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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ INTERMEDIARY NO. _____

[ ] INITIAL [ ] FINAL

[ ] RE-OPENING [ ] MCR CODE

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 10/01/2009 AND ENDING 09/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		1304147	121996		1
2	SUBPROVIDER I		155124			2
2.01	SUBPROVIDER II		-18914			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		1440357	121996		100

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 701 NORTH FIRST STREET — P.O.BOX: — 1
1.01 CITY: SPRINGFIELD — STATE: IL — ZIP CODE: 62781 — COUNTY: SANGAMON — 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 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: 10/01/2009 (1) TO: 09/30/2010 (2) — 17

18 TYPE OF CONTROL — 2 — 18

TYPE OF HOSPITAL/SUBPROVIDER

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

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES NO	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 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO NO	21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.	NO	21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	YES	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3.	10/01/1966	23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	07/01/1999	23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

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

		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES 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)		YES	01/31/2011			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	348	127142			54628		10808		1
2	HMO					3811		2376		2
2.01	HMO (IRF PPS Sub)							118		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	348	127142			54628		10808		5
6	INTENSIVE CARE UNIT	38	13777			6502		330		6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT	10	3650			900		529		8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY									11
12	TOTAL HOSPITAL	396	144569			62030		11667		12
13	RPCH VISITS									13
14	SUBPROVIDER I	35	12775			4883		1828		14
14.01	SUBPROVIDER II (REHAB	30	10950			2518		633		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	461								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
28.01	EMP. DISC. DAYS(IRF Sub)									28.01
29	LABOR & DELIVERY DAYS									29

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 AMES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		94238								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		94238								5
6	INTENSIVE CARE UNIT		11045								6
7	CORONARY CARE UNIT										7
8	BURN INTENSIVE CARE UNIT		2507								8
9	SURGICAL INTENSIVE CARE UNIT										9
10	OTHER SPECIAL CARE (SPECIFY)										10
11	NURSERY		3552								11
12	TOTAL HOSPITAL		111342			125.61		125.61	3056.05		12
13	RPCH VISITS										13
14	SUBPROVIDER I		10532			2.75		2.75	73.11		14
14.01	SUBPROVIDER II (REHAB		4932			.31		.31	28.90		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					128.67		128.67	3158.06		25
26	OBSERVATION BED DAYS		2629								26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS		1386								28
28.01	EMP. DISC. DAYS(IRF Sub)		34								28.01
29	LABOR & DELIVERY DAYS										29

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		11648	2468	23636	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		11648	2468	23636	12
13	RPCH VISITS					13
14	SUBPROVIDER I		370	297	1218	14
14.01	SUBPROVIDER II (REHAB		214	47	424	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	168024869	1150979	169175848	6809747.00	24.84		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	8885279		8885279	130788.00	67.94	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)	5687584	3083	5690667	239330.00	23.78	LABOR DISTRIBUT	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5609090	77749	5686839	242545.00	23.45		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	322985		322985	4923.00	65.61	CONT LABOR/INVO	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	3286689		3286689	26200.14	125.45	TIME STUDIES	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	14315768		14315768	248152.00	57.69	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)	47044237		47044237			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1827265		1827265			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	1795299		1795299			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)	1280612		1280612			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	2163577	48728	2212305	113655.16	19.47		21
22	ADMINISTRATIVE & GENERAL	18781300	-356563	18424737	850896.24	21.65		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	1943990		1943990	11413.28	170.33		22.01
23	MAINTENANCE & REPAIRS	3751221	36058	3787279	120130.57	31.53		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	757257	-26120	731137	60454.47	12.09		25
26	HOUSEKEEPING	3152953	40022	3192975	249443.82	12.80		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2979270	-1993985	985285	71452.27	13.79		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	653315	2046961	2700276	204425.21	13.21		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2091400	63736	2155136	64305.80	33.51		30
31	CENTRAL SERVICES AND SUPPLY	1636780	24867	1661647	121160.64	13.71		31
32	PHARMACY	5352688	35871	5388559	152724.88	35.28		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2781475	32791	2814266	164468.68	17.11		33
34	SOCIAL SERVICE		518497	518497	21136.42	24.53		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	155395996	1147896	156543892	6451042.28	24.27	1
2	EXCLUDED AREA SALARIES	5609090	77749	5686839	242545.00	23.45	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	149786906	1070147	150857053	6208497.28	24.30	3
4	SUBTOTAL OTHER WAGES & REL COSTS	17925442		17925442	279275.14	64.19	4
5	SUBTOTAL WAGE-RELATED COSTS	47044237		47044237		31.18%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	214756585	1070147	215826732	6487772.42	33.27	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	46045226	470863	46516089	2205667.44	21.09	13

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	6						1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	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						130	11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						23	12
	EPOIETIN							
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						54852	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						3729	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

