02
54	ELECTROENCEPHALOGRAPHY		907		171	1	198			54
55	MEDICAL SUPPLIES CHARGED TO PAT		862	838	324055	143	2872			55
56	DRUGS CHARGED TO PATIENTS					634186				56
56.01	RENAL TXPLANT LAB		599		1559					56.01
57	RENAL DIALYSIS		2690			178				57
58	ASC (NON-DISTINCT PART)		6175	7906	20699	290	4704			58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		19162		10874	1865	9803	55		61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		522							83
85.01	PANCREAS ACQUISITION									85.01
95	SUBTOTALS	163606	385688	271307	682251	654348	495125	11207		95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES		3		8					98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		464							98.03
98.04	MEALS ON WHEELS	9230								98.04
98.05	ACS HOME CARE		5937							98.05
98.06	VNA OF CENTRAL IL		5522							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		675							98.08
98.09	SIU MAP PROGRAM		464							98.09
98.10	AUDIOLOGY		546		2992					98.10
101	CROSS FOOT ADJUSTMENTS								196884	101
102	NEGATIVE COST CENTER									102
103	TOTAL	172836	399299	271307	685251	654348	495125	11207	196884	103

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION EMERGENCY 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	26283					23
24	PARAMED ED PRGM-(SPECIFY)		1072				24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS			4338913		4338913	25
26	INTENSIVE CARE UNIT			1075827		1075827	26
28	BURN INTENSIVE CARE UNIT			242498		242498	28
31	SUBPROVIDER I			676792		676792	31
31.01	SUBPROVIDER II (REHAB			226584		226584	31.01
33	NURSERY			121681		121681	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			3148984		3148984	37
39	DELIVERY ROOM & LABOR ROOM			188613		188613	39
40	ANESTHESIOLOGY			559932		559932	40
41	RADIOLOGY-DIAGNOSTIC			5655214		5655214	41
42	RADIOLOGY-THERAPEUTIC			1191635		1191635	42
43.01	CARDIAC REHAB			74402		74402	43.01
44	LABORATORY			1907664		1907664	44
46	WHOLE BLOOD & PACKED RED BLOOD			97295		97295	46
49	RESPIRATORY THERAPY			552244		552244	49
50	PHYSICAL THERAPY			658512		658512	50
51	OCCUPATIONAL THERAPY			138723		138723	51
52	SPEECH PATHOLOGY			48589		48589	52
53	ELECTROCARDIOLOGY			2742095		2742095	53
53.01	GI UNIT			505422		505422	53.01
53.02	VASCULAR LAB			210538		210538	53.02
54	ELECTROENCEPHALOGRAPHY			113600		113600	54
55	MEDICAL SUPPLIES CHARGED TO PAT			744432		744432	55
56	DRUGS CHARGED TO PATIENTS			838655		838655	56
56.01	RENAL TXPLANT LAB			42700		42700	56.01
57	RENAL DIALYSIS			190467		190467	57
58	ASC (NON-DISTINCT PART)			890085		890085	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY			782495		782495	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION			19017		19017	83
85.01	PANCREAS ACQUISITION						85.01
95	SUBTOTALS			27983608		27983608	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			31484		31484	96
98	PHYSICIANS' PRIVATE OFFICES			200770		200770	98
98.01	SIU SCHOOL OF MEDICINE			226800		226800	98.01
98.03	UNIVERSITY BUILDING (MHCCI)			2865		2865	98.03
98.04	MEALS ON WHEELS			9230		9230	98.04
98.05	ACS HOME CARE			398912		398912	98.05
98.06	VNA OF CENTRAL IL			27810		27810	98.06
98.07	GAMBRO			36626		36626	98.07
98.08	FOUNDATION			37998		37998	98.08
98.09	SIU MAP PROGRAM			67810		67810	98.09
98.10	AUDIOLOGY			38449		38449	98.10
101	CROSS FOOT ADJUSTMENTS	26283	1072	224239		224239	101
102	NEGATIVE COST CENTER						102
103	TOTAL	26283	1072	29286601		29286601	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	
	GENERAL SERVICE COST CENTERS								
3	NEW CAP REL COSTS-BLDG & FIXT	793145							3
5	EMPLOYEE BENEFITS	10461	150245400						5
6	ADMINISTRATIVE & GENERAL	129206	17578384	-62228244	320728701				6
7	MAINTENANCE & REPAIRS	92905	3499951		18538061	655683			7
9	LAUNDRY & LINEN SERVICE	7289	787693		1585542	7289	4228567		9
10	HOUSEKEEPING	11498	3163032		6166321	11770		684270	10
11	DIETARY	5248	868593		1762098	5248	1404	5248	11
12	CAFETERIA	17638	3605879		2434707	17638	4721	17638	12
14	NURSING ADMINISTRATION	4004	1968690		2772041	4004		4004	14
15	CENTRAL SERVICES & SUPPLY	15841	1641008		2701126	15841	220932	15841	15
16	PHARMACY	6346			6275160	6346	6245	6346	16
17	MEDICAL RECORDS & LIBRARY	14782	2658569		5691711	14782		14782	17
18	SOCIAL SERVICE		469294		763613				18
22	I&R SERVICES-SALARY & FRINGES	4954	4408328		6214751	4954	9729	4954	22
23	I&R SERVICES-OTHER PRGM COSTS				2238535				23
24	PARAMED ED PRGM-(SPECIFY)		37175		46430				24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	138343	28466979		42094620	138343	1708734	138343	25
26	INTENSIVE CARE UNIT	32248	6585244		10042583	32248	276446	32248	26
28	BURN INTENSIVE CARE UNIT	7177	1115895		1915822	7177	74217	7177	28
31	SUBPROVIDER I	24842	3635771		5077214	24842	111062	24842	31
31.01	SUBPROVIDER II (REHAB	7657	1357985		1915649	7657	127023	7657	31.01
33	NURSERY	1950	961958		1431137	1950	42996	1950	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	43318	11030730		19684648	43318	432964	43318	37
39	DELIVERY ROOM & LABOR ROOM	1961	1897008		2829268	1961	87557	1961	39
40	ANESTHESIOLOGY	5396	799396		3220697	5396	24915	5396	40
41	RADIOLOGY-DIAGNOSTIC	43115	8589669		22535457	52726	207875	52726	41
42	RADIOLOGY-THERAPEUTIC	9213	1396114		4154060	9213	28263	9213	42
43.01	CARDIAC REHAB	2599	938048		1243684	2599	520	2599	43.01
44	LABORATORY	39873	8936214		23256767	40875	918	40875	44
46	WHOLE BLOOD & PACKED RED BLOO	139	363482		5380730	139	1484	139	46
49	RESPIRATORY THERAPY	9297	3236764		6199242	9297	7906	9297	49
50	PHYSICAL THERAPY	12655	5929861		8387626	12655	60629	12655	50
51	OCCUPATIONAL THERAPY	4516	1331558		1917552	4516	7613	4516	51
52	SPEECH PATHOLOGY	1627	454966		632683	1627		1627	52
53	ELECTROCARDIOLOGY	14835	4874576		25007559	14835	96565	14835	53
53.01	GI UNIT	6885	1298460		2831531	6885	54042	6885	53.01
53.02	VASCULAR LAB	957	322801		718726	957		957	53.02
54	ELECTROENCEPHALOGRAPHY	2010	279805		462101	2010	26308	2010	54
55	MEDICAL SUPPLIES CHARGED TO P	840	282012		33909849	840		840	55
56	DRUGS CHARGED TO PATIENTS		5052502		16799976				56
56.01	RENAL TXPLANT LAB	1092	164196		432499	1092		1092	56.01
57	RENAL DIALYSIS	5373	1123912		1562407	5373	32591	5373	57
58	ASC (NON-DISTINCT PART)		2053209		5946026	16632	100306	16632	58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	18386	6348787		10421308	18386	430841	18386	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
83	KIDNEY ACQUISITION	651	122081		297311	651		651	83
85.01	PANCREAS ACQUISITION								85.01
95	SUBTOTALS	757127	149636579	-62228244	317498828	552072	4184806	533013	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	1337	262		259183	1337		1337	96
98	PHYSICIANS' PRIVATE OFFICES	9968	14895		204939	9968	43761	9968	98
98.01	SIU SCHOOL OF MEDICINE				891081	55363		55363	98.01
98.03	UNIVERSITY BUILDING (MHCCI)		61550		196967				98.03
98.04	MEALS ON WHEELS								98.04
98.05	ACS HOME CARE	21872	162220		371848	9124		21872	98.05
98.06	VNA OF CENTRAL IL		117449		19124	4652		11153	98.06
98.07	GAMBRO					7782		18654	98.07
98.08	FOUNDATION	1871	34471		35163	1871		1871	98.08
98.09	SIU MAP PROGRAM		61550		700087	12544		30069	98.09
98.10	AUDIOLOGY	970	156424		551481	970		970	98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	MAIN-TENANCE & REPAIRS SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	12526489	24463844		62228244	22134834	2139235	7760054	103
104	UNIT COST MULT-WS B PT I		.162826		.194021		.505901		104
104	UNIT COST MULT-WS B PT I	15.793441				33.758438		11.340632	104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III		214647		3765562	2187225	188654	391277	107
108	UNIT COST MULT-WS B PT III		.001429		.011741		.044614		108
108	UNIT COST MULT-WS B PT III					3.335796		.571817	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	
	GENERAL SERVICE COST CENTERS									
3	NEW CAP REL COSTS-BLDG & FIXT									3
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING									10
11	DIETARY	368328								11
12	CAFETERIA		240789							12
14	NURSING ADMINISTRATION		3027	127901						14
15	CENTRAL SERVICES & SUPPLY		5979		70951637					15
16	PHARMACY		7582		92844	16485242				16
17	MEDICAL RECORDS & LIBRARY		7585		17		10000			17
18	SOCIAL SERVICE		947					9752		18
22	I&R SERVICES-SALARY & FRINGES		11121						9999	22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)		70							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	254398	56454	56454	2077728	220815	6379	6728	4265	25
26	INTENSIVE CARE UNIT	18573	11199	11199	639198	46568	666	152		26
28	BURN INTENSIVE CARE UNIT	5458	2174	2174	286884	6138	164	210		28
31	SUBPROVIDER I	41415	6869	6869	56164	2822	747	1196	1022	31
31.01	SUBPROVIDER II (REHAB	16380	2875	2875	79395	2785	338	173		31.01
33	NURSERY	12435	1554	1554	98966	1967	66			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		18926	18926	824829	12162	122		1791	37
39	DELIVERY ROOM & LABOR ROOM		3165	3165	201535	4007		39		39
40	ANESTHESIOLOGY		144	144	1065097	63576	73			40
41	RADIOLOGY-DIAGNOSTIC		17605		3367913	25619	432		604	41
42	RADIOLOGY-THERAPEUTIC		1773	1773	410506	526	77	51		42
43.01	CARDIAC REHAB		1547		9592	94	4			43.01
44	LABORATORY		20887		7539587	7468	233			44
46	WHOLE BLOOD & PACKED RED BLOO		659		398800	1	14			46
49	RESPIRATORY THERAPY		6604	6604	398913	9890	28		203	49
50	PHYSICAL THERAPY		10140		33614	187	52	35		50
51	OCCUPATIONAL THERAPY		2161		29829	88	5			51
52	SPEECH PATHOLOGY		848		15904					52
53	ELECTROCARDIOLOGY		9124	9124	15318833	36924	203			53
53.01	GI UNIT		2438	2438	691380	3890	34	1120		53.01
53.02	VASCULAR LAB		480	480	2196		8			53.02
54	ELECTROENCEPHALOGRAPHY		547		17710	30	4			54
55	MEDICAL SUPPLIES CHARGED TO P		520	395	33552974	3611	58			55
56	DRUGS CHARGED TO PATIENTS					15977297				56
56.01	RENAL TXPLANT LAB		361		161424					56.01
57	RENAL DIALYSIS		1622			4488				57
58	ASC (NON-DISTINCT PART)		3724	3727	2143223	7297	95			58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		11555		1125926	46984	198	48		61
62	OBSERVATION BEDS (NON-DISTINC									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		315			8				83
85.01	PANCREAS ACQUISITION									85.01
95	SUBTOTALS	348659	232581	127901	70640981	16485242	10000	9752	7885	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C									96
98	PHYSICIANS' PRIVATE OFFICES		2		875					98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		280							98.03
98.04	MEALS ON WHEELS	19669								98.04
98.05	ACS HOME CARE		3580							98.05
98.06	VNA OF CENTRAL IL		3330							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		407							98.08
98.09	SIU MAP PROGRAM		280						2114	98.09
98.10	AUDIOLOGY		329		309781					98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED TIME	
		MEALS SERVED	MEALS SERVED			COSTED REQUIS.		TIME SPENT		
		11	12	14	15	16	17	18	22	
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	2341372	3704936	3537027	4143382	7904115	7579385	926341	7820000	103
104	UNIT COST MULT-WS B PT I	6.356758		27.654412		.479466		94.989848		104
104	UNIT COST MULT-WS B PT I		15.386650		.058397		757.938500		782.078208	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	172836	399299	271307	685251	654348	495125	11207	196884	107
108	UNIT COST MULT-WS B PT III	.469245		2.121227		.039693		1.149200		108
108	UNIT COST MULT-WS B PT III		1.658294		.009658		49.512500		19.690369	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION EMERGENCY ASSIGNED TIME 24	
	GENERAL SERVICE COST CENTERS			
3	NEW CAP REL COSTS-BLDG & FIXT			3
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
22	I&R SERVICES-SALARY & FRINGES			22
23	I&R SERVICES-OTHER PRGM COSTS	9999		23
24	PARAMED ED PRGM-(SPECIFY)		100	24
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	4265		25
26	INTENSIVE CARE UNIT			26
28	BURN INTENSIVE CARE UNIT			28
31	SUBPROVIDER I	1022		31
31.01	SUBPROVIDER II (REHAB			31.01
33	NURSERY			33
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1791		37
39	DELIVERY ROOM & LABOR ROOM			39
40	ANESTHESIOLOGY			40
41	RADIOLOGY-DIAGNOSTIC	604		41
42	RADIOLOGY-THERAPEUTIC			42
43.01	CARDIAC REHAB			43.01
44	LABORATORY			44
46	WHOLE BLOOD & PACKED RED BLOO			46
49	RESPIRATORY THERAPY	203		49
50	PHYSICAL THERAPY			50
51	OCCUPATIONAL THERAPY			51
52	SPEECH PATHOLOGY			52
53	ELECTROCARDIOLOGY			53
53.01	GI UNIT			53.01
53.02	VASCULAR LAB			53.02
54	ELECTROENCEPHALOGRAPHY			54
55	MEDICAL SUPPLIES CHARGED TO P			55
56	DRUGS CHARGED TO PATIENTS			56
56.01	RENAL TXPLANT LAB			56.01
57	RENAL DIALYSIS			57
58	ASC (NON-DISTINCT PART)			58
	OUTPATIENT SERVICE COST CENTERS			
60.01	MAP (2004)			60.01
61	EMERGENCY		100	61
62	OBSERVATION BEDS (NON-DISTINC			62
	OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY			71
	SPECIAL PURPOSE COST CENTERS			
83	KIDNEY ACQUISITION			83
85.01	PANCREAS ACQUISITION			85.01
95	SUBTOTALS	7885	100	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C			96
98	PHYSICIANS' PRIVATE OFFICES			98
98.01	SIU SCHOOL OF MEDICINE			98.01
98.03	UNIVERSITY BUILDING (MHCCI)			98.03
98.04	MEALS ON WHEELS			98.04
98.05	ACS HOME CARE			98.05
98.06	VNA OF CENTRAL IL			98.06
98.07	GAMBRO			98.07
98.08	FOUNDATION			98.08
98.09	SIU MAP PROGRAM	2114		98.09
98.10	AUDIOLOGY			98.10