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	53030037	17
17.01	GROSS MEDICAID REVENUES	165959775	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	218989812	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.283238	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	165959775	28
29	TOTAL GROSS MEDICAID COST	47006115	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	53030037	30
31	UNCOMPENSATED CARE COST	15020122	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	47006115	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		8714481	8714481	4365413	13079894	2541024	15620918	3
5	0500	EMPLOYEE BENEFITS	2163577	45006513	47170090	-1543722	45626368	-13706869	31919499	5
6	0600	ADMINISTRATIVE & GENERAL	18781300	85205214	103986514	-1961234	102025280	-41310061	60715219	6
7	0700	MAINTENANCE & REPAIRS	3751221	12371281	16122502	359666	16482168	335463	16817631	7
9	0900	LAUNDRY & LINEN SERVICE	757257	949244	1706501	7387	1713888	-86558	1627330	9
10	1000	HOUSEKEEPING	3152953	2255008	5407961	44095	5452056	30430	5482486	10
11	1100	DIETARY	2979270	1289287	4268557	-2357695	1910862	-122520	1788342	11
12	1200	CAFETERIA	653315	2284369	2937684	2410671	5348355	-4048114	1300241	12
14	1400	NURSING ADMINISTRATION	2091400	1230844	3322244	63736	3385980	-16141	3369839	14
15	1500	CENTRAL SERVICES & SUPPLY	1636780	684759	2321539	24867	2346406	9645	2356051	15
16	1600	PHARMACY	5352688	19385129	24737817	-18067218	6670599	-3889	6666710	16
17	1700	MEDICAL RECORDS & LIBRARY	2781475	2387973	5169448	32791	5202239	100654	5302893	17
18	1800	SOCIAL SERVICE				772236	772236		772236	18
22	2200	I&R SERVICES-SALARY & FRINGES A	5687584		5687584	3083	5690667	-95004	5595663	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A		1442314	1442314	1127500	2569814		2569814	23
24	2400	PARAMED ED PRGM-(SPECIFY)				41367	41367		41367	24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	28920043	6263637	35183680	795157	35978837	-64725	35914112	25
26	2600	INTENSIVE CARE UNIT	7252315	1834338	9086653	53712	9140365	-24828	9115537	26
28	2800	BURN INTENSIVE CARE UNIT	1223670	496815	1720485	1002	1721487	-25911	1695576	28
31	3100	SUBPROVIDER I	3714871	532928	4247799	-7260	4240539	-2274	4238265	31
31.01	3101	SUBPROVIDER II (REHAB	1384408	203905	1588313	14245	1602558	67	1602625	31.01
33	3300	NURSERY	3786812	1120799	4907611	-3684520	1223091	-8752	1214339	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	11924530	6930498	18855028	103445	18958473	124539	19083012	37
39	3900	DELIVERY ROOM & LABOR ROOM				2443990	2443990		2443990	39
40	4000	ANESTHESIOLOGY	9552803	2747843	12300646	48943	12349589	-9380128	2969461	40
41	4100	RADIOLOGY-DIAGNOSTIC	9033483	12783905	21817388	67487	21884875	354020	22238895	41
42	4200	RADIOLOGY-THERAPEUTIC	1375349	3264729	4640078	5272	4645350	-357	4644993	42
43.01	3620	CARDIAC REHAB	1036678	132321	1168999	5571	1174570	16832	1191402	43.01
44	4400	LABORATORY	9293780	14622224	23916004	67813	23983817	-1165905	22817912	44
46	4600	WHOLE BLOOD & PACKED RED BLOOD	383652	4931741	5315393	2612	5318005		5318005	46
49	4900	RESPIRATORY THERAPY	3516799	1893147	5409946	26813	5436759	-1584	5435175	49
50	5000	PHYSICAL THERAPY	6357175	1257256	7614431	54568	7668999	20087	7689086	50
51	5100	OCCUPATIONAL THERAPY	1383350	155962	1539312	13636	1552948	20274	1573222	51
52	5200	SPEECH PATHOLOGY	439109	64244	503353	2018	505371		505371	52
53	5300	ELECTROCARDIOLOGY	5182801	14291976	19474777	-121673	19353104	-449346	18903758	53
53.01	3340	GI UNIT	1270977	1605422	2876399	8531	2884930	-32500	2852430	53.01
53.02	3650	VASCULAR LAB	311289	319126	630415	1294	631709	-10325	621384	53.02
54	5400	ELECTROENCEPHALOGRAPHY	282683	120708	403391	1965	405356	-18750	386606	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT	300849	41125098	41425947	965163	42391110	-98552	42292558	55
56	5600	DRUGS CHARGED TO PATIENTS				18103089	18103089		18103089	56
56.01	3640	RENAL TXPLANT LAB	184474	260541	445015	7392	452407	-2746	449661	56.01
57	5700	RENAL DIALYSIS	1075993	438071	1514064	-220427	1293637	-23535	1270102	57
58	5800	ASC (NON-DISTINCT PART)	2092292	3283334	5375626	19998	5395624	358452	5754076	58
		OUTPATIENT SERVICE COST CENTERS								
60.01	4040	MAP (2004)								60.01
61	6100	EMERGENCY	6446053	4207189	10653242	-156265	10496977	-132078	10364899	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	212394	1019548	1231942	-125394	1106548	-32183	1074365	83
85.01	8510	PANCREAS ACQUISITION				126712	126712		126712	85.01
88	8800	INTEREST EXPENSE		4941339	4941339	-4941339				88
95		SUBTOTALS	167727452	314055060	481782512	-993507	480789005	-66952148	413836857	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	202	280902	281104		281104		281104	96
98	9800	PHYSICIANS' PRIVATE OFFICES	59915	42027	101942	13144	115086		115086	98
98.01	9801	SIU SCHOOL OF MEDICINE				980363	980363		980363	98.01
98.03	9802	UNIVERSITY BUILDING (MHCCI)	45781	122914	168695		168695		168695	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	45781	633253	679034		679034		679034	98.09
98.10	9809	AUDIOLOGY	145738	297496	443234		443234		443234	98.10
101		TOTAL	168024869	315431652	483456521		483456521	-66952148	416504373	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	LEASE RECLASS	A	SIU SCHOOL OF MEDICINE	98.01		510193	1
2	LEASE RECLASS	A					2
3	DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		18103089	3
4	DRUGS CHARGED TO PATIENTS	B					4
5	INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		4887674	5
6	INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6		53665	6
7	INTEREST EXPENSE	C					7
8	SOCIAL SERVICE RECLASS	D	SOCIAL SERVICE	18	518497		8
9	SOCIAL SERVICE RECLASS	D					9
10	SOCIAL SERVICE NON-SALARY COSTS	D	SOCIAL SERVICE	18		253739	10
11	SOCIAL SERVICE NON-SALARY COSTS	D					11
12	RENAL MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55		232805	12
13	RENAL MEDICAL SUPPLIES	E					13
14	CAFE/DIETARY RECLASS	F	CAFETERIA	12	2038430		14
15	CAFE/DIETARY RECLASS	F					15
16	CAFE/DIETARY OTHER COSTS RECLASS	F	CAFETERIA	12		363710	16
17	CAFE/DIETARY OTHER COSTS RECLASS	F					17
18	FMS RECLASS	G	ADULTS & PEDIATRICS	25	975104		18
19	FMS RECLASS	G	DELIVERY ROOM & LABOR ROOM	39	1885832		19
20	FMS RECLASS	G					20
21	FMS RECLASS OTHER COSTS	G	ADULTS & PEDIATRICS	25		288606	21
22	FMS RECLASS OTHER COSTS	G	DELIVERY ROOM & LABOR ROOM	39		558158	22
23	FMS RECLASS OTHER COSTS	G					23
24	CONTRACT LABOR	H					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	OCCUPATIONAL THERAPY	51	2503		33
34	CONTRACT LABOR	H					34
35	CONTRACT LABOR	H					35
36	SUBTOTAL				5420366	25251639	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	LEASE RECLASS	A						1
2	LEASE RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		510193	10	2
3	DRUGS CHARGED TO PATIENTS	B						3
4	DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		18103089		4
5	INTEREST EXPENSE	C					11	5
6	INTEREST EXPENSE	C						6
7	INTEREST EXPENSE	C	INTEREST EXPENSE	88		4941339		7
8	SOCIAL SERVICE RECLASS	D						8
9	SOCIAL SERVICE RECLASS	D	ADMINISTRATIVE & GENERAL	6	518497			9
10	SOCIAL SERVICE NON-SALARY COSTS	D						10
11	SOCIAL SERVICE NON-SALARY COSTS	D	ADMINISTRATIVE & GENERAL	6		253739		11
12	RENAL MEDICAL SUPPLIES	E						12
13	RENAL MEDICAL SUPPLIES	E	RENAL DIALYSIS	57		232805		13
14	CAFE/DIETARY RECLASS	F						14
15	CAFE/DIETARY RECLASS	F	DIETARY	11	2038430			15
16	CAFE/DIETARY OTHER COSTS RECLASS	F						16
17	CAFE/DIETARY OTHER COSTS RECLASS	F	DIETARY	11		363710		17
18	FMS RECLASS	G						18
19	FMS RECLASS	G						19
20	FMS RECLASS	G	NURSERY	33	2860936			20
21	FMS RECLASS OTHER COSTS	G						21
22	FMS RECLASS OTHER COSTS	G						22
23	FMS RECLASS OTHER COSTS	G	NURSERY	33		846764		23
24	CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	6	150469			24
25	CONTRACT LABOR	H	MAINTENANCE & REPAIRS	7	1210			25
26	CONTRACT LABOR	H	LAUNDRY & LINEN SERVICE	9	33507			26
27	CONTRACT LABOR	H	HOUSEKEEPING	10	4073			27
28	CONTRACT LABOR	H	ADULTS & PEDIATRICS	25	204026			28
29	CONTRACT LABOR	H	INTENSIVE CARE UNIT	26	4722			29
30	CONTRACT LABOR	H	SUBPROVIDER II (REHAB	31.01	27343			30
31	CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	42	47689			31
32	CONTRACT LABOR	H	RESPIRATORY THERAPY	49	1230			32
33	CONTRACT LABOR	H						33
34	CONTRACT LABOR	H	ELECTROCARDIOLOGY	53	3388			34
35	CONTRACT LABOR	H	EMERGENCY	61	2025			35
36	SUBTOTAL				5897545	25251639		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	6		150469	1
2	CONTRACT LABOR	H	MAINTENANCE & REPAIRS	7		1210	2
3	CONTRACT LABOR	H	LAUNDRY & LINEN SERVICE	9		33507	3
4	CONTRACT LABOR	H	HOUSEKEEPING	10		4073	4
5	CONTRACT LABOR	H	ADULTS & PEDIATRICS	25		204026	5
6	CONTRACT LABOR	H	INTENSIVE CARE UNIT	26		4722	6
7	CONTRACT LABOR	H	SUBPROVIDER II (REHAB	31.01		27343	7
8	CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	42		47689	8
9	CONTRACT LABOR	H	RESPIRATORY THERAPY	49		1230	9
10	CONTRACT LABOR	H					10
11	CONTRACT LABOR	H	ELECTROCARDIOLOGY	53		3388	11
12	CONTRACT LABOR	H	EMERGENCY	61		2025	12
13	KINETIC BED RECLASS	I	MEDICAL SUPPLIES CHARGED TO P	55		723254	13
14	KINETIC BED RECLASS	I					14
15	BUILDING INSURANCE RECLASS	J	NEW CAP REL COSTS-BLDG & FIXT	3		310330	15
16	BUILDING INSURANCE RECLASS	J					16
17	OBSERVATION RECLASS	K	ADULTS & PEDIATRICS	25	17447		17
18	OBSERVATION RECLASS	K					18
19	OBSERVATION RECLASS	K					19
20	OBSERVATION RECLASS	K					20
21	OBSERVATION OTHER COST RECLASS	K	ADULTS & PEDIATRICS	25		5923	21
22	OBSERVATION OTHER COST RECLASS	K					22
23	OBSERVATION OTHER COST RECLASS	K					23
24	OBSERVATION OTHER COST RECLASS	K					24
25	ACADEMIC SUPPORT	L	I&R SERVICES-OTHER PRGM COSTS	23		1127500	25
26	ACADEMIC SUPPORT	L					26
27	GIFT CARD EMPLOYEE BONUS	M					27
28	GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	5	2344		28
29	GIFT CARD EMPLOYEE BONUS	M	ADMINISTRATIVE & GENERAL	6	11917		29
30	GIFT CARD EMPLOYEE BONUS	M	MAINTENANCE & REPAIRS	7	1685		30
31	GIFT CARD EMPLOYEE BONUS	M	LAUNDRY & LINEN SERVICE	9	659		31
32	GIFT CARD EMPLOYEE BONUS	M	HOUSEKEEPING	10	4029		32
33	GIFT CARD EMPLOYEE BONUS	M	DIETARY	11	4151		33
34	GIFT CARD EMPLOYEE BONUS	M	CAFETERIA	12	757		34
35							35
36	SUBTOTAL				5463355	27898328	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					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					8
9	CONTRACT LABOR	H					9
10	CONTRACT LABOR	H	OCCUPATIONAL THERAPY	51		2503	10
11	CONTRACT LABOR	H					11
12	CONTRACT LABOR	H					12
13	KINETIC BED RECLASS	I					13
14	KINETIC BED RECLASS	I	ADULTS & PEDIATRICS	25		723254	14
15	BUILDING INSURANCE RECLASS	J					12 15
16	BUILDING INSURANCE RECLASS	J	ADMINISTRATIVE & GENERAL	6		310330	16
17	OBSERVATION RECLASS	K					17
18	OBSERVATION RECLASS	K	INTENSIVE CARE UNIT	26	6488		18
19	OBSERVATION RECLASS	K	BURN INTENSIVE CARE UNIT	28	10313		19
20	OBSERVATION RECLASS	K	SUBPROVIDER II (REHAB	31.01	646		20
21	OBSERVATION OTHER COST RECLASS	K					21
22	OBSERVATION OTHER COST RECLASS	K	INTENSIVE CARE UNIT	26		1641	22
23	OBSERVATION OTHER COST RECLASS	K	BURN INTENSIVE CARE UNIT	28		4187	23
24	OBSERVATION OTHER COST RECLASS	K	SUBPROVIDER II (REHAB	31.01		95	24
25	ACADEMIC SUPPORT	L					25
26	ACADEMIC SUPPORT	L	ADMINISTRATIVE & GENERAL	6		1127500	26
27	GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	5		100050	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				5914992	27521199	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	GIFT CARD EMPLOYEE BONUS	M	NURSING ADMINISTRATION	14	1758		1
2	GIFT CARD EMPLOYEE BONUS	M	CENTRAL SERVICES & SUPPLY	15	1392		2
3	GIFT CARD EMPLOYEE BONUS	M	PHARMACY	16	2296		3
4	GIFT CARD EMPLOYEE BONUS	M	MEDICAL RECORDS & LIBRARY	17	2027		4
5	GIFT CARD EMPLOYEE BONUS	M	I&R SERVICES-SALARY & FRINGES	22	2784		5
6	GIFT CARD EMPLOYEE BONUS	M	ADULTS & PEDIATRICS	25	17070		6
7	GIFT CARD EMPLOYEE BONUS	M	INTENSIVE CARE UNIT	26	4029		7
8	GIFT CARD EMPLOYEE BONUS	M	BURN INTENSIVE CARE UNIT	28	708		8
9	GIFT CARD EMPLOYEE BONUS	M	SUBPROVIDER I	31	2125		9
10	GIFT CARD EMPLOYEE BONUS	M	SUBPROVIDER II (REHAB	31.01	904		10
11	GIFT CARD EMPLOYEE BONUS	M	NURSERY	33	2100		11
12	GIFT CARD EMPLOYEE BONUS	M	OPERATING ROOM	37	5519		12
13	GIFT CARD EMPLOYEE BONUS	M	ANESTHESIOLOGY	40	1807		13
14	GIFT CARD EMPLOYEE BONUS	M	RADIOLOGY-DIAGNOSTIC	41	5299		14
15	GIFT CARD EMPLOYEE BONUS	M	RADIOLOGY-THERAPEUTIC	42	488		15
16	GIFT CARD EMPLOYEE BONUS	M	CARDIAC REHAB	43.01	488		16
17	GIFT CARD EMPLOYEE BONUS	M	LABORATORY	44	5934		17
18	GIFT CARD EMPLOYEE BONUS	M	WHOLE BLOOD & PACKED RED BLOO	46	220		18
19	GIFT CARD EMPLOYEE BONUS	M	RESPIRATORY THERAPY	49	1734		19
20	GIFT CARD EMPLOYEE BONUS	M	PHYSICAL THERAPY	50	3639		20
21	GIFT CARD EMPLOYEE BONUS	M	OCCUPATIONAL THERAPY	51	659		21
22	GIFT CARD EMPLOYEE BONUS	M	SPEECH PATHOLOGY	52	293		22
23	GIFT CARD EMPLOYEE BONUS	M	ELECTROCARDIOLOGY	53	2711		23
24	GIFT CARD EMPLOYEE BONUS	M	GI UNIT	53.01	757		24
25	GIFT CARD EMPLOYEE BONUS	M	VASCULAR LAB	53.02	98		25
26	GIFT CARD EMPLOYEE BONUS	M	ELECTROENCEPHALOGRAPHY	54	171		26
27	GIFT CARD EMPLOYEE BONUS	M	MEDICAL SUPPLIES CHARGED TO P	55	122		27
28	GIFT CARD EMPLOYEE BONUS	M	RENAL TXPLANT LAB	56.01	98		28
29	GIFT CARD EMPLOYEE BONUS	M	RENAL DIALYSIS	57	440		29
30	GIFT CARD EMPLOYEE BONUS	M	ASC (NON-DISTINCT PART)	58	1099		30
31	GIFT CARD EMPLOYEE BONUS	M	EMERGENCY	61	5031		31
32	GIFT CARD EMPLOYEE BONUS	M	KIDNEY ACQUISITION	83	122		32
33	GIFT CARD EMPLOYEE BONUS	M	PHYSICIANS' PRIVATE OFFICES	98	488		33
34	GIFT CARD EMPLOYEE BONUS	M	SIU SCHOOL OF MEDICINE	98.01	98		34
35							35
36	SUBTOTAL				5537863	27898328	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	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	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				5914992	27521199	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	SIU PURCHASED SERVICE SUPPORT	N	SIU SCHOOL OF MEDICINE	98.01		469026	1
2	SIU PURCHASED SERVICE SUPPORT	N					2
3	SIU PURCHASED SERVICE SUPPORT	N					3
4	SIU PURCHASED SERVICE SUPPORT	N					4
5	SIU PURCHASED SERVICE SUPPORT	N					5
6	SIU PURCHASED SERVICE SUPPORT	N					6
7	SIU PURCHASED SERVICE SUPPORT	N					7
8	PANCREAS RECLASS SALARY	P	PANCREAS ACQUISITION	85.01	18469		8
9	PANCREAS RECLASS SALARY	P					9
10	PANCREAS RECLASS OTHER COSTS	P	PANCREAS ACQUISITION	85.01		108243	10
11	PANCREAS RECLASS OTHER COSTS	P					11
12	MANAGEMENT INCENTIVE PROGRAM	Q					12
13	MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	5	25304		13
14	MANAGEMENT INCENTIVE PROGRAM	Q	ADMINISTRATIVE & GENERAL	6	145669		14
15	MANAGEMENT INCENTIVE PROGRAM	Q	MAINTENANCE & REPAIRS	7	15998		15
16	MANAGEMENT INCENTIVE PROGRAM	Q	DIETARY	11	9347		16
17	MANAGEMENT INCENTIVE PROGRAM	Q	NURSING ADMINISTRATION	14	47775		17
18	MANAGEMENT INCENTIVE PROGRAM	Q	CENTRAL SERVICES & SUPPLY	15	7179		18
19	MANAGEMENT INCENTIVE PROGRAM	Q	PHARMACY	16	11449		19
20	MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL RECORDS & LIBRARY	17	9385		20
21	MANAGEMENT INCENTIVE PROGRAM	Q	ADULTS & PEDIATRICS	25	53996		21
22	MANAGEMENT INCENTIVE PROGRAM	Q	INTENSIVE CARE UNIT	26	19241		22
23	MANAGEMENT INCENTIVE PROGRAM	Q	BURN INTENSIVE CARE UNIT	28	7767		23
24	MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER I	31	13963		24
25	MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER II (REHAB	31.01	6457		25
26	MANAGEMENT INCENTIVE PROGRAM	Q	OPERATING ROOM	37	40519		26
27	MANAGEMENT INCENTIVE PROGRAM	Q	ANESTHESIOLOGY	40	30840		27
28	MANAGEMENT INCENTIVE PROGRAM	Q	RADIOLOGY-DIAGNOSTIC	41	7620		28
29	MANAGEMENT INCENTIVE PROGRAM	Q	LABORATORY	44	9522		29
30	MANAGEMENT INCENTIVE PROGRAM	Q	RESPIRATORY THERAPY	49	6092		30
31	MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICAL THERAPY	50	16274		31
32	MANAGEMENT INCENTIVE PROGRAM	Q	OCCUPATIONAL THERAPY	51	6848		32
33	MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROCARDIOLOGY	53	12455		33
34	MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL SUPPLIES CHARGED TO P	55	7936		34
35							35
36	SUBTOTAL				6067967	28475597	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	SIU PURCHASED SERVICE SUPPORT	N					1
2	SIU PURCHASED SERVICE SUPPORT	N	ADMINISTRATIVE & GENERAL	6		81528	2
3	SIU PURCHASED SERVICE SUPPORT	N	SUBPROVIDER I	31		43979	3
4	SIU PURCHASED SERVICE SUPPORT	N	PHYSICAL THERAPY	50		1375	4
5	SIU PURCHASED SERVICE SUPPORT	N	SPEECH PATHOLOGY	52		368	5
6	SIU PURCHASED SERVICE SUPPORT	N	ELECTROCARDIOLOGY	53		164945	6
7	SIU PURCHASED SERVICE SUPPORT	N	EMERGENCY	61		176831	7
8	PANCREAS RECLASS SALARY	P					8
9	PANCREAS RECLASS SALARY	P	KIDNEY ACQUISITION	83	18469		9
10	PANCREAS RECLASS OTHER COSTS	P					10
11	PANCREAS RECLASS OTHER COSTS	P	KIDNEY ACQUISITION	83		108243	11
12	MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	5		547446	12
13	MANAGEMENT INCENTIVE PROGRAM	Q					13
14	MANAGEMENT INCENTIVE PROGRAM	Q					14
15	MANAGEMENT INCENTIVE PROGRAM	Q					15
16	MANAGEMENT INCENTIVE PROGRAM	Q					16
17	MANAGEMENT INCENTIVE PROGRAM	Q					17
18	MANAGEMENT INCENTIVE PROGRAM	Q					18
19	MANAGEMENT INCENTIVE PROGRAM	Q					19
20	MANAGEMENT INCENTIVE PROGRAM	Q					20
21	MANAGEMENT INCENTIVE PROGRAM	Q					21
22	MANAGEMENT INCENTIVE PROGRAM	Q					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				5933461	28645914	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MANAGEMENT INCENTIVE PROGRAM	Q	RENAL DIALYSIS	57	7154		1
2	MANAGEMENT INCENTIVE PROGRAM	Q	ASC (NON-DISTINCT PART)	58	6939		2
3	MANAGEMENT INCENTIVE PROGRAM	Q	EMERGENCY	61	14294		3
4	MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICIANS' PRIVATE OFFICES	98	7424		4
5							5
6							6
7	EMS COORDINATOR RECLASS SALARY	S	PARAMED ED PRGM-(SPECIFY)	24	38427		7
8	EMS COORDINATOR RECLASS SALARY	S					8
9	EMS COORDINATOR RECLASS OTHER COSTS	S	PARAMED ED PRGM-(SPECIFY)	24		2940	9
10	EMS COORDINATOR RECLASS OTHER COSTS	S					10
11	DEPRECIATION RECLASS	T	MAINTENANCE & REPAIRS	7		322398	11
12	DEPRECIATION RECLASS	T					12
13	TRANSPLANT LAB RECLASS	U	RENAL TXPLANT LAB	56.01	6098		13
14	TRANSPLANT LAB RECLASS	U					14
15	SUCCESS SHARING PROGRAM	W					15
16	SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	5	21080		16
17	SUCCESS SHARING PROGRAM	W	ADMINISTRATIVE & GENERAL	6	114817		17
18	SUCCESS SHARING PROGRAM	W	MAINTENANCE & REPAIRS	7	19585		18
19	SUCCESS SHARING PROGRAM	W	LAUNDRY & LINEN SERVICE	9	6728		19
20	SUCCESS SHARING PROGRAM	W	HOUSEKEEPING	10	40066		20
21	SUCCESS SHARING PROGRAM	W	DIETARY	11	30947		21
22	SUCCESS SHARING PROGRAM	W	CAFETERIA	12	7774		22
23	SUCCESS SHARING PROGRAM	W	NURSING ADMINISTRATION	14	14203		23
24	SUCCESS SHARING PROGRAM	W	CENTRAL SERVICES & SUPPLY	15	16296		24
25	SUCCESS SHARING PROGRAM	W	PHARMACY	16	22126		25
26	SUCCESS SHARING PROGRAM	W	MEDICAL RECORDS & LIBRARY	17	21379		26
27	SUCCESS SHARING PROGRAM	W	I&R SERVICES-SALARY & FRINGES	22	299		27
28	SUCCESS SHARING PROGRAM	W	ADULTS & PEDIATRICS	25	160265		28
29	SUCCESS SHARING PROGRAM	W	INTENSIVE CARE UNIT	26	38571		29
30	SUCCESS SHARING PROGRAM	W	BURN INTENSIVE CARE UNIT	28	7027		30
31	SUCCESS SHARING PROGRAM	W	SUBPROVIDER I	31	20631		31
32	SUCCESS SHARING PROGRAM	W	SUBPROVIDER II (REHAB	31.01	7625		32
33	SUCCESS SHARING PROGRAM	W	NURSERY	33	21080		33
34	SUCCESS SHARING PROGRAM	W	OPERATING ROOM	37	57408		34
35							35
36	SUBTOTAL				6776210	28800935	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1	MANAGEMENT INCENTIVE PROGRAM	Q					
2	MANAGEMENT INCENTIVE PROGRAM	Q					
3	MANAGEMENT INCENTIVE PROGRAM	Q					
4	MANAGEMENT INCENTIVE PROGRAM	Q					
5							
6							
7	EMS COORDINATOR RECLASS SALARY	S					
8	EMS COORDINATOR RECLASS SALARY	S	EMERGENCY	61	38427		
9	EMS COORDINATOR RECLASS OTHER COS	S					
10	EMS COORDINATOR RECLASS OTHER COS	S	EMERGENCY	61		2940	
11	DEPRECIATION RECLASS	T					
12	DEPRECIATION RECLASS	T	NEW CAP REL COSTS-BLDG & FIXT	3		322398	9
13	TRANSPLANT LAB RECLASS	U					
14	TRANSPLANT LAB RECLASS	U	LABORATORY	44	6098		
15	SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	5		940662	
16	SUCCESS SHARING PROGRAM	W					
17	SUCCESS SHARING PROGRAM	W					
18	SUCCESS SHARING PROGRAM	W					
19	SUCCESS SHARING PROGRAM	W					
20	SUCCESS SHARING PROGRAM	W					
21	SUCCESS SHARING PROGRAM	W					
22	SUCCESS SHARING PROGRAM	W					
23	SUCCESS SHARING PROGRAM	W					
24	SUCCESS SHARING PROGRAM	W					
25	SUCCESS SHARING PROGRAM	W					
26	SUCCESS SHARING PROGRAM	W					
27	SUCCESS SHARING PROGRAM	W					
28	SUCCESS SHARING PROGRAM	W					
29	SUCCESS SHARING PROGRAM	W					
30	SUCCESS SHARING PROGRAM	W					
31	SUCCESS SHARING PROGRAM	W					
32	SUCCESS SHARING PROGRAM	W					
33	SUCCESS SHARING PROGRAM	W					
34	SUCCESS SHARING PROGRAM	W					
35							
36	SUBTOTAL				5977986	29911914	

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	SUCCESS SHARING PROGRAM	W	ANESTHESIOLOGY	40	16296		1
2	SUCCESS SHARING PROGRAM	W	RADIOLOGY-DIAGNOSTIC	41	54568		2
3	SUCCESS SHARING PROGRAM	W	RADIOLOGY-THERAPEUTIC	42	4784		3
4	SUCCESS SHARING PROGRAM	W	CARDIAC REHAB	43.01	5083		4
5	SUCCESS SHARING PROGRAM	W	LABORATORY	44	58455		5
6	SUCCESS SHARING PROGRAM	W	WHOLE BLOOD & PACKED RED BLOO	46	2392		6
7	SUCCESS SHARING PROGRAM	W	RESPIRATORY THERAPY	49	18987		7
8	SUCCESS SHARING PROGRAM	W	PHYSICAL THERAPY	50	36030		8
9	SUCCESS SHARING PROGRAM	W	OCCUPATIONAL THERAPY	51	6129		9
10	SUCCESS SHARING PROGRAM	W	SPEECH PATHOLOGY	52	2093		10
11	SUCCESS SHARING PROGRAM	W	ELECTROCARDIOLOGY	53	28106		11
12	SUCCESS SHARING PROGRAM	W	GI UNIT	53.01	7774		12
13	SUCCESS SHARING PROGRAM	W	VASCULAR LAB	53.02	1196		13
14	SUCCESS SHARING PROGRAM	W	ELECTROENCEPHALOGRAPHY	54	1794		14
15	SUCCESS SHARING PROGRAM	W	MEDICAL SUPPLIES CHARGED TO P	55	1046		15
16	SUCCESS SHARING PROGRAM	W	RENAL TXPLANT LAB	56.01	1196		16
17	SUCCESS SHARING PROGRAM	W	RENAL DIALYSIS	57	4784		17
18	SUCCESS SHARING PROGRAM	W	ASC (NON-DISTINCT PART)	58	11960		18
19	SUCCESS SHARING PROGRAM	W	EMERGENCY	61	42608		19
20	SUCCESS SHARING PROGRAM	W	KIDNEY ACQUISITION	83	1196		20
21	SUCCESS SHARING PROGRAM	W	PHYSICIANS' PRIVATE OFFICES	98	5232		21
22	SUCCESS SHARING PROGRAM	W	SIU SCHOOL OF MEDICINE	98.01	1046		22
23	ETHICS SALARY RECLASS	X	ADMINISTRATIVE & GENERAL	6	40000		23
24	ETHICS OTHER RECLASS	X					24
25	SULLIVAN COTTER RECLASS	Y	ADMINISTRATIVE & GENERAL	6		4292	25
26	SULLIVAN COTTER RECLASS	Y					26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				7128965	28805227	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	ETHICS SALARY RECLASS	X					23
24	ETHICS OTHER RECLASS	X	ADMINISTRATIVE & GENERAL	6		40000	24
25	SULLIVAN COTTER RECLASS	Y					25
26	SULLIVAN COTTER RECLASS	Y	EMPLOYEE BENEFITS	5		4292	26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				5977986	29956206	36

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

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	8714481					8714481		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT								6
7	SUBTOTAL	8714481					8714481		7
8	RECONCILING ITEMS								8
9	TOTAL	8714481					8714481		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	12533975	-510193	3286806	310330			15620918	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	12533975	-510193	3286806	310330			15620918	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	8714481						8714481	3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	TOTAL	8714481						8714481	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	-15091764			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-4804492			14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-122520	DIETARY	11	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-192564	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES	B	-107370	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	-3940744	CAFETERIA	12	37
37.01	AUTOPSY REIMBURSEMENT	B	-90656	LABORATORY	44	37.01
37.02	MISC. INCOME	B	-41519	EMPLOYEE BENEFITS	5	37.02
37.03	MISC. INCOME	B	-122668	ADMINISTRATIVE & GENERAL	6	37.03
37.04	MISC. INCOME	B	-33733	MAINTENANCE & REPAIRS	7	37.04
37.05	MISC. INCOME	B	-86558	LAUNDRY & LINEN SERVICE	9	37.05
37.06	MISC. INCOME	B	-3000	HOUSEKEEPING	10	37.06
37.07	MISC. INCOME	B	-11115	NURSING ADMINISTRATION	14	37.07
37.08	MISC. INCOME	B	-8000	PHARMACY	16	37.08
37.09	MISC. INCOME	B	-95004	I&R SERVICES-SALARY & FRINGES A	22	37.09
37.10	MISC. INCOME	B	-15319	ADULTS & PEDIATRICS	25	37.10
37.11	MISC. INCOME	B	-4608	NURSERY	33	37.11
37.12	MISC. INCOME	B	-1210	OPERATING ROOM	37	37.12
37.13	MISC. INCOME	B	-11664	RADIOLOGY-DIAGNOSTIC	41	37.13
37.14	MISC. INCOME	B	-357	RADIOLOGY-THERAPEUTIC	42	37.14
37.15	MISC. INCOME	B	-12998	CARDIAC REHAB	43.01	37.15
37.16	MISC. INCOME	B	-466714	LABORATORY	44	37.16
37.17	MISC. INCOME	B	-115771	PHYSICAL THERAPY	50	37.17
37.18	MISC. INCOME	B	-63815	ELECTROCARDIOLOGY	53	37.18
37.19	MISC. INCOME	B	-881	ELECTROENCEPHALOGRAPHY	54	37.19
37.20	MISC. INCOME	B	-31727	MEDICAL SUPPLIES CHARGED TO PAT	55	37.20
37.21	MISC. INCOME	B	-5439	EMERGENCY	61	37.21
37.23	CHILD CARE INCOME	B	-1044029	EMPLOYEE BENEFITS	5	37.23
37.24	PROMPT PAY INTEREST PENALTY	B	-1022673	ADMINISTRATIVE & GENERAL	6	37.24
38	PHYSICIAN OFFICE LEASE	B	-199	ADMINISTRATIVE & GENERAL	6	38
38.01	RENTAL INCOME	B	-200384	ADMINISTRATIVE & GENERAL	6	38.01
38.04	CRNA OFFSET	A	-8844319	ANESTHESIOLOGY	40	38.04
38.05	CRNA FICA	A	-476697	ANESTHESIOLOGY	40	38.05
38.06	CRNA BENEFITS	A	-1654287	EMPLOYEE BENEFITS	5	38.06
38.07	CRNA GIFT / EMPLOYEE BONUS / MIP	A	-48943	ANESTHESIOLOGY	40	38.07

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
38.08	REAL ESTATE TAXES	A	-28336	ADMINISTRATIVE & GENERAL	6		38.08
38.11	INTEREST EXPENSE	A	-1410109	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.11
38.14	BOND SERIES INTEREST INCOME	B	-47331	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	-185975	NEW CAP REL COSTS-BLDG & FIXT	3	11	38.16
38.17	WORK COMPENSATION	A	-1391666	EMPLOYEE BENEFITS	5		38.17
38.18	AHA LIFE	A	3104	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	4111	PHARMACY	16		38.20
38.22	AMBULANCE OFFSET	A	-486	SUBPROVIDER I	31		38.22
38.23	AMBULANCE OFFSET	A	-101158	EMERGENCY	61		38.23
39	SELF INSURANCE MALPRACTICE	A	-3109751	ADMINISTRATIVE & GENERAL	6		39
40	SELF INSURANCE HEALTH	A	-8668436	EMPLOYEE BENEFITS	5		40
41	PENSION COST	A	-885986	EMPLOYEE BENEFITS	5		41
42	ADVERTISING EXPENSE	A	-623009	ADMINISTRATIVE & GENERAL	6		42
43	POST JUDGEMENT INTEREST	B	-31745	ADMINISTRATIVE & GENERAL	6		43
44	HOSPITAL MUTUAL ASSISTANCE PROGRA	A	-157452	ADMINISTRATIVE & GENERAL	6		44
45	VNA OFFSET	A	-195381	ADMINISTRATIVE & GENERAL	6		45
46	OPERATING RELEASED	B	-19810	EMPLOYEE BENEFITS	5		46
46.01	OPERATING RELEASED	B	-69065	ADMINISTRATIVE & GENERAL	6		46.01
46.02	OPERATING RELEASED	B	87	ADMINISTRATIVE & GENERAL	6		46.02
46.03	OPERATING RELEASED	B	-32584	ADMINISTRATIVE & GENERAL	6		46.03
46.04	OPERATING RELEASED	B	-326777	ADMINISTRATIVE & GENERAL	6		46.04
46.05	OPERATING RELEASED	B	-5026	NURSING ADMINISTRATION	14		46.05
46.06	MEDICAL DIRECTOR A&G	A	432	ADMINISTRATIVE & GENERAL	6		46.06
46.07	MEDICAL DIRECTOR A&P	A	3483	ADULTS & PEDIATRICS	25		46.07
46.08	MEDICAL DIRECTOR BURN	A	3554	BURN INTENSIVE CARE UNIT	28		46.08
46.09	MEDICAL DIRECTOR PSYCH	A	2729	SUBPROVIDER I	31		46.09
46.10	MEDICAL DIRECTOR REHAB	A	150	SUBPROVIDER II (REHAB	31.01		46.10
46.11	MEDICAL DIRECTOR OR	A	145214	OPERATING ROOM	37		46.11
46.12	MEDICAL DIRECTOR RT	A	6180	RESPIRATORY THERAPY	49		46.12
46.13	MEDICAL DIRECTOR PT	A	53709	PHYSICAL THERAPY	50		46.13
46.14	MEDICAL DIRECTOR CARDIOLOGY	A	63110	ELECTROCARDIOLOGY	53		46.14
46.15	MEDICAL DIRECTOR KIDNEY ACQUISITI	A	1469	KIDNEY ACQUISITION	83		46.15
47	A&G PATIENT REVENUE OFFSET	B	-2363	ADMINISTRATIVE & GENERAL	6		47
48	ILLINOIS PROVIDER ASSESSMENT EXPE	A	-11221456	ADMINISTRATIVE & GENERAL	6		48
49							49
50	TOTAL		-66952148				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	358452		358452		1
2	7	MAINTENANCE & REPAIRS	KOKE MILL RENT	172705		172705		2
3	15	CENTRAL SERVICES & SUPPLY	BAYLIS RENT	9645		9645		3
4	44	LABORATORY	BAYLIS RENT	22115		22115		4
4.01	41	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT	190316		190316		4.01
4.02	6	ADMINISTRATIVE & GENERAL	BAYLIS RENT	14191	1191613	-1177422		4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT	123045		123045		4.03
4.04	44	LABORATORY	KOKE MILL RENT	45616		45616		4.04
4.05	50	PHYSICAL THERAPY	KOKE MILL RENT	268899		268899		4.05
4.06	51	OCCUPATIONAL THERAPY	KOKE MILL RENT	20274		20274		4.06
4.07	6	ADMINISTRATIVE & GENERAL	KOKE MILL RENT	9382	584929	-575547		4.07
4.08	6	ADMINISTRATIVE & GENERAL	VNA RENT	97050	41799	55251		4.08
4.10	3	NEW CAP REL COSTS-BLDG & FIXT	BOND INTERST SPLIT AJE 97	329892	319295	10597	11	4.10
4.11	3	NEW CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION		103582	-103582	9	4.11
4.12	50	PHYSICAL THERAPY	PETERSBURG RENT	23321		23321		4.12
4.13	50	PHYSICAL THERAPY	INDUSTRIAL REHAB RENT	91877		91877		4.13
4.14	7	MAINTENANCE & REPAIRS	BAYLIS RENT	101150		101150		4.14
4.15	10	HOUSEKEEPING	BAYLIS RENT	6003		6003		4.15
4.16	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	21220470	26335142	-5114672		4.16
4.17	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	4229261		4229261	9	4.17
4.18	6	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS		4023819	-4023819		4.18
4.19	10	HOUSEKEEPING	KOKE MILL RENT	13830		13830		4.19
4.20	6	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON RENT	605824	444037	161787		4.20
4.21	7	MAINTENANCE & REPAIRS	2401 W JEFFERSON RENT	73503		73503		4.21
4.22	10	HOUSEKEEPING	2401 W JEFFERSON RENT	8435		8435		4.22
4.23	17	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON RENT	293218		293218		4.23
4.24	44	LABORATORY	2401 W JEFFERSON RENT	82650		82650		4.24
4.25	43.01	CARDIAC REHAB	KOKE MILL RENT	35210		35210		4.25
4.26	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY ALMH		87276	-87276		4.26
4.27	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY ALMH		15441	-15441		4.27
4.28	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY TMH		82766	-82766		4.28
4.29	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY TMH		14643	-14643		4.29
4.30	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY VNA		36442	-36442		4.30
4.31	5	EMPLOYEE BENEFITS	COO/PR EDUC/QLTY VNA		6447	-6447		4.31
4.32	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY ACS		21352	-21352		4.32
4.33	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY ACS		3778	-3778		4.33
4.34	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MPS		122958	-122958		4.34
4.35	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MPS		21754	-21754		4.35
4.36	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MHCCI		36366	-36366		4.36
4.37	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MHCCI		6434	-6434		4.37
4.38	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY HCNP		7957	-7957		4.38
4.39	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY HCNP		1389	-1389		4.39
4.40	44	LABORATORY	S SIXTH RENT	49300		49300		4.40
4.41	41	RADIOLOGY-DIAGNOSTIC	S SIXTH RENT	17954		17954		4.41
4.42	7	MAINTENANCE & REPAIRS	S SIXTH RENT	9645		9645		4.42
4.43	10	HOUSEKEEPING	S SIXTH RENT	1002		1002		4.43
4.44	6	ADMINISTRATIVE & GENERAL	S SIXTH RENT	2040	39527	-37487		4.44
4.45	44	LABORATORY	N DIRKSEN RENT	57810		57810		4.45
4.46	41	RADIOLOGY-DIAGNOSTIC	N DIRKSEN RENT	34369		34369		4.46
4.47	7	MAINTENANCE & REPAIRS	N DIRKSEN RENT	11217		11217		4.47
4.48	10	HOUSEKEEPING	N DIRKSEN RENT	2876		2876		4.48
4.49	6	ADMINISTRATIVE & GENERAL	N DIRKSEN RENT	3355	38630	-35275		4.49
4.50	6	ADMINISTRATIVE & GENERAL	COO/PR/EDUC/QLTY MHV		14051	-14051		4.50
4.51	5	EMPLOYEE BENEFITS	COO/PR/EDUC/QLTY MHS		2453	-2453		4.51
4.52	5	EMPLOYEE BENEFITS	2401 W JEFFERSON RENT	71203		71203		4.52
4.53	53	ELECTROCARDIOLOGY	2401 W JEFFERSON RENT	28508		28508		4.53
4.54	50	PHYSICAL THERAPY	501 N FIRST RENT	54758	72658	-17900		4.54
4.55	37	OPERATING ROOM	501 N FIRST RENT	78105		78105		4.55
4.56	7	MAINTENANCE & REPAIRS	501 N FIRST RENT	976		976		4.56
4.57	10	HOUSEKEEPING	501 N FIRST RENT	1284		1284		4.57
4.58	6	ADMINISTRATIVE & GENERAL	501 N FIRST RENT	1310		1310		4.58
5		TOTALS		28872046	33676538	-4804492		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-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	13676662	12470691	1205971	136700	10118	664967	33248
2	25	ADULTS & PEDIATRICS	AGGREGATE	134055	1844	132211	136700	1235	81166	4058
3	26	INTENSIVE CARE UNIT	AGGREGATE	83430	100	83330	154100	791	58602	2930
4	28	BURN INTENSIVE CARE UNIT	AGGREGATE	59174		59174	154100	401	29709	1485
5	31	SUBPROVIDER I	AGGREGATE	11573	159	11414	142500	103	7056	353
6	31.01	SUBPROVIDER II (REHAB	AGGREGATE	675		675	136700	9	592	30
7	33	NURSERY	AGGREGATE	25744	4144	21600	136700	346	22739	1137
8	37	OPERATING ROOM	AGGREGATE	394398	51680	342718	204100	3025	296828	14841
9	40	ANESTHESIOLOGY	AGGREGATE	18227	13273	4954	200300	59	5682	284
10	42	RADIOLOGY-THERAPEUTIC	AGGREGATE							
11	44	LABORATORY	AGGREGATE	1578029	781810	796219	219500	6747	712003	35600
12	49	RESPIRATORY THERAPY	AGGREGATE	24720		24720	136700	258	16956	848
13	50	PHYSICAL THERAPY	AGGREGATE	389136	22500	366636	136700	1599	105088	5254
14	53	ELECTROCARDIOLOGY	AGGREGATE	525191	392431	132760	136700	731	48042	2402
15	53.01	GI UNIT	AGGREGATE	32500	32500		136700			
16	53.02	VASCULAR LAB	AGGREGATE	18540		18540	136700	125	8215	411
17	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	30225	1002	29223	136700	188	12356	618
18	57	RENAL DIALYSIS	AGGREGATE	33985	2000	31985	136700	159	10450	523
19	61	EMERGENCY	AGGREGATE	61562	4735	56827	136700	549	36081	1804
20	83	KIDNEY ACQUISITION	AGGREGATE	72428		72428	136700	590	38776	1939
21	56.01	RENAL TXPLANT LAB	AGGREGATE	6098		6098	136700	51	3352	168
22	43.01	CARDIAC REHAB	AGGREGATE	5380	5380		136700			
23	55	MEDICAL SUPPLIES CHARGED	AGGREGATE	66825	66825		136700			
101		TOTAL		17249557	13851074	3397483		27084	2158660	107933

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					664967	541004	13011695
2	25	ADULTS & PEDIATRICS	AGGREGATE					81166	51045	52889
3	26	INTENSIVE CARE UNIT	AGGREGATE					58602	24728	24828
4	28	BURN INTENSIVE CARE UNIT	AGGREGATE					29709	29465	29465
5	31	SUBPROVIDER I	AGGREGATE					7056	4358	4517
6	31.01	SUBPROVIDER II (REHAB	AGGREGATE					592	83	83
7	33	NURSERY	AGGREGATE					22739		4144
8	37	OPERATING ROOM	AGGREGATE					296828	45890	97570
9	40	ANESTHESIOLOGY	AGGREGATE					5682		13273
10	42	RADIOLOGY-THERAPEUTIC	AGGREGATE							
11	44	LABORATORY	AGGREGATE					712003	84216	866026
12	49	RESPIRATORY THERAPY	AGGREGATE					16956	7764	7764
13	50	PHYSICAL THERAPY	AGGREGATE					105088	261548	284048
14	53	ELECTROCARDIOLOGY	AGGREGATE					48042	84718	477149
15	53.01	GI UNIT	AGGREGATE							32500
16	53.02	VASCULAR LAB	AGGREGATE					8215	10325	10325
17	54	ELECTROENCEPHALOGRAPHY	AGGREGATE					12356	16867	17869
18	57	RENAL DIALYSIS	AGGREGATE					10450	21535	23535
19	61	EMERGENCY	AGGREGATE					36081	20746	25481
20	83	KIDNEY ACQUISITION	AGGREGATE					38776	33652	33652
21	56.01	RENAL TXPLANT LAB	AGGREGATE					3352	2746	2746
22	43.01	CARDIAC REHAB	AGGREGATE							5380
23	55	MEDICAL SUPPLIES CHARGED	AGGREGATE							66825
101		TOTAL						2159660	1240690	15091764