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION EMERGENCY ASSIGNED TIME 24	
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	COST TO BE ALLOC PER B PT I	2672858	56515	103
104	UNIT COST MULT-WS B PT I	267.312531		104
104	UNIT COST MULT-WS B PT I		565.150000	104
105	COST TO BE ALLOC PER B PT II			105
106	UNIT COST MULT-WS B PT II			106
106	UNIT COST MULT-WS B PT II			106
107	COST TO BE ALLOC PER B PT III	26283	1072	107
108	UNIT COST MULT-WS B PT III	2.628563		108
108	UNIT COST MULT-WS B PT III		10.720000	108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

	DESCRIPTION 1	----- WORKSHEET B ----- PART 2	LINE NO. 3	AMOUNT 4
1	EXCLUDE EPO FROM RENAL FACILITY	1	57	-118934

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/1999)

VERSION: 2009.08
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	67113775		67113775	20843	67134618	25
26	INTENSIVE CARE UNIT	14764225		14764225	25837	14790062	26
28	BURN INTENSIVE CARE UNIT	2940967		2940967	30393	2971360	28
31	SUBPROVIDER I	8482172		8482172	2268	8484440	31
31.01	SUBPROVIDER II (REHAB	3203363		3203363	83	3203446	31.01
33	NURSERY	2021181		2021181	5717	2026898	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	26637583		26637583	21898	26659481	37
39	DELIVERY ROOM & LABOR ROOM	3664559		3664559		3664559	39
40	ANESTHESIOLOGY	4255749		4255749	25002	4280751	40
41	RADIOLOGY-DIAGNOSTIC	30198136		30198136		30198136	41
42	RADIOLOGY-THERAPEUTIC	5553571		5553571		5553571	42
43.01	CARDIAC REHAB	1629900		1629900		1629900	43.01
44	LABORATORY	30554807		30554807	173975	30728782	44
46	WHOLE BLOOD & PACKED RED BL	6475764		6475764		6475764	46
49	RESPIRATORY THERAPY	8158813		8158813	11355	8170168	49
50	PHYSICAL THERAPY	10817215		10817215	227995	11045210	50
51	OCCUPATIONAL THERAPY	2535940		2535940		2535940	51
52	SPEECH PATHOLOGY	842790		842790		842790	52
53	ELECTROCARDIOLOGY	32036294		32036294	88433	32124727	53
53.01	GI UNIT	3998087		3998087		3998087	53.01
53.02	VASCULAR LAB	928186		928186	10654	938840	53.02
54	ELECTROENCEPHALOGRAPHY	668212		668212	3571	671783	54
55	MEDICAL SUPPLIES CHARGED TO	42550983		42550983		42550983	55
56	DRUGS CHARGED TO PATIENTS	27720098		27720098		27720098	56
56.01	RENAL TXPLANT LAB	580643		580643	1759	582402	56.01
57	RENAL DIALYSIS	2032527		2032527	21601	2054128	57
58	ASC (NON-DISTINCT PART)	8261541		8261541		8261541	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	13967634		13967634	24125	13991759	61
62	OBSERVATION BEDS (NON-DISTI	1356168		1356168		1356168	62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	363950883		363950883	695509	364646392	101
102	LESS OBSERVATION BEDS	1356168		1356168		1356168	102
103	TOTAL	362594715		362594715	695509	363290224	103

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	85088904		85088904				25
26	INTENSIVE CARE UNIT	21250284		21250284				26
28	BURN INTENSIVE CARE UNIT	4957084		4957084				28
31	SUBPROVIDER I	15052273		15052273				31
31.01	SUBPROVIDER II (REHAB	4190426		4190426				31.01
33	NURSERY	3972379		3972379				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	72058682	38011387	110070069	.242006	.242006	.242205	37
39	DELIVERY ROOM & LABOR ROOM	7117022	822675	7939697	.461549	.461549	.461549	39
40	ANESTHESIOLOGY	13274273	12178895	25453168	.167199	.167199	.168181	40
41	RADIOLOGY-DIAGNOSTIC	67380148	138821897	206202045	.146449	.146449	.146449	41
42	RADIOLOGY-THERAPEUTIC	1870105	25340500	27210605	.204096	.204096	.204096	42
43.01	CARDIAC REHAB	1401632	1416564	2818196	.578349	.578349	.578349	43.01
44	LABORATORY	64929927	75365202	140295129	.217790	.217790	.219030	44
46	WHOLE BLOOD & PACKED RED BL	14027537	4505795	18533332	.349412	.349412	.349412	46
49	RESPIRATORY THERAPY	29528695	9152787	38681482	.210923	.210923	.211217	49
50	PHYSICAL THERAPY	8914658	16185596	25100254	.430960	.430960	.440044	50
51	OCCUPATIONAL THERAPY	6466517	1453255	7919772	.320204	.320204	.320204	51
52	SPEECH PATHOLOGY	2321191	19427	2340618	.360072	.360072	.360072	52
53	ELECTROCARDIOLOGY	124784726	66958560	191743286	.167079	.167079	.167540	53
53.01	GI UNIT	4881345	10575055	15456400	.258669	.258669	.258669	53.01
53.02	VASCULAR LAB	3377844	2584751	5962595	.155668	.155668	.157455	53.02
54	ELECTROENCEPHALOGRAPHY	1939708	1262744	3202452	.208656	.208656	.209771	54
55	MEDICAL SUPPLIES CHARGED TO	88147103	18638539	106785642	.398471	.398471	.398471	55
56	DRUGS CHARGED TO PATIENTS	68177142	16443960	84621102	.327579	.327579	.327579	56
56.01	RENAL TXPLANT LAB	17586	206440	224026	2.591855	2.591855	2.599707	56.01
57	RENAL DIALYSIS	5573072	2198819	7771891	.261523	.261523	.264302	57
58	ASC (NON-DISTINCT PART)	1370693	30753933	32124626	.257172	.257172	.257172	58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	16565879	37051816	53617695	.260504	.260504	.260954	61
62	OBSERVATION BEDS (NON-DISTI	118668	1023693	1142361	1.187162	1.187162	1.187162	62
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	738755503	510972290	1249727793				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	738755503	510972290	1249727793				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				4338913		4338913	25
26	INTENSIVE CARE UNIT				1075827		1075827	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT				242498		242498	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				676792		676792	31
31.01	SUBPROVIDER II (REHAB				226584		226584	31.01
33	NURSERY				121681		121681	33
101	TOTAL				6682295		6682295	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	93017	52872			46.65	2466479	25
26	INTENSIVE CARE UNIT	9746	5934			110.39	655054	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT	2394	915			101.29	92680	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	10846	4971			62.40	310190	31
31.01	SUBPROVIDER II (REHAB	4906	2480			46.19	114551	31.01
33	NURSERY	3577				34.02		33
101	TOTAL	124486	67172				3638954	101

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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES

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

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

[ ] SUB III
[ ] SUB IV

[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3148984	110070069	31265329			.028609	894470	37
39	DELIVERY ROOM & LABOR ROOM		188613	7939697	41365			.023756	983	39
40	ANESTHESIOLOGY		559932	25453168	6085961			.021999	133885	40
41	RADIOLOGY-DIAGNOSTIC		5655214	206202045	36892627			.027426	1011817	41
42	RADIOLOGY-THERAPEUTIC		1191635	27210605	1040114			.043793	45550	42
43.01	CARDIAC REHAB		74402	2818196	883405			.026401	23323	43.01
44	LABORATORY		1907664	140295129	36582541			.013598	497449	44
46	WHOLE BLOOD & PACKED RED BLOO		97295	18533332	7520050			.005250	39480	46
49	RESPIRATORY THERAPY		552244	38681482	18683352			.014277	266742	49
50	PHYSICAL THERAPY		658512	25100254	4082760			.026235	107111	50
51	OCCUPATIONAL THERAPY		138723	7919772	3149834			.017516	55172	51
52	SPEECH PATHOLOGY		48589	2340618	1059151			.020759	21987	52
53	ELECTROCARDIOLOGY		2742095	191743286	70856193			.014301	1013314	53
53.01	GI UNIT		505422	15456400	3053515			.032700	99850	53.01
53.02	VASCULAR LAB		210538	5962595	2104791			.035310	74320	53.02
54	ELECTROENCEPHALOGRAPHY		113600	3202452	768290			.035473	27254	54
55	MEDICAL SUPPLIES CHARGED TO P		744432	106785642	36065254			.006971	251411	55
56	DRUGS CHARGED TO PATIENTS		838655	84621102	37176070			.009911	368452	56
56.01	RENAL TXPLANT LAB		42700	224026	2203			.190603	420	56.01
57	RENAL DIALYSIS		190467	7771891	4067520			.024507	99683	57
58	ASC (NON-DISTINCT PART)		890085	32124626	631381			.027707	17494	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		782495	53617695	8527094			.014594	124444	61
62	OBSERVATION BEDS (NON-DISTINC		87649	1142361	41631			.076726	3194	62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		21369945	1115216443	310580431				5177805	101

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	93017		52872		25
26	INTENSIVE CARE UNIT	9746		5934		26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT	2394		915		28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	10846		4971		31
31.01	SUBPROVIDER II (REHAB	4906		2480		31.01
33	NURSERY	3577				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	124486		67172		101

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOO								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC				56515			56515	62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				56515			56515	101

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

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

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

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		110070069			31265329		11349329	37
39	DELIVERY ROOM & LABOR ROOM		7939697			41365			39
40	ANESTHESIOLOGY		25453168			6085961		3053985	40
41	RADIOLOGY-DIAGNOSTIC		206202045			36892627		42466099	41
42	RADIOLOGY-THERAPEUTIC		27210605			1040114		12089454	42
43.01	CARDIAC REHAB		2818196			883405		711143	43.01
44	LABORATORY		140295129			36582541		4077003	44
46	WHOLE BLOOD & PACKED RED BLOO		18533332			7520050		1825179	46
49	RESPIRATORY THERAPY		38681482			18683352		2655687	49
50	PHYSICAL THERAPY		25100254			4082760		168000	50
51	OCCUPATIONAL THERAPY		7919772			3149834		148	51
52	SPEECH PATHOLOGY		2340618			1059151			52
53	ELECTROCARDIOLOGY		191743286			70856193		33718703	53
53.01	GI UNIT		15456400			3053515		3503805	53.01
53.02	VASCULAR LAB		5962595			2104791		1266470	53.02
54	ELECTROENCEPHALOGRAPHY		3202452			768290		274913	54
55	MEDICAL SUPPLIES CHARGED TO P		106785642			36065254		5804441	55
56	DRUGS CHARGED TO PATIENTS		84621102			37176070		4952776	56
56.01	RENAL TXPLANT LAB		224026			2203		5625	56.01
57	RENAL DIALYSIS		7771891			4067520		262844	57
58	ASC (NON-DISTINCT PART)		32124626			631381		6732535	58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	56515	53617695	.001054	.001054	8527094	8988	7070471	61
62	OBSERVATION BEDS (NON-DISTINC		1142361			41631		166617	62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	56515	1115216443			310580431	8988	142155227	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43.01	CARDIAC REHAB						43.01
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY						53
53.01	GI UNIT						53.01
53.02	VASCULAR LAB						53.02
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	RENAL TXPLANT LAB						56.01
57	RENAL DIALYSIS						57
58	ASC (NON-DISTINCT PART)						58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY			7452			61
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL			7452			101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

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

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	--------- PROGRAM CHARGES --------- OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.242006	.242006	.242006				37
39	DELIVERY ROOM & LABOR ROOM	.461549	.461549	.461549				39
40	ANESTHESIOLOGY	.167199	.167199	.167199				40
41	RADIOLOGY-DIAGNOSTIC	.146449	.146449	.146449				41
42	RADIOLOGY-THERAPEUTIC	.204096	.204096	.204096				42
43.01	CARDIAC REHAB	.578349	.578349	.578349				43.01
44	LABORATORY	.217790	.217790	.217790				44
46	WHOLE BLOOD & PACKED RED BLOOD	.349412	.349412	.349412				46
49	RESPIRATORY THERAPY	.210923	.210923	.210923				49
50	PHYSICAL THERAPY	.430960	.430960	.430960				50
51	OCCUPATIONAL THERAPY	.320204	.320204	.320204				51
52	SPEECH PATHOLOGY	.360072	.360072	.360072				52
53	ELECTROCARDIOLOGY	.167079	.167079	.167079				53
53.01	GI UNIT	.258669	.258669	.258669				53.01
53.02	VASCULAR LAB	.155668	.155668	.155668				53.02
54	ELECTROENCEPHALOGRAPHY	.208656	.208656	.208656				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.398471	.398471	.398471				55
56	DRUGS CHARGED TO PATIENTS	.327579	.327579	.327579				56
56.01	RENAL TXPLANT LAB	2.591855	2.591855	2.591855				56.01
57	RENAL DIALYSIS	.261523	.261523	.261523				57
58	ASC (NON-DISTINCT PART)	.257172	.257172	.257172				58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	.260504	.260504	.260504				61
62	OBSERVATION BEDS (NON-DISTINCT	1.187162	1.187162	1.187162				62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	
2	PROGRAM VACCINE CHARGES	.327579	1
2.01	PROGRAM VACCINE CHARGES	7270	2
3	PROGRAM COSTS		2.01
3.01	PROGRAM COSTS	2381	3
			3.01

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VERSION: 2009.08
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

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

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		11349329	206						37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY		3053985							40
41	RADIOLOGY-DIAGNOSTIC		42466099	827						41
42	RADIOLOGY-THERAPEUTIC		12089454							42
43.01	CARDIAC REHAB		711143							43.01
44	LABORATORY		4077003							44
46	WHOLE BLOOD & PACKED RED BLOOD		1825179	115						46
49	RESPIRATORY THERAPY		2655687	65						49
50	PHYSICAL THERAPY		168000							50
51	OCCUPATIONAL THERAPY		148							51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		33718703	413						53
53.01	GI UNIT		3503805	80						53.01
53.02	VASCULAR LAB		1266470							53.02
54	ELECTROENCEPHALOGRAPHY		274913							54
55	MEDICAL SUPPLIES CHARGED TO PA		5804441	3						55
56	DRUGS CHARGED TO PATIENTS		4952776	1294						56
56.01	RENAL TXPLANT LAB		5625							56.01
57	RENAL DIALYSIS		262844	2						57
58	ASC (NON-DISTINCT PART)		6732535	138						58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		7070471							61
62	OBSERVATION BEDS (NON-DISTINCT		166617							62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		142155227	3143						101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		142155227	3143						104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