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	15620918	15620918							3
5	EMPLOYEE BENEFITS	31919499	196079	32115578						5
6	ADMINISTRATIVE & GENERAL	60715219	2465795	3777126	66958140	66958140				6
7	MAINTENANCE & REPAIRS	16817631	1827770	778093	19423494	3720706	23144200			7
9	LAUNDRY & LINEN SERVICE	1627330	144722	150211	1922263	368223	256300	2546786		9
10	HOUSEKEEPING	5482486	205115	655994	6343595	1215160	372575		7931330	10
11	DIETARY	1788342	115097	202426	2105865	403393	203833	543	67572	11
12	CAFETERIA	1300241	329287	554769	2184297	418417	583159	1554	193321	12
14	NURSING ADMINISTRATION	3369839	77034	442771	3889644	745089	136426		45226	14
15	CENTRAL SERVICES & SUPPLY	2356051	305660	341384	3003095	575264	542550	78819	179859	15
16	PHARMACY	6666710	128623	1107074	7902407	1513761	227788	3120	75513	16
17	MEDICAL RECORDS & LIBRARY	5302893	273152	578188	6154233	1178886	483744		160364	17
18	SOCIAL SERVICE	772236		106525	878761	168333				18
22	I&R SERVICES-SALARY & FRINGES A	5595663	109427	758646	6463736	1238174	193792	8032	64243	22
23	I&R SERVICES-OTHER PRGM COSTS A	2569814			2569814	492266				23
24	PARAMED ED PRGM-(SPECIFY)	41367		7895	49262	9436				24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	35914112	2833977	6151133	44899222	8600873	5018900	982416	1663795	25
26	INTENSIVE CARE UNIT	9115537	617107	1500383	11233027	2151765	1092880	152388	362297	26
28	BURN INTENSIVE CARE UNIT	1695576	139498	252468	2087542	399883	247047	46374	81898	28
31	SUBPROVIDER I	4238265	491444	770760	5500469	1053653	870335	64463	288522	31
31.01	SUBPROVIDER II (REHAB	1602625	148786	281754	2033165	389467	263496	60553	87351	31.01
33	NURSERY	1214339	37733	194983	1447055	277194	66825	28176	22153	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	19083012	936680	2471135	22490827	4308275	1658836	279550	549915	37
39	DELIVERY ROOM & LABOR ROOM	2443990	37946	387442	2869378	549649	67202	57388	22278	39
40	ANESTHESIOLOGY	2969461	98359	155613	3223433	617471	174190	16848	57745	40
41	RADIOLOGY-DIAGNOSTIC	22238895	835864	1869785	24944544	4778302	1775831	139940	588699	41
42	RADIOLOGY-THERAPEUTIC	4644993	180018	273850	5098861	976723	318807	18008	105686	42
43.01	CARDIAC REHAB	1191402	50331	214129	1455862	278881	89134	224	29549	43.01
44	LABORATORY	22817912	764112	1924583	25506607	4885969	1387561	1058	459985	44
46	WHOLE BLOOD & PACKED RED BLOOD	5318005	2690	79358	5400053	1034418	4763	858	1579	46
49	RESPIRATORY THERAPY	5435175	182320	727779	6345274	1215482	322885	4446	107038	49
50	PHYSICAL THERAPY	7689086	275919	1317569	9282574	1778142	488645	29833	161989	50
51	OCCUPATIONAL THERAPY	1573222	85994	287523	1946739	372911	152292	4391	50486	51
52	SPEECH PATHOLOGY	505371	30864	90705	626940	120095	54659		18120	52
53	ELECTROCARDIOLOGY	18903758	290296	1072995	20267049	3882295	514107	46888	170430	53
53.01	GI UNIT	2852430	133228	262874	3248532	622279	235944	29480	78217	53.01
53.02	VASCULAR LAB	621384	18963	64220	704567	134965	33584		11133	53.02
54	ELECTROENCEPHALOGRAPHY	386606	31328	58481	476415	91261	55482	10712	18393	54
55	MEDICAL SUPPLIES CHARGED TO PAT	42292558	16254	63680	42372492	8116747	28786		9543	55
56	DRUGS CHARGED TO PATIENTS	18103089			18103089	3467773				56
56.01	RENAL TXPLANT LAB	449661	20202	38166	508029	97317	35777		11860	56.01
57	RENAL DIALYSIS	1270102	103641	223605	1597348	305983	183546	22245	60847	57
58	ASC (NON-DISTINCT PART)	5754076		433968	6188044	1185363	556566	62307	184505	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	10364899	371607	1328748	12065254	2311184	658106	294573	218166	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	1074365	13004	40112	1127481	215977	23029		7634	83
85.01	PANCREAS ACQUISITION	126712	1238	3794	131744	25236	2193		727	85.01
95	SUBTOTALS	413836857	14927164	32002697	413030222	66292641	19381575	2445187	6216638	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	281104	29297	42	310443	59468	51884	4685	17200	96
98	PHYSICIANS' PRIVATE OFFICES	115086	187332	15010	317428	60806	331760	25914	109981	98
98.01	SIU SCHOOL OF MEDICINE	980363		235	980598	187840	1891901	12802	627177	98.01
98.03	UNIVERSITY BUILDING (MHCCI)	168695		9406	178101	34116		58198		98.03
98.04	MEALS ON WHEELS									98.04
98.05	ACS HOME CARE		423776	28407	452183	86619	372952		248794	98.05
98.06	VNA OF CENTRAL IL			19340	19340	3705	189920		126703	98.06
98.07	GAMBRO						317676		211918	98.07
98.08	FOUNDATION		33689	1093	34782	6663	59663		19779	98.08
98.09	SIU MAP PROGRAM	679034		9406	688440	131876	512051		341598	98.09
98.10	AUDIOLOGY	443234	19660	29942	492836	94406	34818		11542	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	416504373	15620918	32115578	416504373	66958140	23144200	2546786	7931330	103

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09
02/24/2011 08:47

WORKSHEET B
PART I

COST ALLOCATION - GENERAL SERVICE COSTS

	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	2781206								11
12	CAFETERIA		3380748							12
14	NURSING ADMINISTRATION		41864	4858249						14
15	CENTRAL SERVICES & SUPPLY		78905		4458492					15
16	PHARMACY		99457		5603	9827649				16
17	MEDICAL RECORDS & LIBRARY		107104		5		8084336			17
18	SOCIAL SERVICE		13760					1060854		18
22	I&R SERVICES-SALARY & FRINGES A		153273		178				8121428	22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		951							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1907923	808350	2157833	131586	121238	5541811	731894	3531196	25
26	INTENSIVE CARE UNIT	127404	167903	448202	46307	28612	197258	16535		26
28	BURN INTENSIVE CARE UNIT	42989	30793	82200	15769	2572	109139	22844		28
31	SUBPROVIDER I	298779	99307	265092	3452	1382	590965	130105	778845	31
31.01	SUBPROVIDER II (REHAB	126648	39242	104753	3919	1086	266783	18819		31.01
33	NURSERY	84796	20918	55839	5861	973	50931			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2391	263107	702344	41581	8628	102671		1462669	37
39	DELIVERY ROOM & LABOR ROOM		42624	113782	11937	1981		4243		39
40	ANESTHESIOLOGY		12999	34700	70190	29702	61441			40
41	RADIOLOGY-DIAGNOSTIC	7	247989		231265	14796	333075		397138	41
42	RADIOLOGY-THERAPEUTIC	271	22467	59973	26790	278	60633	5548		42
43.01	CARDIAC REHAB		21896		546	24	3234			43.01
44	LABORATORY	11794	291035		473146	4724	181898			44
46	WHOLE BLOOD & PACKED RED BLOOD		8843		22951	1	10510			46
49	RESPIRATORY THERAPY		89079	237789	29780	8649	21019		179484	49
50	PHYSICAL THERAPY	15	148533		2921	102	37996	3807		50
51	OCCUPATIONAL THERAPY		24626		2069	26	3234			51
52	SPEECH PATHOLOGY		8911		1112	2				52
53	ELECTROCARDIOLOGY	704	126990	338989	612699	26011	193216			53
53.01	GI UNIT	66	32953	87965	44561	2635	27487	121837		53.01
53.02	VASCULAR LAB		5515	14721	18		5659			53.02
54	ELECTROENCEPHALOGRAPHY		7349		1332	3	3234			54
55	MEDICAL SUPPLIES CHARGED TO PAT		7675	20487	2428984	8798	49314			55
56	DRUGS CHARGED TO PATIENTS					9532562				56
56.01	RENAL TXPLANT LAB		4632		10750					56.01
57	RENAL DIALYSIS	3667	21747			2373				57
58	ASC (NON-DISTINCT PART)	895	50041	133580	143788	3937	79226			58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	45989	160038		73810	26552	153602	5222	55226	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		5542							83
85.01	PANCREAS ACQUISITION		530							85.01
95	SUBTOTALS	2654338	3266948	4858249	4442910	9827647	8084336	1060854	6404558	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES	1951	190		40					98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		3776							98.03
98.04	MEALS ON WHEELS	124917								98.04
98.05	ACS HOME CARE		48764							98.05
98.06	VNA OF CENTRAL IL		46047							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		6303							98.08
98.09	SIU MAP PROGRAM		3776						1716870	98.09
98.10	AUDIOLOGY		4944		15542	2				98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	2781206	3380748	4858249	4458492	9827649	8084336	1060854	8121428	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	3062080					23
24	PARAMED ED PRGM-(SPECIFY)		59649				24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	1331392		77428429	-4862588	72565841	25
26	INTENSIVE CARE UNIT			16024578		16024578	26
28	BURN INTENSIVE CARE UNIT			3169050		3169050	28
31	SUBPROVIDER I	293653		10239022	-1072498	9166524	31
31.01	SUBPROVIDER II (REHAB			3395282		3395282	31.01
33	NURSERY			2060721		2060721	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	551491		32422275	-2014150	30408125	37
39	DELIVERY ROOM & LABOR ROOM			3740462		3740462	39
40	ANESTHESIOLOGY			4298719		4298719	40
41	RADIOLOGY-DIAGNOSTIC	149736		33601322	-546874	33054448	41
42	RADIOLOGY-THERAPEUTIC			6694045		6694045	42
43.01	CARDIAC REHAB			1879350		1879350	43.01
44	LABORATORY			33203777		33203777	44
46	WHOLE BLOOD & PACKED RED BLOOD			6483976		6483976	46
49	RESPIRATORY THERAPY	67672		8628597	-247156	8381441	49
50	PHYSICAL THERAPY			11934557		11934557	50
51	OCCUPATIONAL THERAPY			2556774		2556774	51
52	SPEECH PATHOLOGY			829839		829839	52
53	ELECTROCARDIOLOGY			26179378		26179378	53
53.01	GI UNIT			4531956		4531956	53.01
53.02	VASCULAR LAB			910162		910162	53.02
54	ELECTROENCEPHALOGRAPHY			664181		664181	54
55	MEDICAL SUPPLIES CHARGED TO PAT			53042826		53042826	55
56	DRUGS CHARGED TO PATIENTS			31103424		31103424	56
56.01	RENAL TXPLANT LAB			668365		668365	56.01
57	RENAL DIALYSIS			2197756	-54852	2142904	57
58	ASC (NON-DISTINCT PART)			8588252		8588252	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	20822	59649	16148193	-76048	16072145	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION			1379663		1379663	83
85.01	PANCREAS ACQUISITION			160430		160430	85.01
95	SUBTOTALS	2414756	59649	404165361	-8874166	395291195	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			443680		443680	96
98	PHYSICIANS' PRIVATE OFFICES			848070		848070	98
98.01	SIU SCHOOL OF MEDICINE			3700318		3700318	98.01
98.03	UNIVERSITY BUILDING (MHCCI)			274191		274191	98.03
98.04	MEALS ON WHEELS			124917		124917	98.04
98.05	ACS HOME CARE			1209312		1209312	98.05
98.06	VNA OF CENTRAL IL			385715		385715	98.06
98.07	GAMBRO			529594		529594	98.07
98.08	FOUNDATION			127190		127190	98.08
98.09	SIU MAP PROGRAM	647324		4041935	-2364194	1677741	98.09
98.10	AUDIOLOGY			654090		654090	98.10
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL	3062080	59649	416504373	-11238360	405266013	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	31277	196079	227356	227356					5
6	ADMINISTRATIVE & GENERAL	1432803	2465795	3898598	26731	3925329				6
7	MAINTENANCE & REPAIRS	457720	1827770	2285490	5507	218126	2509123			7
9	LAUNDRY & LINEN SERVICE	29475	144722	174197	1063	21587	27786	224633		9
10	HOUSEKEEPING	80185	205115	285300	4643	71239	40392		401574	10
11	DIETARY	44860	115097	159957	1433	23649	22098	48	3421	11
12	CAFETERIA	18494	329287	347781	3926	24530	63222	137	9788	12
14	NURSING ADMINISTRATION	906212	77034	983246	3134	43681	14790		2290	14
15	CENTRAL SERVICES & SUPPLY	294829	305660	600489	2416	33725	58819	6952	9107	15
16	PHARMACY	558053	128623	686676	7835	89744	24695	275	3823	16
17	MEDICAL RECORDS & LIBRARY	106186	273152	379338	4092	69112	52444		8119	17
18	SOCIAL SERVICE				754	9868				18
22	I&R SERVICES-SALARY & FRINGES A	1141	109427	110568	5369	72588	21010	708	3253	22
23	I&R SERVICES-OTHER PRGM COSTS A					28859				23
24	PARAMED ED PRGM-(SPECIFY)				56	553				24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	293363	2833977	3127340	43598	504144	544110	86653	84238	25
26	INTENSIVE CARE UNIT	255608	617107	872715	10618	126147	118482	13441	18344	26
28	BURN INTENSIVE CARE UNIT	49281	139498	188779	1787	23443	26783	4090	4147	28
31	SUBPROVIDER I	24942	491444	516386	5455	61770	94355	5686	14608	31
31.01	SUBPROVIDER II (REHAB	8129	148786	156915	1994	22832	28566	5341	4423	31.01
33	NURSERY	29513	37733	67246	1380	16250	7245	2485	1122	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	2001091	936680	2937771	17489	252572	179839	24657	27843	37
39	DELIVERY ROOM & LABOR ROOM	60113	37946	98059	2742	32223	7286	5062	1128	39
40	ANESTHESIOLOGY	400217	98359	498576	1101	36199	18884	1486	2924	40
41	RADIOLOGY-DIAGNOSTIC	4780532	835864	5616396	13233	280127	192522	12343	29807	41
42	RADIOLOGY-THERAPEUTIC	2009522	180018	2189540	1938	57260	34563	1588	5351	42
43.01	CARDIAC REHAB	15692	50331	66023	1515	16349	9663	20	1496	43.01
44	LABORATORY	1179541	764112	1943653	13621	286439	150429	93	23290	44
46	WHOLE BLOOD & PACKED RED BLOOD	33981	2690	36671	562	60643	516	76	80	46
49	RESPIRATORY THERAPY	223509	182320	405829	5151	71257	35005	392	5419	49
50	PHYSICAL THERAPY	274702	275919	550621	9325	104243	52975	2631	8202	50
51	OCCUPATIONAL THERAPY	19366	85994	105360	2035	21862	16510	387	2556	51
52	SPEECH PATHOLOGY	3529	30864	34393	642	7041	5926		917	52
53	ELECTROCARDIOLOGY	2119145	290296	2409441	7594	227599	55736	4136	8629	53
53.01	GI UNIT	452486	133228	585714	1860	36481	25579	2600	3960	53.01
53.02	VASCULAR LAB	139743	18963	158706	454	7912	3641		564	53.02
54	ELECTROENCEPHALOGRAPHY	62416	31328	93744	414	5350	6015	945	931	54
55	MEDICAL SUPPLIES CHARGED TO PAT	2515	16254	18769	451	475843	3121		483	55
56	DRUGS CHARGED TO PATIENTS					203298				56
56.01	RENAL TXPLANT LAB	10543	20202	30745	270	5705	3879		601	56.01
57	RENAL DIALYSIS	70666	103641	174307	1582	17938	19899	1962	3081	57
58	ASC (NON-DISTINCT PART)	579963		579963	3071	69492	60339	5496	9342	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	225008	371607	596615	9404	135493	71347	25982	11046	61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION	1667	13004	14671	284	12662	2497		387	83
85.01	PANCREAS ACQUISITION		1238	1238	27	1479	238		37	85.01
95	SUBTOTALS	19288018	14927164	34215182	226556	3886314	2101206	215672	314757	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		29297	29297		3486	5625	413	871	96
98	PHYSICIANS' PRIVATE OFFICES		187332	187332	106	3565	35967	2286	5568	98
98.01	SIU SCHOOL OF MEDICINE				2	11012	205106	1129	31755	98.01
98.03	UNIVERSITY BUILDING (MHCCI)				67	2000		5133		98.03
98.04	MEALS ON WHEELS									98.04
98.05	ACS HOME CARE		423776	423776	201	5078	40433		12597	98.05
98.06	VNA OF CENTRAL IL				137	217	20590		6415	98.06
98.07	GAMBRO						34440		10730	98.07
98.08	FOUNDATION		33689	33689	8	391	6468		1001	98.08
98.09	SIU MAP PROGRAM				67	7731	55513		17296	98.09
98.10	AUDIOLOGY	9101	19660	28761	212	5535	3775		584	98.10
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	19297119	15620918	34918037	227356	3925329	2509123	224633	401574	103