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

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

	COST CENTER DESCRIPTION	PROGRAM COST: 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	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		2746606	50					37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY		510623						40
41	RADIOLOGY-DIAGNOSTIC		6219118	121					41
42	RADIOLOGY-THERAPEUTIC		2467409						42
43.01	CARDIAC REHAB		411289						43.01
44	LABORATORY		887930						44
46	WHOLE BLOOD & PACKED RED BLOOD		637739	40					46
49	RESPIRATORY THERAPY		560145	14					49
50	PHYSICAL THERAPY		72401						50
51	OCCUPATIONAL THERAPY		47						51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		5633687	69					53
53.01	GI UNIT		906326	21					53.01
53.02	VASCULAR LAB		197149						53.02
54	ELECTROENCEPHALOGRAPHY		57362						54
55	MEDICAL SUPPLIES CHARGED TO PAT		2312901	1					55
56	DRUGS CHARGED TO PATIENTS		1622425	424					56
56.01	RENAL TXPLANT LAB		14579						56.01
57	RENAL DIALYSIS		68740	1					57
58	ASC (NON-DISTINCT PART)		1731419	35					58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY		1841886						61
62	OBSERVATION BEDS (NON-DISTINCT		197801						62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		29097582	776					101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		29097582	776					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3148984	110070069		9834			.028609	281	37
39	DELIVERY ROOM & LABOR ROOM	188613	7939697					.023756		39
40	ANESTHESIOLOGY	559932	25453168		4019			.021999	88	40
41	RADIOLOGY-DIAGNOSTIC	5655214	206202045		375581			.027426	10301	41
42	RADIOLOGY-THERAPEUTIC	1191635	27210605					.043793		42
43.01	CARDIAC REHAB	74402	2818196		378			.026401	10	43.01
44	LABORATORY	1907664	140295129		659253			.013598	8965	44
46	WHOLE BLOOD & PACKED RED BLOO	97295	18533332		9444			.005250	50	46
49	RESPIRATORY THERAPY	552244	38681482		44912			.014277	641	49
50	PHYSICAL THERAPY	658512	25100254		90454			.026235	2373	50
51	OCCUPATIONAL THERAPY	138723	7919772		60524			.017516	1060	51
52	SPEECH PATHOLOGY	48589	2340618		9868			.020759	205	52
53	ELECTROCARDIOLOGY	2742095	191743286		97187			.014301	1390	53
53.01	GI UNIT	505422	15456400		9659			.032700	316	53.01
53.02	VASCULAR LAB	210538	5962595		4790			.035310	169	53.02
54	ELECTROENCEPHALOGRAPHY	113600	3202452		22929			.035473	813	54
55	MEDICAL SUPPLIES CHARGED TO P	744432	106785642		20422			.006971	142	55
56	DRUGS CHARGED TO PATIENTS	838655	84621102		570929			.009911	5658	56
56.01	RENAL TXPLANT LAB	42700	224026		131			.190603	25	56.01
57	RENAL DIALYSIS	190467	7771891		38375			.024507	940	57
58	ASC (NON-DISTINCT PART)	890085	32124626					.027707		58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	782495	53617695		191462			.014594	2794	61
62	OBSERVATION BEDS (NON-DISTINC	87649	1142361					.076726		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	21369945	1115216443		2220151				36221	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOO								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY				56515			56515	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				56515			56515	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		110070069			9834			37
39	DELIVERY ROOM & LABOR ROOM		7939697						39
40	ANESTHESIOLOGY		25453168			4019			40
41	RADIOLOGY-DIAGNOSTIC		206202045			375581			41
42	RADIOLOGY-THERAPEUTIC		27210605						42
43.01	CARDIAC REHAB		2818196			378			43.01
44	LABORATORY		140295129			659253			44
46	WHOLE BLOOD & PACKED RED BLOO		18533332			9444			46
49	RESPIRATORY THERAPY		38681482			44912			49
50	PHYSICAL THERAPY		25100254			90454			50
51	OCCUPATIONAL THERAPY		7919772			60524			51
52	SPEECH PATHOLOGY		2340618			9868			52
53	ELECTROCARDIOLOGY		191743286			97187			53
53.01	GI UNIT		15456400			9659			53.01
53.02	VASCULAR LAB		5962595			4790			53.02
54	ELECTROENCEPHALOGRAPHY		3202452			22929			54
55	MEDICAL SUPPLIES CHARGED TO P		106785642			20422			55
56	DRUGS CHARGED TO PATIENTS		84621102			570929			56
56.01	RENAL TXPLANT LAB		224026			131			56.01
57	RENAL DIALYSIS		7771891			38375			57
58	ASC (NON-DISTINCT PART)		32124626						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	56515	53617695	.001054	.001054	191462	202		61
62	OBSERVATION BEDS (NON-DISTINC		1142361						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	56515	1115216443			2220151	202		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3148984	110070069		43479			.028609	1244	37
39	DELIVERY ROOM & LABOR ROOM	188613	7939697					.023756		39
40	ANESTHESIOLOGY	559932	25453168		9854			.021999	217	40
41	RADIOLOGY-DIAGNOSTIC	5655214	206202045		229986			.027426	6308	41
42	RADIOLOGY-THERAPEUTIC	1191635	27210605		23257			.043793	1018	42
43.01	CARDIAC REHAB	74402	2818196		794			.026401	21	43.01
44	LABORATORY	1907664	140295129		298543			.013598	4060	44
46	WHOLE BLOOD & PACKED RED BLOO	97295	18533332		26658			.005250	140	46
49	RESPIRATORY THERAPY	552244	38681482		200417			.014277	2861	49
50	PHYSICAL THERAPY	658512	25100254		1312091			.026235	34423	50
51	OCCUPATIONAL THERAPY	138723	7919772		846845			.017516	14833	51
52	SPEECH PATHOLOGY	48589	2340618		437900			.020759	9090	52
53	ELECTROCARDIOLOGY	2742095	191743286		68298			.014301	977	53
53.01	GI UNIT	505422	15456400		19302			.032700	631	53.01
53.02	VASCULAR LAB	210538	5962595		19135			.035310	676	53.02
54	ELECTROENCEPHALOGRAPHY	113600	3202452		6227			.035473	221	54
55	MEDICAL SUPPLIES CHARGED TO P	744432	106785642		131983			.006971	920	55
56	DRUGS CHARGED TO PATIENTS	838655	84621102		454930			.009911	4509	56
56.01	RENAL TXPLANT LAB	42700	224026					.190603		56.01
57	RENAL DIALYSIS	190467	7771891		103979			.024507	2548	57
58	ASC (NON-DISTINCT PART)	890085	32124626					.027707		58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	782495	53617695		60			.014594	1	61
62	OBSERVATION BEDS (NON-DISTINC	87649	1142361					.076726		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	21369945	1115216443		4233738				84698	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	ADMINISTERING BLOOD CLOTTING FACTORS COST 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOO								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY								53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY				56515			56515	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				56515			56515	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		110070069			43479			37
39	DELIVERY ROOM & LABOR ROOM		7939697						39
40	ANESTHESIOLOGY		25453168			9854			40
41	RADIOLOGY-DIAGNOSTIC		206202045			229986		261	41
42	RADIOLOGY-THERAPEUTIC		27210605			23257			42
43.01	CARDIAC REHAB		2818196			794			43.01
44	LABORATORY		140295129			298543			44
46	WHOLE BLOOD & PACKED RED BLOO		18533332			26658			46
49	RESPIRATORY THERAPY		38681482			200417			49
50	PHYSICAL THERAPY		25100254			1312091			50
51	OCCUPATIONAL THERAPY		7919772			846845			51
52	SPEECH PATHOLOGY		2340618			437900			52
53	ELECTROCARDIOLOGY		191743286			68298		414	53
53.01	GI UNIT		15456400			19302			53.01
53.02	VASCULAR LAB		5962595			19135			53.02
54	ELECTROENCEPHALOGRAPHY		3202452			6227			54
55	MEDICAL SUPPLIES CHARGED TO P		106785642			131983			55
56	DRUGS CHARGED TO PATIENTS		84621102			454930			56
56.01	RENAL TXPLANT LAB		224026						56.01
57	RENAL DIALYSIS		7771891			103979			57
58	ASC (NON-DISTINCT PART)		32124626						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	56515	53617695	.001054	.001054	60			61
62	OBSERVATION BEDS (NON-DISTINC		1142361						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	56515	1115216443			4233738		675	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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

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

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T148)
[ ] SUB III
[ ] SUB IV

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

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.242006	.242006	.242006				37
39	DELIVERY ROOM & LABOR ROOM	.461549	.461549	.461549				39
40	ANESTHESIOLOGY	.167199	.167199	.167199				40
41	RADIOLOGY-DIAGNOSTIC	.146449	.146449	.146449				41
42	RADIOLOGY-THERAPEUTIC	.204096	.204096	.204096				42
43.01	CARDIAC REHAB	.578349	.578349	.578349				43.01
44	LABORATORY	.217790	.217790	.217790				44
46	WHOLE BLOOD & PACKED RED BLOOD	.349412	.349412	.349412				46
49	RESPIRATORY THERAPY	.210923	.210923	.210923				49
50	PHYSICAL THERAPY	.430960	.430960	.430960				50
51	OCCUPATIONAL THERAPY	.320204	.320204	.320204				51
52	SPEECH PATHOLOGY	.360072	.360072	.360072				52
53	ELECTROCARDIOLOGY	.167079	.167079	.167079				53
53.01	GI UNIT	.258669	.258669	.258669				53.01
53.02	VASCULAR LAB	.155668	.155668	.155668				53.02
54	ELECTROENCEPHALOGRAPHY	.208656	.208656	.208656				54
55	MEDICAL SUPPLIES CHARGED TO PAT	.398471	.398471	.398471				55
56	DRUGS CHARGED TO PATIENTS	.327579	.327579	.327579				56
56.01	RENAL TXPLANT LAB	2.591855	2.591855	2.591855				56.01
57	RENAL DIALYSIS	.261523	.261523	.261523				57
58	ASC (NON-DISTINCT PART)	.257172	.257172	.257172				58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	.260504	.260504	.260504				61
62	OBSERVATION BEDS (NON-DISTINCT	1.187162	1.187162	1.187162				62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.327579	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T148)
[ ] SUB III
[ ] SUB IV

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM									37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		261							41
42	RADIOLOGY-THERAPEUTIC									42
43.01	CARDIAC REHAB									43.01
44	LABORATORY									44
46	WHOLE BLOOD & PACKED RED BLOOD									46
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY									50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		414							53
53.01	GI UNIT									53.01
53.02	VASCULAR LAB									53.02
54	ELECTROENCEPHALOGRAPHY									54
55	MEDICAL SUPPLIES CHARGED TO PA									55
56	DRUGS CHARGED TO PATIENTS									56
56.01	RENAL TXPLANT LAB									56.01
57	RENAL DIALYSIS									57
58	ASC (NON-DISTINCT PART)									58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		675							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		675							104