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	210606								11
12	CAFETERIA		449384							12
14	NURSING ADMINISTRATION		5565	1052706						14
15	CENTRAL SERVICES & SUPPLY		10488		721996					15
16	PHARMACY		13220		907	826175				16
17	MEDICAL RECORDS & LIBRARY		14237		1		527343			17
18	SOCIAL SERVICE		1829					12451		18
22	I&R SERVICES-SALARY & FRINGES A		20374		29				233899	22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)		126							24
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	144477	107450	467568	21308	10192	361493	8590		25
26	INTENSIVE CARE UNIT	9648	22318	97118	7499	2405	12867	194		26
28	BURN INTENSIVE CARE UNIT	3255	4093	17811	2554	216	7119	268		28
31	SUBPROVIDER I	22625	13200	57441	559	116	38549	1527		31
31.01	SUBPROVIDER II (REHAB	9590	5216	22698	635	91	17402	221		31.01
33	NURSERY	6421	2781	12100	949	82	3322			33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	181	34973	152187	6733	725	6697			37
39	DELIVERY ROOM & LABOR ROOM		5666	24655	1933	167		50		39
40	ANESTHESIOLOGY		1728	7519	11366	2497	4008			40
41	RADIOLOGY-DIAGNOSTIC	1	32964		37449	1244	21727			41
42	RADIOLOGY-THERAPEUTIC	21	2986	12995	4338	23	3955	65		42
43.01	CARDIAC REHAB		2911		88	2	211			43.01
44	LABORATORY	893	39686		76617	397	11865			44
46	WHOLE BLOOD & PACKED RED BLOOD		1175		3717		686			46
49	RESPIRATORY THERAPY		11841	51525	4822	727	1371			49
50	PHYSICAL THERAPY	1	19744		473	9	2479	45		50
51	OCCUPATIONAL THERAPY		3273		335	2	211			51
52	SPEECH PATHOLOGY		1184		180					52
53	ELECTROCARDIOLOGY	53	16880	73454	99215	2187	12603			53
53.01	GI UNIT	5	4380	19061	7216	222	1793	1430		53.01
53.02	VASCULAR LAB		733	3190	3		369			53.02
54	ELECTROENCEPHALOGRAPHY		977		216		211			54
55	MEDICAL SUPPLIES CHARGED TO PAT		1020	4439	393353	740	3217			55
56	DRUGS CHARGED TO PATIENTS					801368				56
56.01	RENAL TXPLANT LAB		616		1741					56.01
57	RENAL DIALYSIS	278	2891			200				57
58	ASC (NON-DISTINCT PART)	68	6652	28945	23284	331	5168			58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	3482	21273		11952	2232	10020	61		61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
83	KIDNEY ACQUISITION		737							83
85.01	PANCREAS ACQUISITION		70							85.01
95	SUBTOTALS	200999	434257	1052706	719472	826175	527343	12451		95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN									96
98	PHYSICIANS' PRIVATE OFFICES	148	25		7					98
98.01	SIU SCHOOL OF MEDICINE									98.01
98.03	UNIVERSITY BUILDING (MHCCI)		502							98.03
98.04	MEALS ON WHEELS	9459								98.04
98.05	ACS HOME CARE		6482							98.05
98.06	VNA OF CENTRAL IL		6121							98.06
98.07	GAMBRO									98.07
98.08	FOUNDATION		838							98.08
98.09	SIU MAP PROGRAM		502							98.09
98.10	AUDIOLOGY		657		2517					98.10
101	CROSS FOOT ADJUSTMENTS								233899	101
102	NEGATIVE COST CENTER									102
103	TOTAL	210606	449384	1052706	721996	826175	527343	12451	233899	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	PARAMED EDUCATION EMERGENCY 24	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
	GENERAL SERVICE COST CENTERS						
3	NEW CAP REL COSTS-BLDG & FIXT						3
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
7	MAINTENANCE & REPAIRS						7
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	28859					23
24	PARAMED ED PRGM-(SPECIFY)		735				24
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS			5511161		5511161	25
26	INTENSIVE CARE UNIT			1311796		1311796	26
28	BURN INTENSIVE CARE UNIT			284345		284345	28
31	SUBPROVIDER I			832277		832277	31
31.01	SUBPROVIDER II (REHAB			275924		275924	31.01
33	NURSERY			121383		121383	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM			3641667		3641667	37
39	DELIVERY ROOM & LABOR ROOM			178971		178971	39
40	ANESTHESIOLOGY			586288		586288	40
41	RADIOLOGY-DIAGNOSTIC			6237813		6237813	41
42	RADIOLOGY-THERAPEUTIC			2314623		2314623	42
43.01	CARDIAC REHAB			98278		98278	43.01
44	LABORATORY			2545983		2545983	44
46	WHOLE BLOOD & PACKED RED BLOOD			104126		104126	46
49	RESPIRATORY THERAPY			593339		593339	49
50	PHYSICAL THERAPY			750748		750748	50
51	OCCUPATIONAL THERAPY			152531		152531	51
52	SPEECH PATHOLOGY			50283		50283	52
53	ELECTROCARDIOLOGY			2917527		2917527	53
53.01	GI UNIT			690301		690301	53.01
53.02	VASCULAR LAB			175572		175572	53.02
54	ELECTROENCEPHALOGRAPHY			108803		108803	54
55	MEDICAL SUPPLIES CHARGED TO PAT			901436		901436	55
56	DRUGS CHARGED TO PATIENTS			1004666		1004666	56
56.01	RENAL TXPLANT LAB			43557		43557	56.01
57	RENAL DIALYSIS			222138		222138	57
58	ASC (NON-DISTINCT PART)			792151		792151	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY			898907		898907	61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
83	KIDNEY ACQUISITION			31238		31238	83
85.01	PANCREAS ACQUISITION			3089		3089	85.01
95	SUBTOTALS			33380921		33380921	95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN			39692		39692	96
98	PHYSICIANS' PRIVATE OFFICES			235004		235004	98
98.01	SIU SCHOOL OF MEDICINE			249004		249004	98.01
98.03	UNIVERSITY BUILDING (MHCCI)			7702		7702	98.03
98.04	MEALS ON WHEELS			9459		9459	98.04
98.05	ACS HOME CARE			488567		488567	98.05
98.06	VNA OF CENTRAL IL			33480		33480	98.06
98.07	GAMBRO			45170		45170	98.07
98.08	FOUNDATION			42395		42395	98.08
98.09	SIU MAP PROGRAM			81109		81109	98.09
98.10	AUDIOLOGY			42041		42041	98.10
101	CROSS FOOT ADJUSTMENTS	28859	735	263493		263493	101
102	NEGATIVE COST CENTER						102
103	TOTAL	28859	735	34918037		34918037	103

COST ALLOCATION - STATISTICAL BASIS

	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	
	GENERAL SERVICE COST CENTERS							3
3	NEW CAP REL COSTS-BLDG & FIXT	807262						5
5	EMPLOYEE BENEFITS	10133	156318908					6
6	ADMINISTRATIVE & GENERAL	127428	18384738	-66958140	349546233			7
7	MAINTENANCE & REPAIRS	94456	3787280		19423494	675364		9
9	LAUNDRY & LINEN SERVICE	7479	731137		1922263	7479	4697590	10
10	HOUSEKEEPING	10600	3192975		6343595	10872		11
11	DIETARY	5948	985285		2105865	5948	1002	12
12	CAFETERIA	17017	2700276		2184297	17017	2866	14
14	NURSING ADMINISTRATION	3981	2155136		3889644	3981		15
15	CENTRAL SERVICES & SUPPLY	15796	1661648		3003095	15832	145383	16
16	PHARMACY	6647	5388559		7902407	6647	5754	17
17	MEDICAL RECORDS & LIBRARY	14116	2814267		6154233	14116		18
18	SOCIAL SERVICE		518497		878761			22
22	I&R SERVICES-SALARY & FRINGES	5655	3692623		6463736	5655	14816	23
23	I&R SERVICES-OTHER PRGM COSTS				2569814			24
24	PARAMED ED PRGM-(SPECIFY)		38427		49262			
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	146455	29939898		44899222	146455	1812081	25
26	INTENSIVE CARE UNIT	31891	7302946		11233027	31891	281083	26
28	BURN INTENSIVE CARE UNIT	7209	1228859		2087542	7209	85537	28
31	SUBPROVIDER I	25397	3751590		5500469	25397	118903	31
31.01	SUBPROVIDER II (REHAB	7689	1371405		2033165	7689	111692	31.01
33	NURSERY	1950	949056		1447055	1950	51971	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	48406	12027975		22490827	48406	515635	37
39	DELIVERY ROOM & LABOR ROOM	1961	1885832		2869378	1961	105854	39
40	ANESTHESIOLOGY	5083	757427		3223433	5083	31077	40
41	RADIOLOGY-DIAGNOSTIC	43196	9100971		24944544	51820	258121	41
42	RADIOLOGY-THERAPEUTIC	9303	1332932		5098861	9303	33217	42
43.01	CARDIAC REHAB	2601	1042249		1455862	2601	414	43.01
44	LABORATORY	39488	9367690		25506607	40490	1952	44
46	WHOLE BLOOD & PACKED RED BLOO	139	386264		5400053	139	1582	46
49	RESPIRATORY THERAPY	9422	3542382		6345274	9422	8200	49
50	PHYSICAL THERAPY	14259	6413119		9282574	14259	55027	50
51	OCCUPATIONAL THERAPY	4444	1399488		1946739	4444	8099	51
52	SPEECH PATHOLOGY	1595	441496		626940	1595		52
53	ELECTROCARDIOLOGY	15002	5222685		20267049	15002	86485	53
53.01	GI UNIT	6885	1279508		3248532	6885	54377	53.01
53.02	VASCULAR LAB	980	312583		704567	980		53.02
54	ELECTROENCEPHALOGRAPHY	1619	284648		476415	1619	19758	54
55	MEDICAL SUPPLIES CHARGED TO P	840	309953		42372492	840		55
56	DRUGS CHARGED TO PATIENTS				18103089			56
56.01	RENAL TXPLANT LAB	1044	185768		508029	1044		56.01
57	RENAL DIALYSIS	5356	1098371		1597348	5356	41032	57
58	ASC (NON-DISTINCT PART)		2112290		6188044	16241	114927	58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)	19204	6467534		12065254	19204	543345	60.01
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTINC							62
	OTHER REIMBURSABLE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
83	KIDNEY ACQUISITION	672	195243		1127481	672		83
85.01	PANCREAS ACQUISITION	64	18469		131744	64		85.01
95	SUBTOTALS	771410	155769479	-66958140	346072082	565568	4510190	95
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & C	1514	202		310443	1514	8641	96
98	PHYSICIANS' PRIVATE OFFICES	9681	73058		317428	9681	47798	98
98.01	SIU SCHOOL OF MEDICINE		1144		980598	55207	23614	98.01
98.03	UNIVERSITY BUILDING (MHCCI)		45781		178101		107347	98.03
98.04	MEALS ON WHEELS							98.04
98.05	ACS HOME CARE	21900	138266		452183	10883		98.05
98.06	VNA OF CENTRAL IL		94137		19340	5542		98.06
98.07	GAMBRO					9270		98.07
98.08	FOUNDATION	1741	5322		34782	1741		98.08
98.09	SIU MAP PROGRAM		45781		688440	14942		98.09
98.10	AUDIOLOGY	1016	145738		492836	1016		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	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	15620918	32115578		66958140	23144200	2546786	103
104	UNIT COST MULT-WS B PT I		.205449		.191557		.542147	
104	UNIT COST MULT-WS B PT I	19.350493				34.269224		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		227356		3925329	2509123	224633	107
108	UNIT COST MULT-WS B PT III		.001454		.011230		.047819	
108	UNIT COST MULT-WS B PT III					3.715216		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSE-KEEPING SQUARE FEET 10	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	
	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	698152							10
11	DIETARY	5948	379185						11
12	CAFETERIA	17017		248891					12
14	NURSING ADMINISTRATION	3981		3082	133986				14
15	CENTRAL SERVICES & SUPPLY	15832		5809		74352634			15
16	PHARMACY	6647		7322		93438	18663483		16
17	MEDICAL RECORDS & LIBRARY	14116		7885		83		10000	17
18	SOCIAL SERVICE			1013					18
22	I&R SERVICES-SALARY & FRINGES	5655		11284		2967			22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)			70					24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	146455	260123	59511	59511	2194417	230241	6855	25
26	INTENSIVE CARE UNIT	31891	17370	12361	12361	772249	54336	244	26
28	BURN INTENSIVE CARE UNIT	7209	5861	2267	2267	262979	4885	135	28
31	SUBPROVIDER I	25397	40735	7311	7311	57572	2625	731	31
31.01	SUBPROVIDER II (REHAB	7689	17267	2889	2889	65359	2063	330	31.01
33	NURSERY	1950	11561	1540	1540	97739	1847	63	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	48406	326	19370	19370	693441	16385	127	37
39	DELIVERY ROOM & LABOR ROOM	1961		3138	3138	199076	3762		39
40	ANESTHESIOLOGY	5083		957	957	1170534	56407	76	40
41	RADIOLOGY-DIAGNOSTIC	51820	1	18257		3856725	28098	412	41
42	RADIOLOGY-THERAPEUTIC	9303	37	1654	1654	446762	527	75	42
43.01	CARDIAC REHAB	2601		1612		9113	46	4	43.01
44	LABORATORY	40490	1608	21426		7890507	8972	225	44
46	WHOLE BLOOD & PACKED RED BLOO	139		651		382752	1	13	46
49	RESPIRATORY THERAPY	9422		6558	6558	496630	16426	26	49
50	PHYSICAL THERAPY	14259	2	10935		48714	193	47	50
51	OCCUPATIONAL THERAPY	4444		1813		34512	50	4	51
52	SPEECH PATHOLOGY	1595		656		18549	3		52
53	ELECTROCARDIOLOGY	15002	96	9349	9349	10217773	49396	239	53
53.01	GI UNIT	6885	9	2426	2426	743122	5005	34	53.01
53.02	VASCULAR LAB	980		406	406	299		7	53.02
54	ELECTROENCEPHALOGRAPHY	1619		541		22208	5	4	54
55	MEDICAL SUPPLIES CHARGED TO P	840		565	565	40507161	16709	61	55
56	DRUGS CHARGED TO PATIENTS						18103089		56
56.01	RENAL TXPLANT LAB	1044		341		179269			56.01
57	RENAL DIALYSIS	5356	500	1601			4507		57
58	ASC (NON-DISTINCT PART)	16241	122	3684	3684	2397911	7476	98	58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	19204	6270	11782		1230907	50425	190	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
83	KIDNEY ACQUISITION	672		408					83
85.01	PANCREAS ACQUISITION	64		39					85.01
95	SUBTOTALS	547217	361888	240513	133986	74092768	18663479	10000	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	1514							96
98	PHYSICIANS' PRIVATE OFFICES	9681	266	14		675			98
98.01	SIU SCHOOL OF MEDICINE	55207							98.01
98.03	UNIVERSITY BUILDING (MHCCI)			278					98.03
98.04	MEALS ON WHEELS		17031						98.04
98.05	ACS HOME CARE	21900		3590					98.05
98.06	VNA OF CENTRAL IL	11153		3390					98.06
98.07	GAMBRO	18654							98.07
98.08	FOUNDATION	1741		464					98.08
98.09	SIU MAP PROGRAM	30069		278					98.09
98.10	AUDIOLOGY	1016		364		259191	4		98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		SQUARE FEET	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT	
		10	11	12	14	15	16	17	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	7931330	2781206	3380748	4858249	4458492	9827649	8084336	103
104	UNIT COST MULT-WS B PT I	11.360463		13.583247		.059964		808.433600	104
104	UNIT COST MULT-WS B PT I		7.334694		36.259378		.526571		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	401574	210606	449384	1052706	721996	826175	527343	107
108	UNIT COST MULT-WS B PT III	.575196		1.805545		.009710		52.734300	108
108	UNIT COST MULT-WS B PT III		.555418		7.856836		.044267		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	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	9752				18
22	I&R SERVICES-SALARY & FRINGES		10000			22
23	I&R SERVICES-OTHER PRGM COSTS			10000		23
24	PARAMED ED PRGM-(SPECIFY)				100	24
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	6728	4348	4348		25
26	INTENSIVE CARE UNIT	152				26
28	BURN INTENSIVE CARE UNIT	210				28
31	SUBPROVIDER I	1196	959	959		31
31.01	SUBPROVIDER II (REHAB	173				31.01
33	NURSERY					33
	ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM		1801	1801		37
39	DELIVERY ROOM & LABOR ROOM	39				39
40	ANESTHESIOLOGY					40
41	RADIOLOGY-DIAGNOSTIC		489	489		41
42	RADIOLOGY-THERAPEUTIC	51				42
43.01	CARDIAC REHAB					43.01
44	LABORATORY					44
46	WHOLE BLOOD & PACKED RED BLOO					46
49	RESPIRATORY THERAPY		221	221		49
50	PHYSICAL THERAPY	35				50
51	OCCUPATIONAL THERAPY					51
52	SPEECH PATHOLOGY					52
53	ELECTROCARDIOLOGY					53
53.01	GI UNIT	1120				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	48	68	68	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	9752	7886	7886	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	2114		98.09
98.10	AUDIOLOGY					98.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 18	I&R SALARY & FRINGES ASSIGNED TIME 22	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	1060854	8121428	3062080	59649	103
104	UNIT COST MULT-WS B PT I	108.783224		306.208000		104
104	UNIT COST MULT-WS B PT I		812.142800		596.490000	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	12451	233899	28859	735	107
108	UNIT COST MULT-WS B PT III	1.276764		2.885900		108
108	UNIT COST MULT-WS B PT III		23.389900		7.350000	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	-54852	1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	72565841		72565841	51045	72616886	25
26	INTENSIVE CARE UNIT	16024578		16024578	24728	16049306	26
28	BURN INTENSIVE CARE UNIT	3169050		3169050	29465	3198515	28
31	SUBPROVIDER I	9166524		9166524	4358	9170882	31
31.01	SUBPROVIDER II (REHAB	3395282		3395282	83	3395365	31.01
33	NURSERY	2060721		2060721		2060721	33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	30408125		30408125	45890	30454015	37
39	DELIVERY ROOM & LABOR ROOM	3740462		3740462		3740462	39
40	ANESTHESIOLOGY	4298719		4298719		4298719	40
41	RADIOLOGY-DIAGNOSTIC	33054448		33054448		33054448	41
42	RADIOLOGY-THERAPEUTIC	6694045		6694045		6694045	42
43.01	CARDIAC REHAB	1879350		1879350		1879350	43.01
44	LABORATORY	33203777		33203777	84216	33287993	44
46	WHOLE BLOOD & PACKED RED BL	6483976		6483976		6483976	46
49	RESPIRATORY THERAPY	8381441		8381441	7764	8389205	49
50	PHYSICAL THERAPY	11934557		11934557	261548	12196105	50
51	OCCUPATIONAL THERAPY	2556774		2556774		2556774	51
52	SPEECH PATHOLOGY	829839		829839		829839	52
53	ELECTROCARDIOLOGY	26179378		26179378	84718	26264096	53
53.01	GI UNIT	4531956		4531956		4531956	53.01
53.02	VASCULAR LAB	910162		910162	10325	920487	53.02
54	ELECTROENCEPHALOGRAPHY	664181		664181	16867	681048	54
55	MEDICAL SUPPLIES CHARGED TO	53042826		53042826		53042826	55
56	DRUGS CHARGED TO PATIENTS	31103424		31103424		31103424	56
56.01	RENAL TXPLANT LAB	668365		668365	2746	671111	56.01
57	RENAL DIALYSIS	2142904		2142904	21535	2164439	57
58	ASC (NON-DISTINCT PART)	8588252		8588252		8588252	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	16072145		16072145	20746	16092891	61
62	OBSERVATION BEDS (NON-DISTI	1970856		1970856		1970856	62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	395721958		395721958	666034	396387992	101
102	LESS OBSERVATION BEDS	1970856		1970856		1970856	102
103	TOTAL	393751102		393751102	666034	394417136	103