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

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T148)
[ ] SUB III
[ ] SUB IV

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

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		38						41
42	RADIOLOGY-THERAPEUTIC								42
43.01	CARDIAC REHAB								43.01
44	LABORATORY								44
46	WHOLE BLOOD & PACKED RED BLOOD								46
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		69						53
53.01	GI UNIT								53.01
53.02	VASCULAR LAB								53.02
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO PAT								55
56	DRUGS CHARGED TO PATIENTS								56
56.01	RENAL TXPLANT LAB								56.01
57	RENAL DIALYSIS								57
58	ASC (NON-DISTINCT PART)								58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		107						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		107						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL (PPS) (14-0148) 1	SUB I (PPS) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	SNF 1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	93017	10846	4906				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	93017	10846	4906				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	93017	10846	4906				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)	52872	4971	2480				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0148)	SUB I (PPS) (14-S148)	SUB II (PPS) (14-T148)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	67134618	8484440	3203446				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	67134618	8484440	3203446				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	83536995	11561490	4240800				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	41365295	9378810					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	42171700	2182680	4240800				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.803651	.733854	.755387				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	453.38	201.24	864.41				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	67134618	8484440	3203446				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

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	HOSPITAL (PPS) (14-0148) 1	SUB I (PPS) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	721.75	782.26	652.96			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	38160366	3888614	1619341			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	38160366	3888614	1619341			41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT	14790062	9746	1517.55	5934	9005142	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT	2971360	2394	1241.17	915	1135671	46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (14-0148) 1	SUB I (PPS) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	75734894	558153	1424198			48
49	TOTAL PROGRAM INPATIENT COSTS	124036073	4446767	3043539			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3214213	310190	114551			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5186793	36423	84698			51
52	TOTAL PROGRAM EXCLUDABLE COST	8401006	346613	199249			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	115635067	4100154	2844290			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) (14-0148)	SUB I (PPS) (14-S148)	SUB II (PPS) (14-T148)	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	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (14-0148)	SUB I (PPS) (14-S148)	SUB II (PPS) (14-T148)	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	1879					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	721.75					84
85 OBSERVATION BED COST	1356168					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		67134618		1356168		86
87 NEW CAPITAL-RELATED COST	4338913	67134618	.064630	1356168	87649	87
88 NON PHYSICIAN ANESTHETIST		67134618		1356168		88
89 NURSING SCHOOL		67134618		1356168		89
89.01 ALLIED HEALTH		67134618		1356168		89.01
89.02 ALL OTHER		67134618		1356168		89.02

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		47620619		25
26	INTENSIVE CARE UNIT		12897229		26
28	BURN INTENSIVE CARE UNIT		1656870		28
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II (REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.242205	31265329	7572619	37
39	DELIVERY ROOM & LABOR ROOM	.461549	41365	19092	39
40	ANESTHESIOLOGY	.168181	6085961	1023543	40
41	RADIOLOGY-DIAGNOSTIC	.146449	36892627	5402888	41
42	RADIOLOGY-THERAPEUTIC	.204096	1040114	212283	42
43.01	CARDIAC REHAB	.578349	883405	510916	43.01
44	LABORATORY	.219030	36582541	8012674	44
46	WHOLE BLOOD & PACKED RED BLOOD	.349412	7520050	2627596	46
49	RESPIRATORY THERAPY	.211217	18683352	3946242	49
50	PHYSICAL THERAPY	.440044	4082760	1796594	50
51	OCCUPATIONAL THERAPY	.320204	3149834	1008589	51
52	SPEECH PATHOLOGY	.360072	1059151	381371	52
53	ELECTROCARDIOLOGY	.167540	70856193	11871247	53
53.01	GI UNIT	.258669	3053515	789850	53.01
53.02	VASCULAR LAB	.157455	2104791	331410	53.02
54	ELECTROENCEPHALOGRAPHY	.209771	768290	161165	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.398471	36065254	14370958	55
56	DRUGS CHARGED TO PATIENTS	.327579	37176070	12178100	56
56.01	RENAL TXPLANT LAB	2.599707	2203	5727	56.01
57	RENAL DIALYSIS	.264302	4067520	1075054	57
58	ASC (NON-DISTINCT PART)	.257172	631381	162374	58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.260954	8527094	2225179	61
62	OBSERVATION BEDS (NON-DISTINCT	1.187162	41631	49423	62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		310580431	75734894	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		310580431		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[ ] HOSPITAL
[XX] SUB I (14-S148)
[ ] SUB II
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
28	BURN INTENSIVE CARE UNIT				28
31	SUBPROVIDER I		5679256		31
31.01	SUBPROVIDER II (REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.242205	9834	2382	37
39	DELIVERY ROOM & LABOR ROOM	.461549			39
40	ANESTHESIOLOGY	.168181	4019	676	40
41	RADIOLOGY-DIAGNOSTIC	.146449	375581	55003	41
42	RADIOLOGY-THERAPEUTIC	.204096			42
43.01	CARDIAC REHAB	.578349	378	219	43.01
44	LABORATORY	.219030	659253	144396	44
46	WHOLE BLOOD & PACKED RED BLOOD	.349412	9444	3300	46
49	RESPIRATORY THERAPY	.211217	44912	9486	49
50	PHYSICAL THERAPY	.440044	90454	39804	50
51	OCCUPATIONAL THERAPY	.320204	60524	19380	51
52	SPEECH PATHOLOGY	.360072	9868	3553	52
53	ELECTROCARDIOLOGY	.167540	97187	16283	53
53.01	GI UNIT	.258669	9659	2498	53.01
53.02	VASCULAR LAB	.157455	4790	754	53.02
54	ELECTROENCEPHALOGRAPHY	.209771	22929	4810	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.398471	20422	8138	55
56	DRUGS CHARGED TO PATIENTS	.327579	570929	187024	56
56.01	RENAL TXPLANT LAB	2.599707	131	341	56.01
57	RENAL DIALYSIS	.264302	38375	10143	57
58	ASC (NON-DISTINCT PART)	.257172			58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.260954	191462	49963	61
62	OBSERVATION BEDS (NON-DISTINCT	1.187162			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		2220151	558153	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		2220151		103

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

[ ] HOSPITAL
[ ] SUB I
[XX] SUB II (14-T148)
[ ] SUB III
[ ] SUB IV

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
28	BURN INTENSIVE CARE UNIT				28
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II (REHAB		2116807		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.242205	43479	10531	37
39	DELIVERY ROOM & LABOR ROOM	.461549			39
40	ANESTHESIOLOGY	.168181	9854	1657	40
41	RADIOLOGY-DIAGNOSTIC	.146449	229986	33681	41
42	RADIOLOGY-THERAPEUTIC	.204096	23257	4747	42
43.01	CARDIAC REHAB	.578349	794	459	43.01
44	LABORATORY	.219030	298543	65390	44
46	WHOLE BLOOD & PACKED RED BLOOD	.349412	26658	9315	46
49	RESPIRATORY THERAPY	.211217	200417	42331	49
50	PHYSICAL THERAPY	.440044	1312091	577378	50
51	OCCUPATIONAL THERAPY	.320204	846845	271163	51
52	SPEECH PATHOLOGY	.360072	437900	157676	52
53	ELECTROCARDIOLOGY	.167540	68298	11443	53
53.01	GI UNIT	.258669	19302	4993	53.01
53.02	VASCULAR LAB	.157455	19135	3013	53.02
54	ELECTROENCEPHALOGRAPHY	.209771	6227	1306	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.398471	131983	52591	55
56	DRUGS CHARGED TO PATIENTS	.327579	454930	149026	56
56.01	RENAL TXPLANT LAB	2.599707			56.01
57	RENAL DIALYSIS	.264302	103979	27482	57
58	ASC (NON-DISTINCT PART)	.257172			58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.260954	60	16	61
62	OBSERVATION BEDS (NON-DISTINCT	1.187162			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		4233738	1424198	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4233738		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1	D	PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	721.75			1
2	INTENSIVE CARE UNIT	1140	43	1517.55	2	3035	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1241.17			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	1140			2	3035	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.242006	22774	5511	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.461549			10
11	ANESTHESIOLOGY	40	.167199	3686	616	11
12	RADIOLOGY-DIAGNOSTIC	41	.146449	966	141	12
13	RADIOLOGY-THERAPEUTIC	42	.204096			13
14	RADIOISOTOPE	43				14
14.01	CARDIAC REHAB	43.01	.578349			14.01
15	LABORATORY	44	.217790	13012	2834	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46	.349412	962	336	17
18	BLOOD STORING, PROCESSING & TRA	47				18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.210923	5159	1088	20
21	PHYSICAL THERAPY	50	.430960			21
22	OCCUPATIONAL THERAPY	51	.320204			22
23	SPEECH PATHOLOGY	52	.360072			23
24	ELECTROCARDIOLOGY	53	.167079	195	33	24
24.01	GI UNIT	53.01	.258669	9492	2455	24.01
24.02	VASCULAR LAB	53.02	.155668			24.02
25	ELECTROENCEPHALOGRAPHY	54	.208656			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.398471	2415	962	26
27	DRUGS CHARGED TO PATIENTS	56	.327579	2229	730	27
27.01	RENAL TXPLANT LAB	56.01	2.591855	160232	415298	27.01
28	RENAL DIALYSIS	57	.261523			28
29	ASC (NON-DISTINCT PART)	58	.257172			29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60				31
31.01	MAP (2004)	60.01				31.01
32	EMERGENCY	61	.260504			32
33	OBSERVATION BEDS (NON-DISTINCT	62	1.187162			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
35	TOTAL			221122	430004	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