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	91752383		91752383				25
26	INTENSIVE CARE UNIT	25794473		25794473				26
28	BURN INTENSIVE CARE UNIT	5713037		5713037				28
31	SUBPROVIDER I	15891799		15891799				31
31.01	SUBPROVIDER II (REHAB	4483761		4483761				31.01
33	NURSERY	4172761		4172761				33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	81588730	43396334	124985064	.243294	.243294	.243661	37
39	DELIVERY ROOM & LABOR ROOM	7282358	917531	8199889	.456160	.456160	.456160	39
40	ANESTHESIOLOGY	15176969	15297348	30474317	.141060	.141060	.141060	40
41	RADIOLOGY-DIAGNOSTIC	77807647	153491277	231298924	.142908	.142908	.142908	41
42	RADIOLOGY-THERAPEUTIC	1990306	28718102	30708408	.217987	.217987	.217987	42
43.01	CARDIAC REHAB	1653862	1556099	3209961	.585474	.585474	.585474	43.01
44	LABORATORY	72309698	84100991	156410689	.212286	.212286	.212824	44
46	WHOLE BLOOD & PACKED RED BL	15420353	5035765	20456118	.316970	.316970	.316970	46
49	RESPIRATORY THERAPY	33095083	9652519	42747602	.196068	.196068	.196250	49
50	PHYSICAL THERAPY	8983304	16857453	25840757	.461850	.461850	.471972	50
51	OCCUPATIONAL THERAPY	6401184	1486472	7887656	.324149	.324149	.324149	51
52	SPEECH PATHOLOGY	2418638	11888	2430526	.341424	.341424	.341424	52
53	ELECTROCARDIOLOGY	106311721	90222747	196534468	.133205	.133205	.133636	53
53.01	GI UNIT	4674651	11971988	16646639	.272245	.272245	.272245	53.01
53.02	VASCULAR LAB	3659661	2751324	6410985	.141969	.141969	.143580	53.02
54	ELECTROENCEPHALOGRAPHY	2095597	1418626	3514223	.188998	.188998	.193798	54
55	MEDICAL SUPPLIES CHARGED TO	104246175	22647686	126893861	.418009	.418009	.418009	55
56	DRUGS CHARGED TO PATIENTS	80122881	19733619	99856500	.311481	.311481	.311481	56
56.01	RENAL TXPLANT LAB	30711	351059	381770	1.750701	1.750701	1.757893	56.01
57	RENAL DIALYSIS	5874302	1994988	7869290	.272312	.272312	.275049	57
58	ASC (NON-DISTINCT PART)	1367040	36227804	37594844	.228442	.228442	.228442	58
	OUTPATIENT SERVICE COST CENTERS							
60.01	MAP (2004)							60.01
61	EMERGENCY	18213652	41599915	59813567	.268704	.268704	.269051	61
62	OBSERVATION BEDS (NON-DISTI	148809	2052860	2201669	.895165	.895165	.895165	62
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	798681546	591494395	1390175941				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	798681546	591494395	1390175941				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				5511161		5511161	25
26	INTENSIVE CARE UNIT				1311796		1311796	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT				284345		284345	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I				832277		832277	31
31.01	SUBPROVIDER II (REHAB				275924		275924	31.01
33	NURSERY				121383		121383	33
101	TOTAL				8336886		8336886	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	96867	54628			56.89	3107787	25
26	INTENSIVE CARE UNIT	11045	6502			118.77	772243	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT	2507	900			113.42	102078	28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I	10532	4883			79.02	385855	31
31.01	SUBPROVIDER II (REHAB	4932	2518			55.95	140882	31.01
33	NURSERY	3552				34.17		33
101	TOTAL	129435	69431				4508845	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 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	3641667	124985064	36059060				.029137	1050653	37
39	DELIVERY ROOM & LABOR ROOM	178971	8199889	51402				.021826	1122	39
40	ANESTHESIOLOGY	586288	30474317	7339344				.019239	141202	40
41	RADIOLOGY-DIAGNOSTIC	6237813	231298924	41926023				.026969	1130703	41
42	RADIOLOGY-THERAPEUTIC	2314623	30708408	1184809				.075374	89304	42
43.01	CARDIAC REHAB	98278	3209961	1031242				.030617	31574	43.01
44	LABORATORY	2545983	156410689	40482665				.016278	658977	44
46	WHOLE BLOOD & PACKED RED BLOO	104126	20456118	8310419				.005090	42300	46
49	RESPIRATORY THERAPY	593339	42747602	20529887				.013880	284955	49
50	PHYSICAL THERAPY	750748	25840757	3913189				.029053	113690	50
51	OCCUPATIONAL THERAPY	152531	7887656	2791079				.019338	53974	51
52	SPEECH PATHOLOGY	50283	2430526	1173298				.020688	24273	52
53	ELECTROCARDIOLOGY	2917527	196534468	59327410				.014845	880715	53
53.01	GI UNIT	690301	16646639	2894201				.041468	120017	53.01
53.02	VASCULAR LAB	175572	6410985	2283819				.027386	62545	53.02
54	ELECTROENCEPHALOGRAPHY	108803	3514223	767687				.030961	23768	54
55	MEDICAL SUPPLIES CHARGED TO P	901436	126893861	41404853				.007104	294140	55
56	DRUGS CHARGED TO PATIENTS	1004666	99856500	43687537				.010061	439540	56
56.01	RENAL TXPLANT LAB	43557	381770	28031				.114092	3198	56.01
57	RENAL DIALYSIS	222138	7869290	4466405				.028228	126078	57
58	ASC (NON-DISTINCT PART)	792151	37594844	315172				.021071	6641	58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	898907	59813567	8849643				.015028	132992	61
62	OBSERVATION BEDS (NON-DISTINC	149576	2201669	4480				.067938	304	62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	25159284	1242367727	328821655					5712665	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	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	96867		54628		25
26	INTENSIVE CARE UNIT	11045		6502		26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT	2507		900		28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	10532		4883		31
31.01	SUBPROVIDER II (REHAB	4932		2518		31.01
33	NURSERY	3552				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	129435		69431		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	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				59649			59649	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				59649			59649	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 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		124985064			36059060		12085459	37
39	DELIVERY ROOM & LABOR ROOM		8199889			51402			39
40	ANESTHESIOLOGY		30474317			7339344		3595718	40
41	RADIOLOGY-DIAGNOSTIC		231298924			41926023		47235910	41
42	RADIOLOGY-THERAPEUTIC		30708408			1184809		13457818	42
43.01	CARDIAC REHAB		3209961			1031242		666476	43.01
44	LABORATORY		156410689			40482665		4609495	44
46	WHOLE BLOOD & PACKED RED BLOO		20456118			8310419		2231024	46
49	RESPIRATORY THERAPY		42747602			20529887		3238543	49
50	PHYSICAL THERAPY		25840757			3913189		191150	50
51	OCCUPATIONAL THERAPY		7887656			2791079			51
52	SPEECH PATHOLOGY		2430526			1173298			52
53	ELECTROCARDIOLOGY		196534468			59327410		47651764	53
53.01	GI UNIT		16646639			2894201		3830907	53.01
53.02	VASCULAR LAB		6410985			2283819		1404440	53.02
54	ELECTROENCEPHALOGRAPHY		3514223			767687		279986	54
55	MEDICAL SUPPLIES CHARGED TO P		126893861			41404853		6547727	55
56	DRUGS CHARGED TO PATIENTS		99856500			43687537		7321846	56
56.01	RENAL TXPLANT LAB		381770			28031		16090	56.01
57	RENAL DIALYSIS		7869290			4466405		239101	57
58	ASC (NON-DISTINCT PART)		37594844			315172		9090300	58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	59649	59813567	.000997	.000997	8849643	8823	8314658	61
62	OBSERVATION BEDS (NON-DISTINC		2201669			4480		40040	62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	59649	1242367727			328821655	8823	172048452	101

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/24/2011 08:47

WORKSHEET D
PART IV

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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 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
37	OPERATING ROOM						39
39	DELIVERY ROOM & LABOR ROOM						40
40	ANESTHESIOLOGY						41
41	RADIOLOGY-DIAGNOSTIC						42
42	RADIOLOGY-THERAPEUTIC						43.01
43.01	CARDIAC REHAB						44
44	LABORATORY						46
46	WHOLE BLOOD & PACKED RED BLOO						49
49	RESPIRATORY THERAPY						50
50	PHYSICAL THERAPY						51
51	OCCUPATIONAL THERAPY						52
52	SPEECH PATHOLOGY						53
53	ELECTROCARDIOLOGY						53.01
53.01	GI UNIT						53.02
53.02	VASCULAR LAB						54
54	ELECTROENCEPHALOGRAPHY						55
55	MEDICAL SUPPLIES CHARGED TO P						56
56	DRUGS CHARGED TO PATIENTS						56.01
56.01	RENAL TXPLANT LAB						57
57	RENAL DIALYSIS						58
58	ASC (NON-DISTINCT PART)						60.01
	OUTPATIENT SERVICE COST CENTERS						61
60.01	MAP (2004)			8290			62
61	EMERGENCY						101
62	OBSERVATION BEDS (NON-DISTINC						
	OTHER REIMBURSABLE COST CENTERS			8290			
101	TOTAL						

PROVIDER NO. 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

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

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WORKSHEET D
PARTS V & VI

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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
37	OPERATING ROOM	.243294	.243294	.243294				39
39	DELIVERY ROOM & LABOR ROOM	.456160	.456160	.456160				40
40	ANESTHESIOLOGY	.141060	.141060	.141060				41
41	RADIOLOGY-DIAGNOSTIC	.142908	.142908	.142908				42
42	RADIOLOGY-THERAPEUTIC	.217987	.217987	.217987				43.01
43.01	CARDIAC REHAB	.585474	.585474	.585474				44
44	LABORATORY	.212286	.212286	.212286				46
46	WHOLE BLOOD & PACKED RED BLOOD	.316970	.316970	.316970				49
49	RESPIRATORY THERAPY	.196068	.196068	.196068				50
50	PHYSICAL THERAPY	.461850	.461850	.461850				51
51	OCCUPATIONAL THERAPY	.324149	.324149	.324149				52
52	SPEECH PATHOLOGY	.341424	.341424	.341424				53
53	ELECTROCARDIOLOGY	.133205	.133205	.133205				53.01
53.01	GI UNIT	.272245	.272245	.272245				53.02
53.02	VASCULAR LAB	.141969	.141969	.141969				54
54	ELECTROENCEPHALOGRAPHY	.188998	.188998	.188998				55
55	MEDICAL SUPPLIES CHARGED TO PAT	.418009	.418009	.418009				56
56	DRUGS CHARGED TO PATIENTS	.311481	.311481	.311481				56.01
56.01	RENAL TXPLANT LAB	1.750701	1.750701	1.750701				57
57	RENAL DIALYSIS	.272312	.272312	.272312				58
58	ASC (NON-DISTINCT PART)	.228442	.228442	.228442				
	OUTPATIENT SERVICE COST CENTERS							60.01
60.01	MAP (2004)	.268704	.268704	.268704				61
61	EMERGENCY	.895165	.895165	.895165				62
62	OBSERVATION BEDS (NON-DISTINCT							
	OTHER REIMBURSABLE COST CENTERS							65.01
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.03
65.03	AMBULANCE CHARGES (S-2 LINE 56.							101
101	SUBTOTAL							102
102	CRNA CHARGES							
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
								104
104	NET CHARGES							

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.311481	1
2	PROGRAM VACCINE CHARGES	63084	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	19649	3
3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		12085459							37
39	DELIVERY ROOM & LABOR ROOM									39
40	ANESTHESIOLOGY		3595718							40
41	RADIOLOGY-DIAGNOSTIC		47235910							41
42	RADIOLOGY-THERAPEUTIC		13457838							42
43.01	CARDIAC REHAB		666476							43.01
44	LABORATORY		4609495							44
46	WHOLE BLOOD & PACKED RED BLOOD		2231024							46
49	RESPIRATORY THERAPY		3238543							49
50	PHYSICAL THERAPY		191150							50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		47651764							53
53.01	GI UNIT		3830907							53.01
53.02	VASCULAR LAB		1404440							53.02
54	ELECTROENCEPHALOGRAPHY		279986							54
55	MEDICAL SUPPLIES CHARGED TO PA		6547727							55
56	DRUGS CHARGED TO PATIENTS		7321846							56
56.01	RENAL TXPLANT LAB		16090							56.01
57	RENAL DIALYSIS		239101							57
58	ASC (NON-DISTINCT PART)		9090300							58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY		8314658							61
62	OBSERVATION BEDS (NON-DISTINCT		40040							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		172048452							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		172048452							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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