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

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

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	433039		222262		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	389207		389207		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	822246		611469		53
54	TOTAL USABLE ORGANS		6			54
55	MEDICARE USABLE ORGANS		6			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		1.000000			56
57	MEDICARE COST/CHARGES	822246		611469		57
58	REVENUE FOR ORGANS SOLD	30475		30475		58
59	SUBTOTAL	791771		580994		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	791771		580994		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER		6		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S				65
66	TOTAL		6		66
67	ORGANS TRANSPLANTED				67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		6		69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL		6		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	22005502					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	68930741					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	1181638					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	4495772					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	4581086					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	371.41					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	87.55					3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	1.84					3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15] [PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06 0.00 0.00	89.39					3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	118.31					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	89.39					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	87.55					3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	87.55					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO — RES. IN INIT YRS 0.00	88.16					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.237366					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.239786					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	0.237366					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2820020					3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1	8930133					3.23
	[SUM OF LINES] [PLUS E-3,PT.VI] [3.21-3.23] [LINE 23]						
3.24	SUM OF LINES 3.21-3.23 11750153 983141	12733294					3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0435					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1189					4.01
4.02	SUM OF 4 AND 4.01	0.1624					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0331					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	3009990					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	111260613					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	111260613					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8846740					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3477153					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	791771					12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	8988					15
16	TOTAL	124385265					16
17	PRIMARY PAYER PAYMENTS	278182					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	124107083					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8548757					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	423687					20
21	REIMBURSABLE BAD DEBTS	1484508					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1039156					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1293655					21.02
22	SUBTOTAL	116173795					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	116173795					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	114541610					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1632185					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	535752					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0148) 1	HOSPITAL (14-0148) 1.01	HOSPITAL (14-0148) 1.02	
1	MEDICAL AND OTHER SERVICES	3157			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	29090130			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	30128627			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.858			1.03
1.04	LINE 1.01 TIMES LINE 1.03	24959332			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	7452			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	3157			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	10413			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	10413			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	10413			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7256			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	3157			17
17.01	TOTAL PPS PAYMENTS	30136079			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0148) 1	HOSPITAL (14-0148) 1.01	HOSPITAL (14-0148) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE	499			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	7083428			18.01
19	SUBTOTAL	23055309			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	766455			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	23821764			23
24	PRIMARY PAYER PAYMENTS	2308			24
25	SUBTOTAL	23819456			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	1479151			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	1035406			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1329460			27.02
28	SUBTOTAL	24854862			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	24854862			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	24401613			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	453249			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	368			36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB I (14-S148) 1	SUB I (14-S148) 1.01	SUB I (14-S148) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (14-T148) 1	SUB II (14-T148) 1.01	SUB II (14-T148) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	107			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	92			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	92			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SUB II (14-T148) 1	SUB II (14-T148) 1.01	SUB II (14-T148) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	18			18.01
19	SUBTOTAL	74			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	74			23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL	74			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL	74			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	74			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	73			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	1			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

		HOSPITAL (14-0148) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	STANDARD OVERHEAD AMOUNTS (ASC FEES)			1
2	DEDUCTIBLES			2
3	SUBTOTAL			3
4	80 PERCENT OF LINE 3			4
5	ASC PORTION OF BLEND			5
6	OUTPATIENT ASC COST			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	HOSPITAL SPECIFIC PORTION OF BLEND			17
18	ASC BLENDED AMOUNT			18
19	LESSER OF LINES 16 OR 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	ASC PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (14-0148) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			
2	42 PERCENT OF LINE 1			1
3	DEDUCTIBLES			2
4	SUBTOTAL			3
5	BLENDED CHARGE PROPORTION			4
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES			5
				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

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-0148)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				109758448		23044513	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.				4596738		1707861	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01	04/17/2009	427157	04/17/2009	96632	3.01
		.02					3.02
		.03					3.03
		.04					3.04
		.05					3.05
		.50	09/11/2009	240733	09/11/2009	447393	3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52					3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		186424		-350761	3.99
4 TOTAL INTERIM PAYMENTS				114541610		24401613	4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					5.01
		.02					5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51					5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
02/25/2010 13:09

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SUBPROVIDER I (14-S148)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			3262478			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.			NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER .01					3.01
	.02					3.02
	.03		NONE		NONE	3.03
	.04					3.04
	.05					3.05
	.50	04/17/2009	21718			3.50
	PROVIDER TO PROGRAM .51					3.51
	.52				NONE	3.52
	.53					3.53
	.54					3.54
SUBTOTAL	.99		-21718			3.99
4 TOTAL INTERIM PAYMENTS			3240760			4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER .01					5.01
	.02					5.02
	.03					5.03
	PROVIDER TO PROGRAM .50					5.50
	.51					5.51
	.52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01					6.01
	PROVIDER TO PROGRAM .02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SUBPROVIDER II (14-T148)

WORKSHEET E-1

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3554522		73	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01	04/17/2009	24821			3.01
	PROGRAM	.02					3.02
	TO	.03				NONE	3.03
	PROVIDER	.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER	.51					3.51
	TO	.52		NONE		NONE	3.52
	PROGRAM	.53					3.53
		.54					3.54
SUBTOTAL		.99		24821			3.99
4 TOTAL INTERIM PAYMENTS				3579343		73	4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (14-S148)	SUB II (14-T148)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)			3206200			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)			0.0283			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)			306654			1.04
1.05	OUTLIER PAYMENTS			52028			1.05
1.06	TOTAL PPS PAYMENTS			3650744			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)		3283777				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS		96039				1.09
1.10	NET IPF PPS ECT PAYMENTS		91678				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		3.12				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)		2.33				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		2.33				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		29.715068				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.039642				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT		130175				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		3601669				1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS		3601669				1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)			0.83			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)			0.40			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)			0.40			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)			13.441096			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR			0.026780			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT			85862			1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		3601669	3650744			4
5	PRIMARY PAYER PAYMENTS		5352	24093			5
6	SUBTOTAL		3596317	3626651			6
7	DEDUCTIBLES		236548	21008			7
8	SUBTOTAL		3359769	3605643			8
9	COINSURANCE		67425	35858			9
10	SUBTOTAL		3292344	3569785			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		150596	1828			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		105417	1280			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		143290				11.02
12	SUBTOTAL		3397761	3571065			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

		HOSPITAL	SUB I (14-S148)	SUB II (14-T148)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		202				13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3397963	3571065			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		3240760	3579343			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		157203	-8278			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		7	25113			21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
PART IV

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	112.84	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	1.84	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP 103.58	103.58	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	121.04	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	103.58	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	47.06	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	68.68	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	115.74	3.09
3.10	SEE INSTRUCTIONS	99.04	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	58.77	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	61.22	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	50.05	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	56.68	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	56.68	3.16
3.17	SEE INSTRUCTIONS	72827.26	3.17
3.18	SEE INSTRUCTIONS	4127849	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	37.03	3.19
3.20	SEE INSTRUCTIONS	42.36	3.20
3.21	SEE INSTRUCTIONS	39.89	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 1.84]	41.73	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	72827.26	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	3039082	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	7166931	3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	67172	4
5	TOTAL INPATIENT DAYS	119030	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS	.564328	6

		[LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	4044500	0	4044500	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			3851	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			119030	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			199108	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
		[PRIOR TO] [E-3,PART 6] [422] [LINE 12]			
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY
(NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	7771891	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	131526379	12
13	ORGAN ACQUISITION COSTS	791771	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	307627	15
16	TOTAL PART A REASONABLE COST	132010523	16
	PART B REASONABLE COST		
17	REASONABLE COST	29100846	17
18	PRIMARY PAYER PAYMENTS	2308	18
19	TOTAL PART B REASONABLE COST	29098538	19
20	TOTAL REASONABLE COST	161109061	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.819386	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.180614	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	4243608	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3477153	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	766455	25

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

WORKSHEET E-3
PART VI

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

	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	103.58	2
3	UNADJUSTED DIRECT GME FTE CAP	114.68	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	103.58	4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	14.30	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	28.92	17
18	SEE INSTRUCTIONS	14.30	18
19	RESIDENT TO BED COUNT	.038502	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.010176	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	90936243	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	5677410	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	983141	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	78388387				1
2	TEMPORARY INVESTMENTS	39248962				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	68471660				4
5	OTHER RECEIVABLES	4519407				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12226000				6
7	INVENTORY	8803052				7
8	PREPAID EXPENSES	2606235				8
9	OTHER CURRENT ASSETS	3925130				9
10	DUE FROM OTHER FUNDS	6955466				10
11	TOTAL CURRENT ASSETS	200692299				11
	FIXED ASSETS					
12	LAND	4801883				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	12182111				13
13.01	ACCUMULATED DEPRECIATION	-7895219				13.01
14	BUILDINGS	160355114				14
14.01	ACCUMULATED DEPRECIATION	-95589180				14.01
15	LEASEHOLD IMPROVEMENTS	2241303				15
15.01	ACCUMULATED AMORTIZATION	-1361263				15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	137044206				18
18.01	ACCUMULATED DEPRECIATION	-91117238				18.01
19	MINOR EQUIPMENT DEPRECIABLE	10201241				19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	130862958				21
	OTHER ASSETS					
22	INVESTMENTS	50430108				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	86206464				25
26	TOTAL OTHER ASSETS	136636572				26
27	TOTAL ASSETS	468191829				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	31919567				28
29	SALARIES, WAGES & FEES PAYABLE	15778763				29
30	PAYROLL TAXES PAYABLE	108819				30
31	NOTES & LOANS PAYABLE (SHORT TERM)					31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	25081144				34
35	OTHER CURRENT LIABILITIES	7315088				35
36	TOTAL CURRENT LIABILITIES	80203381				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	56833200				37
38	NOTES PAYABLE	6128023				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	88434276				41
42	TOTAL LONG TERM LIABILITIES	151395499				42
43	TOTAL LIABILITIES	231598880				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	236592949				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	236592949				51
52	TOTAL LIABILITIES AND FUND BALANCES	468191829				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	264926516				1
2	NET INCOME (LOSS)	40965600				2
3	TOTAL	305892116				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	CHANGE IN VALUE / INT RATE SWAP	90491				5
6	UNREAL GAINS					6
7	ASSETS RELEASED	503282				7
8						8
9						9
10	TOTAL ADDITIONS	593773				10
11	SUBTOTAL	306485889				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	CONTRIBUTIONS	18095326				13
14	CHANGE IN PENSION LEVELS	60185016				14
15	OTHER DEDUCTIONS	-8387402				15
16						16
17						17
18	TOTAL DEDUCTIONS	69892940				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	236592949				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	95893131		95893131	1
2	SUBPROVIDER I	12731380		12731380	2
2.01	SUBPROVIDER II	4240800		4240800	2.01
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	112865311		112865311	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	21402894		21402894	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT	5043631		5043631	12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	26446525		26446525	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	139311836		139311836	16
17	ANCILLARY SERVICES	624477581	535734775	1160212356	17
18	OUTPATIENT SERVICES				18
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	763789417	535734775	1299524192	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		444440059	26
27	ADD (SPECIFY)			27
28	ILLINOIS STATE ASSESSMENT			28
29	PURCHASED SERV HAMP	28315207		29
30	BAD DEBT	13566607		30
31	GRANT EXPENSE	12939		31
32				32
33	TOTAL ADDITIONS		41894753	33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		486334812	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	1299524192	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	863439971	2
3	NET PATIENT REVENUES	436084221	3
4	LESS - TOTAL OPERATING EXPENSES	486334812	4
5	NET INCOME FROM SERVICE TO PATIENTS	-50250591	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	7461	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	4104992	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	339778	20
21	RENTAL OF VENDING MACHINES	120110	21
22	RENTAL OF HOSPITAL SPACE	2464038	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	HIGHER ED GRANT		24
24.01	CAPITATION	53222078	24.01
24.02	AUTOPSY REV	32663	24.02
24.03	MISCELLANEOUS INCOME	937757	24.03
24.04	OTHER	486000	24.04
24.05	CHILD CARE	973936	24.05
24.06	HOSPITAL ASSESSEMENT	24960919	24.06
24.07	CAPITATION REVENUE		24.07
24.08	OTHER OPERATING REVENUES	1623035	24.08
24.09	NON-OPERATING RELEASE FROM RESTRICT		24.09
24.10	GAIN/LOSS ON FAIR VALUE	-1568295	24.10
24.11	INTEREST RATE SWAP		24.11
24.12	REALIZED GAIN/LOSS	-11467585	24.12
24.13	UNREALIZED GAIN/LOSS	10767512	24.13
24.14	DEFERRED COMP INT/DIVIDENDS	87968	24.14
24.15	DONATIONS UNRESTRICTED		24.15
24.16	CONTRIBUTIONS RELEASED		24.16
24.17	INTEREST INCOME 85 SERIES	15369	24.17
24.18	OPERATIONS INVESTMENT INTEREST	700193	24.18
24.19	DEFERRED COMP EXPENSE		24.19
24.20	WORKERS COMP INTEREST	177429	24.20
24.21	INVESTMENT INCOME EXPENSE	-612885	24.21
24.22	SELF INSURANCE INTEREST	379254	24.22
24.23	BOND FUND INTEREST INCOME	3494143	24.23
24.24	BOND SERIES INTEREST INCOME	2271	24.24
24.25	INVESTMENT MGMT FEES	-31950	24.25
25	TOTAL OTHER INCOME	91216191	25
26	TOTAL	40965600	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	40965600	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2315