	COST CENTER DESCRIPTION	PROGRAM 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		2940320						37
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY		507212						40
41	RADIOLOGY-DIAGNOSTIC		6750389						41
42	RADIOLOGY-THERAPEUTIC		2933629						42
43.01	CARDIAC REHAB		390204						43.01
44	LABORATORY		978531						44
46	WHOLE BLOOD & PACKED RED BLOOD		707168						46
49	RESPIRATORY THERAPY		634975						49
50	PHYSICAL THERAPY		88283						50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		6347453						53
53.01	GI UNIT		1042945						53.01
53.02	VASCULAR LAB		199387						53.02
54	ELECTROENCEPHALOGRAPHY		52917						54
55	MEDICAL SUPPLIES CHARGED TO PAT		2737009						55
56	DRUGS CHARGED TO PATIENTS		2280616						56
56.01	RENAL TXPLANT LAB		28169						56.01
57	RENAL DIALYSIS		65110						57
58	ASC (NON-DISTINCT PART)		2076606						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY		2234182						61
62	OBSERVATION BEDS (NON-DISTINCT		35842						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		33030947						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		33030947						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	3641667	124985064	4716				.029137	137	37
39	DELIVERY ROOM & LABOR ROOM	178971	8199889					.021826		39
40	ANESTHESIOLOGY	586288	30474317	5056				.019239	97	40
41	RADIOLOGY-DIAGNOSTIC	6237813	231298924	351898				.026969	9490	41
42	RADIOLOGY-THERAPEUTIC	2314623	30708408					.075374		42
43.01	CARDIAC REHAB	98278	3209961	1328				.030617	41	43.01
44	LABORATORY	2545983	156410689	680378				.016278	11075	44
46	WHOLE BLOOD & PACKED RED BLOO	104126	20456118	9590				.005090	49	46
49	RESPIRATORY THERAPY	593339	42747602	79552				.013880	1104	49
50	PHYSICAL THERAPY	750748	25840757	90716				.029053	2636	50
51	OCCUPATIONAL THERAPY	152531	7887656	53594				.019338	1036	51
52	SPEECH PATHOLOGY	50283	2430526	14050				.020688	291	52
53	ELECTROCARDIOLOGY	2917527	196534468	76928				.014845	1142	53
53.01	GI UNIT	690301	16646639	11786				.041468	489	53.01
53.02	VASCULAR LAB	175572	6410985	13483				.027386	369	53.02
54	ELECTROENCEPHALOGRAPHY	108803	3514223	15867				.030961	491	54
55	MEDICAL SUPPLIES CHARGED TO P	901436	126893861	15353				.007104	109	55
56	DRUGS CHARGED TO PATIENTS	1004666	99856500	609042				.010061	6128	56
56.01	RENAL TXPLANT LAB	43557	381770					.114092		56.01
57	RENAL DIALYSIS	222138	7869290	72218				.028228	2039	57
58	ASC (NON-DISTINCT PART)	792151	37594844					.021071		58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	898907	59813567	248200				.015028	3730	61
62	OBSERVATION BEDS (NON-DISTINC	149576	2201669					.067938		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	25159284	1242367727	2353755					40453	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	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				59649			59649	61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL				59649			59649	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		124985064			4716			37
39	DELIVERY ROOM & LABOR ROOM		8199889						39
40	ANESTHESIOLOGY		30474317			5056			40
41	RADIOLOGY-DIAGNOSTIC		231298924			351898			41
42	RADIOLOGY-THERAPEUTIC		30708408						42
43.01	CARDIAC REHAB		3209961			1328			43.01
44	LABORATORY		156410689			680378			44
46	WHOLE BLOOD & PACKED RED BLOO		20456118			9590			46
49	RESPIRATORY THERAPY		42747602			79552			49
50	PHYSICAL THERAPY		25840757			90716			50
51	OCCUPATIONAL THERAPY		7887656			53594			51
52	SPEECH PATHOLOGY		2430526			14050			52
53	ELECTROCARDIOLOGY		196534468			76928			53
53.01	GI UNIT		16646639			11786			53.01
53.02	VASCULAR LAB		6410985			13483			53.02
54	ELECTROENCEPHALOGRAPHY		3514223			15867			54
55	MEDICAL SUPPLIES CHARGED TO P		126893861			15353			55
56	DRUGS CHARGED TO PATIENTS		99856500			609042			56
56.01	RENAL TXPLANT LAB		381770						56.01
57	RENAL DIALYSIS		7869290			72218			57
58	ASC (NON-DISTINCT PART)		37594844						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	59649	59813567	.000997	.000997	248200	247		61
62	OBSERVATION BEDS (NON-DISTINC		2201669						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	59649	1242367727			2353755	247		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	3641667	124985064	24951				.029137	727	37
39	DELIVERY ROOM & LABOR ROOM	178971	8199889					.021826		39
40	ANESTHESIOLOGY	586288	30474317	10019				.019239	193	40
41	RADIOLOGY-DIAGNOSTIC	6237813	231298924	182567				.026969	4924	41
42	RADIOLOGY-THERAPEUTIC	2314623	30708408	9159				.075374	690	42
43.01	CARDIAC REHAB	98278	3209961	2940				.030617	90	43.01
44	LABORATORY	2545983	156410689	316968				.016278	5160	44
46	WHOLE BLOOD & PACKED RED BLOO	104126	20456118	15494				.005090	79	46
49	RESPIRATORY THERAPY	593339	42747602	139975				.013880	1943	49
50	PHYSICAL THERAPY	750748	25840757	1472711				.029053	42787	50
51	OCCUPATIONAL THERAPY	152531	7887656	1115427				.019338	21570	51
52	SPEECH PATHOLOGY	50283	2430526	439336				.020688	9089	52
53	ELECTROCARDIOLOGY	2917527	196534468	18460				.014845	274	53
53.01	GI UNIT	690301	16646639	13934				.041468	578	53.01
53.02	VASCULAR LAB	175572	6410985	19455				.027386	533	53.02
54	ELECTROENCEPHALOGRAPHY	108803	3514223	5152				.030961	160	54
55	MEDICAL SUPPLIES CHARGED TO P	901436	126893861	93529				.007104	664	55
56	DRUGS CHARGED TO PATIENTS	1004666	99856500	458454				.010061	4613	56
56.01	RENAL TXPLANT LAB	43557	381770	141				.114092	16	56.01
57	RENAL DIALYSIS	222138	7869290	139908				.028228	3949	57
58	ASC (NON-DISTINCT PART)	792151	37594844					.021071		58
	OUTPATIENT SERVICE COST CENTERS									
60.01	MAP (2004)									60.01
61	EMERGENCY	898907	59813567	968				.015028	15	61
62	OBSERVATION BEDS (NON-DISTINC	149576	2201669					.067938		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	25159284	1242367727	4479548					98054	101

WORKSHEET D
PART IV

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

CHECK APPLICABLE BOXES

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

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

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

[ ] PPS
[ ] TEFRA

	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
37	OPERATING ROOM								39
39	DELIVERY ROOM & LABOR ROOM								40
40	ANESTHESIOLOGY								41
41	RADIOLOGY-DIAGNOSTIC								42
42	RADIOLOGY-THERAPEUTIC								43.01
43.01	CARDIAC REHAB								44
44	LABORATORY								46
46	WHOLE BLOOD & PACKED RED BLOO								49
49	RESPIRATORY THERAPY								50
50	PHYSICAL THERAPY								51
51	OCCUPATIONAL THERAPY								52
52	SPEECH PATHOLOGY								53
53	ELECTROCARDIOLOGY								53.01
53.01	GI UNIT								53.02
53.02	VASCULAR LAB								54
54	ELECTROENCEPHALOGRAPHY								55
55	MEDICAL SUPPLIES CHARGED TO P								56
56	DRUGS CHARGED TO PATIENTS								56.01
56.01	RENAL TXPLANT LAB								57
57	RENAL DIALYSIS								58
58	ASC (NON-DISTINCT PART)								60.01
	OUTPATIENT SERVICE COST CENTERS							59649	61
60.01	MAP (2004)				59649				62
61	EMERGENCY								
62	OBSERVATION BEDS (NON-DISTINC							59649	101
	OTHER REIMBURSABLE COST CENTERS				59649				
101	TOTAL								

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		124985064			24951			37
39	DELIVERY ROOM & LABOR ROOM		8199889						39
40	ANESTHESIOLOGY		30474317			10019			40
41	RADIOLOGY-DIAGNOSTIC		231298924			182567			41
42	RADIOLOGY-THERAPEUTIC		30708408			9159			42
43.01	CARDIAC REHAB		3209961			2940			43.01
44	LABORATORY		156410689			316968			44
46	WHOLE BLOOD & PACKED RED BLOO		20456118			15494			46
49	RESPIRATORY THERAPY		42747602			139975			49
50	PHYSICAL THERAPY		25840757			1472711			50
51	OCCUPATIONAL THERAPY		7887656			1115427			51
52	SPEECH PATHOLOGY		2430526			439336			52
53	ELECTROCARDIOLOGY		196534468			18460			53
53.01	GI UNIT		16646639			13934			53.01
53.02	VASCULAR LAB		6410985			19455			53.02
54	ELECTROENCEPHALOGRAPHY		3514223			5152			54
55	MEDICAL SUPPLIES CHARGED TO P		126893861			93529			55
56	DRUGS CHARGED TO PATIENTS		99856500			458454			56
56.01	RENAL TXPLANT LAB		381770			141			56.01
57	RENAL DIALYSIS		7869290			139908			57
58	ASC (NON-DISTINCT PART)		37594844						58
	OUTPATIENT SERVICE COST CENTERS								
60.01	MAP (2004)								60.01
61	EMERGENCY	59649	59813567	.000997	.000997	968	1		61
62	OBSERVATION BEDS (NON-DISTINC		2201669						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL	59649	1242367727			4479548	1		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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

		HOSPITAL (PPS) (14-0148)	SUB I (PPS) (14-S148)	SUB II (PPS) (14-T148)	SUB III	SUB IV	SNF	
	INPATIENT DAYS	1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	96867	10532	4932				1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	96867	10532	4932				2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	96867	10532	4932				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)	54628	4883	2518				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	72616886	9170882	3395365				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	72616886	9170882	3395365				27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	91180760	12105880	4496030				28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	44979350	9991980					29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46201410	2113900	4496030				30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.796406	.757556	.755192				31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	476.96	200.71	911.60				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	72616886	9170882	3395365				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0148) 1	SUB I (PPS) (14-S148) 1	SUB II (PPS) (14-T148) 1	SUB III 1	SUB IV 1	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	749.66	870.76	688.44			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	40952426	4251921	1733492			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	40952426	4251921	1733492			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	16049306	11045	1453.08	6502	9447926	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT	3198515	2507	1275.83	900	1148247	45
46	SURGICAL INTENSIVE CARE UNIT						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	78972690	582630	1574720			48
49	TOTAL PROGRAM INPATIENT COSTS	130521289	4834551	3308212			49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3982108	385855	140882			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5721488	40700	98055			51
52	TOTAL PROGRAM EXCLUDABLE COST	9703596	426555	238937			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	120817693	4407996	3069275			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	2629					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	749.66					84
85 OBSERVATION BED COST	1970856					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		72616886		1970856		86
87 NEW CAPITAL-RELATED COST	5511161	72616886	.075894	1970856	149576	87
88 NON PHYSICIAN ANESTHETIST		72616886		1970856		88
89 NURSING SCHOOL		72616886		1970856		89
89.01 ALLIED HEALTH		72616886		1970856		89.01
89.02 ALL OTHER		72616886		1970856		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

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

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

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		52818929		25
26	INTENSIVE CARE UNIT		15098387		26
28	BURN INTENSIVE CARE UNIT		1868342		28
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II (REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.243661	36059060	8786187	37
39	DELIVERY ROOM & LABOR ROOM	.456160	51402	23448	39
40	ANESTHESIOLOGY	.141060	7339344	1035288	40
41	RADIOLOGY-DIAGNOSTIC	.142908	41926023	5991564	41
42	RADIOLOGY-THERAPEUTIC	.217987	1184809	258273	42
43.01	CARDIAC REHAB	.585474	1031242	603765	43.01
44	LABORATORY	.212824	40482665	8615683	44
46	WHOLE BLOOD & PACKED RED BLOOD	.316970	8310419	2634154	46
49	RESPIRATORY THERAPY	.196250	20529887	4028990	49
50	PHYSICAL THERAPY	.471972	3913189	1846916	50
51	OCCUPATIONAL THERAPY	.324149	2791079	904725	51
52	SPEECH PATHOLOGY	.341424	1173298	400592	52
53	ELECTROCARDIOLOGY	.133636	59327410	7928278	53
53.01	GI UNIT	.272245	2894201	787932	53.01
53.02	VASCULAR LAB	.143580	2283819	327911	53.02
54	ELECTROENCEPHALOGRAPHY	.193798	767687	148776	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.418009	41404853	17307601	55
56	DRUGS CHARGED TO PATIENTS	.311481	43687537	13607838	56
56.01	RENAL TXPLANT LAB	1.757893	28031	49275	56.01
57	RENAL DIALYSIS	.275049	4466405	1228480	57
58	ASC (NON-DISTINCT PART)	.228442	315172	71999	58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.269051	8849643	2381005	61
62	OBSERVATION BEDS (NON-DISTINCT	.895165	4480	4010	62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		328821655	78972690	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		328821655		103

INPATIENT ANCILLARY COST APPORTIONMENT

[ ] 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		5965499		31
31.01	SUBPROVIDER II (REHAB				31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.243661	4716	1149	37
39	DELIVERY ROOM & LABOR ROOM	.456160			39
40	ANESTHESIOLOGY	.141060	5056	713	40
41	RADIOLOGY-DIAGNOSTIC	.142908	351898	50289	41
42	RADIOLOGY-THERAPEUTIC	.217987			42
43.01	CARDIAC REHAB	.585474	1328	778	43.01
44	LABORATORY	.212824	680378	144801	44
46	WHOLE BLOOD & PACKED RED BLOOD	.316970	9590	3040	46
49	RESPIRATORY THERAPY	.196250	79552	15612	49
50	PHYSICAL THERAPY	.471972	90716	42815	50
51	OCCUPATIONAL THERAPY	.324149	53594	17372	51
52	SPEECH PATHOLOGY	.341424	14050	4797	52
53	ELECTROCARDIOLOGY	.133636	76928	10280	53
53.01	GI UNIT	.272245	11786	3209	53.01
53.02	VASCULAR LAB	.143580	13483	1936	53.02
54	ELECTROENCEPHALOGRAPHY	.193798	15867	3075	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.418009	15353	6418	55
56	DRUGS CHARGED TO PATIENTS	.311481	609042	189705	56
56.01	RENAL TXPLANT LAB	1.757893			56.01
57	RENAL DIALYSIS	.275049	72218	19863	57
58	ASC (NON-DISTINCT PART)	.228442			58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.269051	248200	66778	61
62	OBSERVATION BEDS (NON-DISTINCT	.895165			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		2353755	582630	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		2353755		103

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		2278079		31.01
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.243661	24951	6080	37
39	DELIVERY ROOM & LABOR ROOM	.456160			39
40	ANESTHESIOLOGY	.141060	10019	1413	40
41	RADIOLOGY-DIAGNOSTIC	.142908	182567	26090	41
42	RADIOLOGY-THERAPEUTIC	.217987	9159	1997	42
43.01	CARDIAC REHAB	.585474	2940	1721	43.01
44	LABORATORY	.212824	316968	67458	44
46	WHOLE BLOOD & PACKED RED BLOOD	.316970	15494	4911	46
49	RESPIRATORY THERAPY	.196250	139975	27470	49
50	PHYSICAL THERAPY	.471972	1472711	695079	50
51	OCCUPATIONAL THERAPY	.324149	1115427	361565	51
52	SPEECH PATHOLOGY	.341424	439336	150000	52
53	ELECTROCARDIOLOGY	.133636	18460	2467	53
53.01	GI UNIT	.272245	13934	3793	53.01
53.02	VASCULAR LAB	.143580	19455	2793	53.02
54	ELECTROENCEPHALOGRAPHY	.193798	5152	998	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.418009	93529	39096	55
56	DRUGS CHARGED TO PATIENTS	.311481	458454	142800	56
56.01	RENAL TXPLANT LAB	1.757893	141	248	56.01
57	RENAL DIALYSIS	.275049	139908	38482	57
58	ASC (NON-DISTINCT PART)	.228442			58
	OUTPATIENT SERVICE COST CENTERS				
60.01	MAP (2004)				60.01
61	EMERGENCY	.269051	968	260	61
62	OBSERVATION BEDS (NON-DISTINCT	.895165			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		4479548	1574720	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		4479548		103

WORKSHEET D-6
PART I

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

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	7112	38	749.66	9	6747	1
2	INTENSIVE CARE UNIT	3981	43	1453.08			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1275.83			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL	11093			9	6747	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	.243294	64156	15609	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.456160			10
11	ANESTHESIOLOGY	40	.141060	18557	2618	11
12	RADIOLOGY-DIAGNOSTIC	41	.142908	50034	7150	12
13	RADIOLOGY-THERAPEUTIC	42	.217987			13
14	RADIOISOTOPE	43				14
14.01	CARDIAC REHAB	43.01	.585474	170184	36128	14.01
15	LABORATORY	44	.212286			15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46	.316970	6811	2159	17
18	BLOOD STORING, PROCESSING & TRA	47				18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.196068	8138	1596	20
21	PHYSICAL THERAPY	50	.461850	9718	4488	21
22	OCCUPATIONAL THERAPY	51	.324149			22
23	SPEECH PATHOLOGY	52	.341424			23
24	ELECTROCARDIOLOGY	53	.133205	25181	3354	24
24.01	GI UNIT	53.01	.272245			24.01
24.02	VASCULAR LAB	53.02	.141969			24.02
25	ELECTROENCEPHALOGRAPHY	54	.188998			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.418009	18477	7724	26
27	DRUGS CHARGED TO PATIENTS	56	.311481	8268	2575	27
27.01	RENAL TXPLANT LAB	56.01	1.750701	372826	652707	27.01
28	RENAL DIALYSIS	57	.272312			28
29	ASC (NON-DISTINCT PART)	58	.228442			29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60				31
31.01	MAP (2004)	60.01				31.01
32	EMERGENCY	61	.268704			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.895165			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63		752350	736108	34
35	TOTAL					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		9		36
37	INTENSIVE CARE UNIT	3				37
38	CORONARY CARE UNIT	4				38
39	BURN INTENSIVE CARE UNIT	5				39
40	SURGICAL INTENSIVE CARE UNIT	6				40
41	OTHER SPECIAL CARE (SPECIFY)	7				41
42	SUBTOTAL			9		42

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		------ COST -------		----- CHARGES -----		
		PART A 1	PART B 2	PART A 3	PART B 4	
48	ROUTINE & ANCILLARY FROM PART I	742855		763443		48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	1379663		1379663		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	2122518		2143106		53
54	TOTAL USABLE ORGANS		33			54
55	MEDICARE USABLE ORGANS		32			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.969697			56
57	MEDICARE COST/CHARGES	2058199		2078163		57
58	REVENUE FOR ORGANS SOLD	60689		60689		58
59	SUBTOTAL	1997510		2017474		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	1997510		2017474		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER	2	12		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		19		65
66	TOTAL	2	31		66
67	ORGANS TRANSPLANTED	2	19		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		12		69
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71	ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72	ORGANS SOLD OUTSIDE THE U.S.				72
73	ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74	ORGANS USED FOR RESEARCH				74
75	UNUSABLE/DISCARDED ORGANS				75
76	TOTAL	2	31		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART I

CHECK APPLICABLE BOX

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES 1		PER DIEM COST FROM WKST D-1 2	ORGAN ACQUISITION DAYS 3	COST 4	
1	ADULTS & PEDIATRICS		38	749.66			1
2	INTENSIVE CARE UNIT		43	1453.08			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1275.83			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL						7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
8	OPERATING ROOM	37	.243294			8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.456160			10
11	ANESTHESIOLOGY	40	.141060			11
12	RADIOLOGY-DIAGNOSTIC	41	.142908			12
13	RADIOLOGY-THERAPEUTIC	42	.217987			13
14	RADIOISOTOPE	43				14
14.01	CARDIAC REHAB	43.01	.585474			14.01
15	LABORATORY	44	.212286			15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46	.316970			17
18	BLOOD STORING, PROCESSING & TRA	47				18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.196069			20
21	PHYSICAL THERAPY	50	.461850			21
22	OCCUPATIONAL THERAPY	51	.324149			22
23	SPEECH PATHOLOGY	52	.341424			23
24	ELECTROCARDIOLOGY	53	.133205			24
24.01	GI UNIT	53.01	.272245			24.01
24.02	VASCULAR LAB	53.02	.141969			24.02
25	ELECTROENCEPHALOGRAPHY	54	.188998			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.418009			26
27	DRUGS CHARGED TO PATIENTS	56	.311481			27
27.01	RENAL TXPLANT LAB	56.01	1.750701			27.01
28	RENAL DIALYSIS	57	.272312			28
29	ASC (NON-DISTINCT PART)	58	.228442			29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60				31
31.01	MAP (2004)	60.01				31.01
32	EMERGENCY	61	.268704			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.895165			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
35	TOTAL					35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PART II