WORKSHEET I-1

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

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1	REGISTERED NURSES	1006986	HRS OF SERVICE	33598.60	16.15	1
2	LICENSED PRACTICAL NURSES	23889	HRS OF SERVICE	1049.10	.50	2
3	NURSES AIDES		HRS OF SERVICE			3
4	TECHNICIANS	360	HRS OF SERVICE	12.40	.01	4
5	SOCIAL WORKERS		HRS OF SERVICE			5
6	DIETICIANS		HRS OF SERVICE			6
7	PHYSICIANS	10384	ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY	92676	ACCUMULATED COST			8
9	SUBTOTAL	1134295				9
10	EMPLOYEE BENEFITS	80535	SALARY			10
11	OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12	OLD & NEW CAP REL COSTS-MOV EQUIPMENT	60342	PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14	SUPPLIES		REQUISITIONS			14
15	DRUGS	4487	REQUISITIONS			15
16	OTHER	14888	ACCUMULATED COST			16
17	SUBTOTAL	1294547				17
18	OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19	OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20	NEW CAP REL COSTS-BLDGS & FIXTURES	84858	SQUARE FEET			20
21	NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			21
22	EMPLOYEE BENEFITS	183002	SALARY			22
23	ADMINISTRATIVE AND GENERAL	303140	ACCUMULATED COST			23
24	MAINT/REPAIRS-OPERATION-HOUSEKEEPING	242317	SQUARE FEET			24
25	MEDICAL EDUCATION PROGRAM COSTS					25
26	CENTRAL SERVICES & SUPPLIES		REQUISITIONS			26
27	PHARMACY	-116782	REQUISITIONS			27
28	OTHER ALLOCATED COSTS	41445	ACCUMULATED COST			28
29	SUBTOTAL	2032527				29
30	LABORATORY		CHARGES			30
31	RESPIRATORY THERAPY		CHARGES			31
32	OTHER ANCILLARY (SPECIFY)		CHARGES			32
33	TOTAL COSTS	2032527				33

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

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

		---CAPITAL AND--- RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE RNS 3	SALARY OTHER 4	EMPLOYEE BENEFITS 5	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUB-TOTAL 9	OVERHEAD 10	TOTAL 11	
1	TOTAL RENAL DEPT COSTS	327175	60342	1006986	24249	263537	-112295			1569994	462533	2032527	1
	MAINTENANCE												
2	HEMODIALYSIS	89063	21015	234431	24066	65747	-39117			395205	116431	511636	2
3	INTERMITTENT PERITONEAL												3
	TRAINING												
4	HEMODIALYSIS												4
5	INTERMITTENT PERITONEAL												5
6	CAPD												6
7	CCPD												7
	HOME												
8	HEMODIALYSIS												8
9	INTERMITTENT PERITONEAL												9
10	CAPD												10
11	CCPD												11
	OTHER BILLABLE SERVICES												
12	INPATIENT DIALYSIS	238112	39327	772555	183	197790	-73178			1174789	346102	1520891	12
13	METHOD II HOME PATIENT												13
14	EPO (INCL IN RENAL DEPT)						118934						14
14.01	ARANESP (INCL IN RENAL DEPT)												14.01
15	OTHER												15
16	TOTAL	327175	60342	1006986	24249	263537	-112295			1569994	462533	2032527	16
17	MEDICAL EDUC PGM COSTS												17
18	TOTAL RENAL COSTS											2032527	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3

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

		----CAPITAL AND---- RELATED COSTS BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2	-DIRECT PATIENT- CARE RNS (HOURS) 3	SALARY OTHERS (HOURS) 4	EMPLOYEE BENEFITS (SALARY) 5	DRGS (REQUIS) 6	MEDICAL SUPPLIES (REQUIS) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUB-TOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS	327175	60342	1006986	24249	263537	-112295			1569994	462533	1
	MAINTENANCE											
2	HEMODIALYSIS	1458	21015.00	7822.00	1053.00	317647	1563					2
3	INTERMITTENT PERITONEAL											3
	TRAINING											
4	HEMODIALYSIS											4
5	INTERMITTENT PERITONEAL											5
6	CAPD											6
7	CCPD											7
	HOME											
8	HEMODIALYSIS											8
9	INTERMITTENT PERITONEAL											9
10	CAPD											10
11	CCPD											11
	OTHER BILLABLE SERVICES											
12	INPT DIAL TRTMNTS 2751	3898	39327.00	25777.00	8.00	955599	2924					
13	METHOD II HOME PATIENT											13
14	EPO											14
14.01	ARANESP											14.01
15	OTHER											15
16	TOTAL STATISTICAL BASIS	5356	60342.00	33599.00	1061.00	1273246	4487				1569994	16
17	UNIT COST MULTIPLIER	61.085698	1.000000	29.970713	22.854854	.206980	-25.026744				.294608	17

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2315
PAYMENT RATE # 1

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	1470	511636	348.05	829	288533	155.62	129009	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	1470	511636		829	288533		129009	11

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

	DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	288533	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	129009	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	439	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	24781	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	25220	6
7	PROGRAM PAYMENT	102856	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	933	8
9	REIMBURSABLE BAD DEBTS		9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (14-0148) (14-0148)	SUB I	SUB II	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT						1
2	CAPITAL DRG OTHER THAN OUTLIER	7467701					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	338788					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]	287.24					4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17] 88.16 [x E-3,PT VI,LN.1] 14.30	102.46					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	10.59					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	790830					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0435					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1189					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1624					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0334					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	249421					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8846740					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

	COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	56.84		11.47				68.31	25
26	INTENSIVE CARE UNIT	60.89		3.53				64.42	26
28	BURN INTENSIVE CARE UNIT	38.22		19.38				57.60	28
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	28.40	10.31					38.71	37
39	DELIVERY ROOM & LABOR ROOM	0.52						0.52	39
40	ANESTHESIOLOGY	23.91	12.00					35.91	40
41	RADIOLOGY-DIAGNOSTIC	17.89	20.59					38.48	41
42	RADIOLOGY-THERAPEUTIC	3.82	44.43					48.25	42
43.01	CARDIAC REHAB	31.35	25.23					56.58	43.01
44	LABORATORY	26.08	2.91					28.99	44
46	WHOLE BLOOD & PACKED RED BLOOD	40.58	9.85					50.43	46
49	RESPIRATORY THERAPY	48.30	6.87					55.17	49
50	PHYSICAL THERAPY	16.27	0.67					16.94	50
51	OCCUPATIONAL THERAPY	39.77						39.77	51
52	SPEECH PATHOLOGY	45.25						45.25	52
53	ELECTROCARDIOLOGY	36.95	17.59					54.54	53
53.01	GI UNIT	19.76	22.67					42.43	53.01
53.02	VASCULAR LAB	35.30	21.24					56.54	53.02
54	ELECTROENCEPHALOGRAPHY	23.99	8.58					32.57	54
55	MEDICAL SUPPLIES CHARGED TO PAT	33.77	5.44					39.21	55
56	DRUGS CHARGED TO PATIENTS	43.93	5.85					49.78	56
56.01	RENAL TXPLANT LAB	0.98	2.51					3.49	56.01
57	RENAL DIALYSIS	52.34	3.38					55.72	57
58	ASC (NON-DISTINCT PART)	1.97	20.96					22.93	58
61	EMERGENCY	15.90	13.19					29.09	61
62	OBSERVATION BEDS (NON-DISTINCT	3.64	14.59					18.23	62
101	TOTAL CHARGES	24.85	11.37					36.22	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
31 SUBPROVIDER I	45.83		15.27				61.10	31
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.01						0.01	37
40 ANESTHESIOLOGY	0.02						0.02	40
41 RADIOLOGY-DIAGNOSTIC	0.18						0.18	41
43.01 CARDIAC REHAB	0.01						0.01	43.01
44 LABORATORY	0.47						0.47	44
46 WHOLE BLOOD & PACKED RED BLOOD	0.05						0.05	46
49 RESPIRATORY THERAPY	0.12						0.12	49
50 PHYSICAL THERAPY	0.36						0.36	50
51 OCCUPATIONAL THERAPY	0.76						0.76	51
52 SPEECH PATHOLOGY	0.42						0.42	52
53 ELECTROCARDIOLOGY	0.05						0.05	53
53.01 GI UNIT	0.06						0.06	53.01
53.02 VASCULAR LAB	0.08						0.08	53.02
54 ELECTROENCEPHALOGRAPHY	0.72						0.72	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.02						0.02	55
56 DRUGS CHARGED TO PATIENTS	0.67						0.67	56
56.01 RENAL TXPLANT LAB	0.06						0.06	56.01
57 RENAL DIALYSIS	0.49						0.49	57
61 EMERGENCY	0.36						0.36	61
101 TOTAL CHARGES	0.18						0.18	101

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

SUBPROVIDER II

COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
31.01 SUBPROVIDER II (REHAB	50.55		11.52				62.07	31.01
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.04						0.04	37
40 ANESTHESIOLOGY	0.04						0.04	40
41 RADIOLOGY-DIAGNOSTIC	0.11						0.11	41
42 RADIOLOGY-THERAPEUTIC	0.09						0.09	42
43.01 CARDIAC REHAB	0.03						0.03	43.01
44 LABORATORY	0.21						0.21	44
46 WHOLE BLOOD & PACKED RED BLOOD	0.14						0.14	46
49 RESPIRATORY THERAPY	0.52						0.52	49
50 PHYSICAL THERAPY	5.23						5.23	50
51 OCCUPATIONAL THERAPY	10.69						10.69	51
52 SPEECH PATHOLOGY	18.71						18.71	52
53 ELECTROCARDIOLOGY	0.04						0.04	53
53.01 GI UNIT	0.12						0.12	53.01
53.02 VASCULAR LAB	0.32						0.32	53.02
54 ELECTROENCEPHALOGRAPHY	0.19						0.19	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.12						0.12	55
56 DRUGS CHARGED TO PATIENTS	0.54						0.54	56
57 RENAL DIALYSIS	1.34						1.34	57
101 TOTAL CHARGES	0.34						0.34	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	12526489	3.27	-12526489	-8.66			3
5	EMPLOYEE BENEFITS	24298629	6.35	-24298629	-16.79			5
6	ADMINISTRATIVE & GENERAL	57325419	14.97	-57325419	-39.61			6
7	MAINTENANCE & REPAIRS	16500888	4.31	-16500888	-11.40			7
9	LAUNDRY & LINEN SERVICE	1342167	.35	-1342167	-.93			9
10	HOUSEKEEPING	5469704	1.43	-5469704	-3.78			10
11	DIETARY	1537784	.40	-1537784	-1.06			11
12	CAFETERIA	1569011	.41	-1569011	-1.08			12
14	NURSING ADMINISTRATION	2388250	.62	-2388250	-1.65			14
15	CENTRAL SERVICES & SUPPLY	2183743	.57	-2183743	-1.51			15
16	PHARMACY	6174935	1.61	-6174935	-4.27			16
17	MEDICAL RECORDS & LIBRARY	5025368	1.31	-5025368	-3.47			17
18	SOCIAL SERVICE	687200	.18	-687200	-.47			18
22	I&R SERVICES-SALARY & FRINGES A	5418720	1.41	-5418720	-3.74			22
23	I&R SERVICES-OTHER PRGM COSTS A	2238535	.58	-2238535	-1.55			23
24	PARAMED ED PRGM-(SPECIFY)	40377	.01	-40377	-.03			24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	35274559	9.21	36314868	25.09	71589427	18.69	25
26	INTENSIVE CARE UNIT	8461027	2.21	6303198	4.36	14764225	3.86	26
28	BURN INTENSIVE CARE UNIT	1620775	.42	1320192	.91	2940967	.77	28
31	SUBPROVIDER I	4092875	1.07	5461774	3.77	9554649	2.49	31
31.01	SUBPROVIDER II (REHAB	1573604	.41	1629759	1.13	3203363	.84	31.01
33	NURSERY	1243708	.32	777473	.54	2021181	.53	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	17204418	4.49	11312624	7.82	28517042	7.45	37
39	DELIVERY ROOM & LABOR ROOM	2489415	.65	1175144	.81	3664559	.96	39
40	ANESTHESIOLOGY	3005314	.78	1250435	.86	4255749	1.11	40
41	RADIOLOGY-DIAGNOSTIC	20455902	5.34	10376066	7.17	30831968	8.05	41
42	RADIOLOGY-THERAPEUTIC	3781231	.99	1772340	1.22	5553571	1.45	42
43.01	CARDIAC REHAB	1049898	.27	580002	.40	1629900	.43	43.01
44	LABORATORY	21171987	5.53	9382820	6.48	30554807	7.98	44
46	WHOLE BLOOD & PACKED RED BLOOD	5319351	1.39	1156413	.80	6475764	1.69	46
49	RESPIRATORY THERAPY	5525381	1.44	2846458	1.97	8371839	2.19	49
50	PHYSICAL THERAPY	7222224	1.89	3594991	2.48	10817215	2.82	50
51	OCCUPATIONAL THERAPY	1629417	.43	906523	.63	2535940	.66	51
52	SPEECH PATHOLOGY	532907	.14	309883	.21	842790	.22	52
53	ELECTROCARDIOLOGY	23979555	6.26	8056739	5.57	32036294	8.37	53
53.01	GI UNIT	2511370	.66	1486717	1.03	3998087	1.04	53.01
53.02	VASCULAR LAB	651052	.17	277134	.19	928186	.24	53.02
54	ELECTROENCEPHALOGRAPHY	384796	.10	283416	.20	668212	.17	54
55	MEDICAL SUPPLIES CHARGED TO PAT	33850664	8.84	8700319	6.01	42550983	11.11	55
56	DRUGS CHARGED TO PATIENTS	15977297	4.17	11742801	8.11	27720098	7.24	56
56.01	RENAL TXPLANT LAB	388518	.10	192125	.13	580643	.15	56.01
57	RENAL DIALYSIS	1294547	.34	856914	.59	2151461	.56	57
58	ASC (NON-DISTINCT PART)	5611710	1.47	2649831	1.83	8261541	2.16	58
60.01	MAP (2004)							60.01

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
61	EMERGENCY	9097182	2.38	4870452	3.37	13967634	3.65	61
62	OBSERVATION BEDS (NON-DISTINCT							62
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
83	KIDNEY ACQUISITION	267151	.07	122056	.08	389207	.10	83
85.01	PANCREAS ACQUISITION							85.01
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	238024	.06	131743	.09	369767	.10	96
98	PHYSICIANS' PRIVATE OFFICES	45085	.01	671384	.46	716469	.19	98
98.01	SIU SCHOOL OF MEDICINE	891081	.23	2669707	1.84	3560788	.93	98.01
98.03	UNIVERSITY BUILDING (MHCCI)	186945	.05	52546	.04	239491	.06	98.03
98.04	MEALS ON WHEELS			125031	.09	125031	.03	98.04
98.05	ACS HOME CARE			1055132	.73	1055132	.28	98.05
98.06	VNA OF CENTRAL IL			357598	.25	357598	.09	98.06
98.07	GAMBRO			474256	.33	474256	.12	98.07
98.08	FOUNDATION			132627	.09	132627	.03	98.08
98.09	SIU MAP PROGRAM	690065	.18	3133041	2.16	3823106	1.00	98.09
98.10	AUDIOLOGY	510691	.13	214687	.15	725378	.19	98.10
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	382956945	100.00	0	.00	382956945	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	3148984	110070069	.028609	31265329	894470	37
39	DELIVERY ROOM & LABOR ROOM	188613	7939697	.023756	41365	983	39
40	ANESTHESIOLOGY	559932	25453168	.021999	6085961	133885	40
41	RADIOLOGY-DIAGNOSTIC	5655214	206202045	.027426	36892627	1011817	41
42	RADIOLOGY-THERAPEUTIC	1191635	27210605	.043793	1040114	45550	42
43.01	CARDIAC REHAB	74402	2818196	.026401	883405	23323	43.01
44	LABORATORY	1907664	140295129	.013598	36582541	497449	44
46	WHOLE BLOOD & PACKED RED BLOOD	97295	18533332	.005250	7520050	39480	46
49	RESPIRATORY THERAPY	552244	38681482	.014277	18683352	266742	49
50	PHYSICAL THERAPY	658512	25100254	.026235	4082760	107111	50
51	OCCUPATIONAL THERAPY	138723	7919772	.017516	3149834	55172	51
52	SPEECH PATHOLOGY	48589	2340618	.020759	1059151	21987	52
53	ELECTROCARDIOLOGY	2742095	191743286	.014301	70856193	1013314	53
53.01	GI UNIT	505422	15456400	.032700	3053515	99850	53.01
53.02	VASCULAR LAB	210538	5962595	.035310	2104791	74320	53.02
54	ELECTROENCEPHALOGRAPHY	113600	3202452	.035473	768290	27254	54
55	MEDICAL SUPPLIES CHARGED TO PAT	744432	106785642	.006971	36065254	251411	55
56	DRUGS CHARGED TO PATIENTS	838655	84621102	.009911	37176070	368452	56
56.01	RENAL TXPLANT LAB	42700	224026	.190603	2203	420	56.01
57	RENAL DIALYSIS	190467	7771891	.024507	4067520	99683	57
58	ASC (NON-DISTINCT PART)	890085	32124626	.027707	631381	17494	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	782495	53617695	.014594	8527094	124444	61
62	OBSERVATION BEDS (NON-DISTINCT	87649	1142361	.076726	41631	3194	62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL	21369945	1115216443		310580431	5177805	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	4338913		4338913	93017	46.65	52872	2466479	25
26	INTENSIVE CARE UNIT	1075827		1075827	9746	110.39	5934	655054	26
28	BURN INTENSIVE CARE UNIT	242498		242498	2394	101.29	915	92680	28
101	TOTAL	5657238		5657238			59721	3214213	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	3214213
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	5177805
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	8392018
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	11240
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	59721
PER DISCHARGE CAPITAL COSTS	746.62
PER DIEM CAPITAL COSTS	140.52

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	115635067
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	372755149
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.310

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3043539
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	6352052
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.479

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4446565
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	7899407
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.563

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)	8392018
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	28948944
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	141724235
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.204