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

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

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES OPO NO:

WORKSHEET D-6
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		------ COST -------		----- CHARGES -----		
		PART A 1	PART B 2	PART A 3	PART B 4	
48	ROUTINE & ANCILLARY FROM PART I					48
49	INTERNS & RESIDENTS (INPATIENT)					49
50	INTERNS & RESIDENTS (OUTPATIENT)					50
51	DIRECT ORGAN ACQUISITION	160430		160430		51
52	COST OF SERVICES OF TEACHING PHYSICIANS					52
53	TOTAL	160430		160430		53
54	TOTAL USABLE ORGANS		5			54
55	MEDICARE USABLE ORGANS		5			55
56	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		1.000000			56
57	MEDICARE COST/CHARGES	160430		160430		57
58	REVENUE FOR ORGANS SOLD	5628				58
59	SUBTOTAL	154802		160430		59
60	ORGANS FURNISHED PART B					60
61	NET ORGAN ACQUISITION COST & CHARGES	154802		160430		61

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62	ORGANS EXCISED IN PROVIDER		3		62
63	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65	ORGANS PURCHASED FROM OPO'S		2		65
66	TOTAL		5		66
67	ORGANS TRANSPLANTED		2		67
68	ORGANS SOLD TO OTHER HOSPITALS				68
69	ORGANS SOLD TO OPO'S		3		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		5		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	22500214					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	73139898					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	1491161					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	4455031					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	4178851					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	388.88					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)	2.29					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	89.84			3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	125.61					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	89.84					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	89.39					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	88.93				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0148)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.228682					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.241889					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	0.228682					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	2817259					3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1	9111817					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 11929076 987825	12916901					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	0.1246					4.01
4.02	SUM OF 4 AND 4.01	0.1681					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0368					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	3519556					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	116255420					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	116255420					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	9192010					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3601602					11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES	3438					11.02
12	NET ORGAN ACQUISITION COST	2152312					12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	8823					15
16	TOTAL	131213605					16
17	PRIMARY PAYER PAYMENTS	79810					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	131133795					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8985579					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	433737					20
21	REIMBURSABLE BAD DEBTS	1636242					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1145369					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1303150					21.02
22	SUBTOTAL	122859848					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	122859848					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	121555701					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1304147					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	695213					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	19649			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	33022657			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	35943770			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	8290			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	19649			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	63084			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	63084			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	63084			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	43435			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	19649			17
17.01	TOTAL PPS PAYMENTS	35952060			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	96			18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	7817321			18.01
19	SUBTOTAL	28154292			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	845787			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23	SUBTOTAL	29000079			23
24	PRIMARY PAYER PAYMENTS	552			24
25	SUBTOTAL	28999527			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	1543926			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	1080748			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1384520			27.02
28	SUBTOTAL	30080275			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	30080275			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	29958279			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	121996			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	756			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				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 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				18.01
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

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				114907877		28130289	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.				4865418		1610422	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	03/19/2010	913797	03/19/2010	208272	3.01
		.02	09/17/2010	868609	09/17/2010	9296	3.02
		.03					3.03
		.04					3.04
		.05					3.05
		.50					3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52		NONE		NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		1782406		217568	3.99
4 TOTAL INTERIM PAYMENTS				121555701		29958279	4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01					5.01
		.02					5.02
		.03					5.03
	PROVIDER TO PROGRAM	.50					5.50
		.51					5.51
		.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

SUBPROVIDER I (14-S148)

DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3325499			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	03/19/2010	21371			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		21371			3.99
4 TOTAL INTERIM PAYMENTS				3346870			4
	TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01					5.01
	TO	.02					5.02
	PROVIDER	.03					5.03
	PROVIDER	.50					5.50
	TO	.51					5.51
	PROGRAM	.52					5.52
SUBTOTAL		.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
	PROVIDER TO PROGRAM	.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
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				3508773			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	09/17/2010	43737			3.01
		.02					3.02
		.03				NONE	3.03
		.04					3.04
		.05					3.05
		.50	03/19/2010	5232			3.50
	PROVIDER TO PROGRAM	.51					3.51
		.52				NONE	3.52
		.53					3.53
		.54					3.54
SUBTOTAL		.99		38505			3.99
4 TOTAL INTERIM PAYMENTS				3547278			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): _____

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)			3223751			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)			0.0283			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)			255137			1.04
1.05	OUTLIER PAYMENTS			54868			1.05
1.06	TOTAL PPS PAYMENTS			3584430			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)		3385074				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS		154690				1.09
1.10	NET IPF PPS ECT PAYMENTS		100445				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.)		2.75				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)		2.75				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		28.854795				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.047998				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT		162477				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS		3802686				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		3802686				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)			0.31			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)			0.31			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)			13.512329			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR			0.015719			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT			50674			1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		3802686	3584430			4
5	PRIMARY PAYER PAYMENTS			253			5
6	SUBTOTAL		3802686	3584177			6
7	DEDUCTIBLES		243472	25204			7
8	SUBTOTAL		3559214	3558973			8
9	COINSURANCE		177051	44441			9
10	SUBTOTAL		3382163	3514532			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		170834	19758			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		119584	13831			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		154037	19758			11.02
12	SUBTOTAL		3501747	3528363			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)		247	1			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		3501994	3528364			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		3346870	3547278			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		155124	-18914			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		6	25001			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)	2.29	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	128.67	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	50.38	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	73.06	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	123.44	3.09
3.10	SEE INSTRUCTIONS	99.37	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	58.81	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	58.77	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	55.90	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	57.83	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	57.83	3.16
3.17	SEE INSTRUCTIONS	74487.72	3.17
3.18	SEE INSTRUCTIONS	4307625	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	40.27	3.19
3.20	SEE INSTRUCTIONS	42.48	3.20
3.21	SEE INSTRUCTIONS	41.10	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 2.29]	43.39	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	74487.72	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	3232022	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	7539647	3.25

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	69431	4
5	TOTAL INPATIENT DAYS	123254	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] / [LINE 3.25] [LINE 11]	.563316	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4247204 0	4247204	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	3811	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	123254	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	200185	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] / [422] [LINE 12] 0 0		6.08

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	7869290	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	138664052	12
13	ORGAN ACQUISITION COSTS	2152312	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	80063	15
16	TOTAL PART A REASONABLE COST	140736301	16
	PART B REASONABLE COST		
17	REASONABLE COST	33050596	17
18	PRIMARY PAYER PAYMENTS	552	18
19	TOTAL PART B REASONABLE COST	33050044	19
20	TOTAL REASONABLE COST	173786345	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.809824	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.190176	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	4447389	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3601602	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	845787	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	115.13	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)	35.77	17
18	SEE INSTRUCTIONS	14.30	18
19	RESIDENT TO BED COUNT	.036772	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.009724	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	95640112	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	5946192	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	987825	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	65842146				1
2	TEMPORARY INVESTMENTS	55860381				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	89317984				4
5	OTHER RECEIVABLES	13405424				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-15520000				6
7	INVENTORY	8887089				7
8	PREPAID EXPENSES	3964060				8
9	OTHER CURRENT ASSETS	31479827				9
10	DUE FROM OTHER FUNDS	9360399				10
11	TOTAL CURRENT ASSETS	262597310				11
	FIXED ASSETS					
12	LAND	4761403				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	12662326				13
13.01	ACCUMULATED DEPRECIATION	-8433467				13.01
14	BUILDINGS	170198122				14
14.01	ACCUMULATED DEPRECIATION	-102781315				14.01
15	LEASEHOLD IMPROVEMENTS	2241303				15
15.01	ACCUMULATED AMORTIZATION	-1422215				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	127205088				18
18.01	ACCUMULATED DEPRECIATION	-84375937				18.01
19	MINOR EQUIPMENT DEPRECIABLE	20351420				19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	140406728				21
	OTHER ASSETS					
22	INVESTMENTS	56312754				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	127248111				25
26	TOTAL OTHER ASSETS	183560865				26
27	TOTAL ASSETS	586564903				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	28656477				29
29	SALARIES, WAGES & FEES PAYABLE	17278384				29
30	PAYROLL TAXES PAYABLE	101119				30
31	NOTES & LOANS PAYABLE (SHORT TERM)					31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	33278772				34
35	OTHER CURRENT LIABILITIES	23365669				35
36	TOTAL CURRENT LIABILITIES	102680421				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	115845315				37
38	NOTES PAYABLE	7560037				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	121801788				41
42	TOTAL LONG TERM LIABILITIES	245207140				42
43	TOTAL LIABILITIES	347887561				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	238677342				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	238677342				51
52	TOTAL LIABILITIES AND FUND BALANCES	586564903				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		236592949				1
2	NET INCOME (LOSS)		4764470				2
3	TOTAL		284237119				3
4	ADDITIONS (CREDIT ADJUSTMENTS)						4
5	CHANGE IN VALUE / INT RATE SWAP	90480					5
6	UNREAL GAINS						6
7	ASSETS RELEASED	1115062					7
8							8
9							9
10	TOTAL ADDITIONS		1205550				10
11	SUBTOTAL		285442669				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)						12
13	CONTRIBUTIONS	24338609					13
14	CHANGE IN PENSION LEVELS	26269405					14
15	OTHER DEDUCTIONS	-3842687					15
16							16
17							17
18	TOTAL DEDUCTIONS		46765327				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		238677342				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	104444185		104444185	1
2	SUBPROVIDER I	13403551		13403551	2
2.01	SUBPROVIDER II	4495125		4495125	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	122342861		122342861	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	25928661		25928661	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT	5699595		5699595	12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	31628256		31628256	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	153971117		153971117	16
17	ANCILLARY SERVICES	675230970	618064427	1293295397	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	829202087	618064427	1447266514	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		483456521	26
27	ADD (SPECIFY)			27
28	ILLINOIS STATE ASSESSMENT			28
29	PURCHASED SERV HAMP	29378843		29
30	BAD DEBT	16830479		30
31	GRANT EXPENSE	269562		31
32				32
33	TOTAL ADDITIONS		46478884	33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		529935405	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	1447266514	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	963401059	2
3	NET PATIENT REVENUES	483865455	3
4	LESS - TOTAL OPERATING EXPENSES	529935405	4
5	NET INCOME FROM SERVICE TO PATIENTS	-46069950	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	134703	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	4126709	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	389678	20
21	RENTAL OF VENDING MACHINES	107370	21
22	RENTAL OF HOSPITAL SPACE	2412900	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	HIGHER ED GRANT		24
24.01	CAPITATION	57410441	24.01
24.02	AUTOPSY REV	90656	24.02
24.03	MISCELLANEOUS INCOME	1400843	24.03
24.04	OTHER	-4744545	24.04
24.05	CHILD CARE	1044029	24.05
24.06	HOSPITAL ASSESSEMENT	19968738	24.06
24.07	CAPITATION REVENUE		24.07
24.08	OTHER OPERATING REVENUES	1783317	24.08
24.09	NON-OPERATING RELEASE FROM RESTRICT		24.09
24.10	GAIN/LOSS ON FAIR VALUE	-1461690	24.10
24.11	INTEREST RATE SWAP		24.11
24.12	REALIZED GAIN/LOSS	-578862	24.12
24.13	UNREALIZED GAIN/LOSS	8452981	24.13
24.14	DEFERRED COMP INT/DIVIDENDS	57171	24.14
24.15	DONATIONS UNRESTRICTED		24.15
24.16	CONTRIBUTIONS RELEASED		24.16
24.17	INTEREST INCOME 85 SERIES	1441	24.17
24.18	OPERATIONS INVESTMENT INTEREST	185975	24.18
24.19	DEFERRED COMP EXPENSE		24.19
24.20	WORKERS COMP INTEREST	157082	24.20
24.21	INVESTMENT INCOME EXPENSE	-738612	24.21
24.22	SELF INSURANCE INTEREST	346663	24.22
24.23	BOND FUND INTEREST INCOME	3538854	24.23
24.24	BOND SERIES INTEREST INCOME	47331	24.24
24.25	INVESTMENT MGMT FEES	-31950	24.25
24.26	EXTRAORDINARY GAIN / LOSS	-387107	24.26
24.27	ROUNDING	4	24.27
25	TOTAL OTHER INCOME	93714120	25
26	TOTAL	47644170	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	47644170	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	986594	HRS OF SERVICE	30988.14	14.90	1
2	LICENSED PRACTICAL NURSES	5978	HRS OF SERVICE	267.25	.13	2
3	NURSES AIDES		HRS OF SERVICE			3
4	TECHNICIANS		HRS OF SERVICE			4
5	SOCIAL WORKERS		HRS OF SERVICE			5
6	DIETICIANS		HRS OF SERVICE			6
7	PHYSICIANS	10450	ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY	95800	ACCUMULATED COST			8
9	SUBTOTAL	1098822				9
10	EMPLOYEE BENEFITS	79176	SALARY			10
11	OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12	OLD & NEW CAP REL COSTS-MOV EQUIPMENT	70666	PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14	SUPPLIES		REQUISITIONS			14
15	DRUGS	4507	REQUISITIONS			15
16	OTHER	16931	ACCUMULATED COST			16
17	SUBTOTAL	1270102				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	103641	SQUARE FEET			20
21	NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			21
22	EMPLOYEE BENEFITS	223605	SALARY			22
23	ADMINISTRATIVE AND GENERAL	305983	ACCUMULATED COST			23
24	MAINT/REPAIRS-OPERATION-HOUSEKEEPING	244393	SQUARE FEET			24
25	MEDICAL EDUCATION PROGRAM COSTS					25
26	CENTRAL SERVICES & SUPPLIES		REQUISITIONS			26
27	PHARMACY	-52479	REQUISITIONS			27
28	OTHER ALLOCATED COSTS	47659	ACCUMULATED COST			28
29	SUBTOTAL	2142904				29
30	LABORATORY		CHARGES			30
31	RESPIRATORY THERAPY		CHARGES			31
32	OTHER ANCILLARY (SPECIFY)		CHARGES			32
33	TOTAL COSTS	2142904				33

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

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

		---CAPITAL AND--- RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNS 3	OTHER 4	EMPLOYEE BENEFITS 5	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUB-TOTAL 9	OVERHEAD 10	TOTAL 11	
1	TOTAL RENAL DEPT COSTS	348034	70666	986594	5978	302781	-47972			1666081	476823	2142904	1
	MAINTENANCE												
2	HEMODIALYSIS	82460	21714	215478	5978	67444	-14742			378332	108276	486608	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	265574	48952	771116		235337	-33230			1287749	368547	1656296	12
13	METHOD II HOME PATIENT												13
14	EPO (INCL IN RENAL DEPT)						54852						14
14.01	ARANESP (INCL IN RENAL DEPT)												14.01
15	OTHER												15
16	TOTAL	348034	70666	986594	5978	302781	-47972			1666081	476823	2142904	16
17	MEDICAL EDUC PGM COSTS												17
18	TOTAL RENAL COSTS											2142904	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)	EQUIPMENT (% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)	
		1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	348034	70666	986594	5978	302781	-47972			1666081	476823	1
	MAINTENANCE											
2	HEMODIALYSIS	1269	21714.00	7148.00	264.00	239675	1385					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 2730	4087	48952.00	25580.00		836318	3122					
13	METHOD II HOME PATIENT											13
14	EPO											14
14.01	ARANESP											14.01
15	OTHER											15
16	TOTAL STATISTICAL BASIS	5356	70666.00	32728.00	264.00	1075993	4507				1666081	16
17	UNIT COST MULTIPLIER	64.980209	1.000000	30.145258	22.643939	.281397	-10.643887				.286194	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	1211	486608	401.82	861	345967	155.50	133886	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	1211	486608		861	345967		133886	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	345967	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	133886	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	365	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	25492	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	25857	6
7	PROGRAM PAYMENT	106817	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	1212	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						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	7828074					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED						3
	PRIOR TO OCTOBER 1, 1997						
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED	292273					3.01
	ON OR AFTER OCTOBER 1, 1997						
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	299.11					4
	[E-3,PT VI,LN.18]						
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]						
4.01	NO. OF INTERNS & RESIDENTS 88.93 14.30	103.23					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	10.23					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT	800812					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	0.1246					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1681					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0346					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	270851					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	9192010					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						7
	EXTRAORDINARY CIRCUMSTANCES						
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL						10
	TO CAPITAL PAYMENTS						
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL						11
	OVER CAPITAL PAYMENT						
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						14
	OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT						15
	(SEE INSTRUCTIONS)						
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	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	56.39		11.16				67.55	25
26 INTENSIVE CARE UNIT	58.87		2.99				61.86	26
28 BURN INTENSIVE CARE UNIT	35.90		21.10				57.00	28
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	28.85	9.67					38.52	37
39 DELIVERY ROOM & LABOR ROOM	0.63						0.63	39
40 ANESTHESIOLOGY	24.08	11.80					35.88	40
41 RADIOLOGY-DIAGNOSTIC	18.13	20.42					38.55	41
42 RADIOLOGY-THERAPEUTIC	3.86	43.82					47.68	42
43.01 CARDIAC REHAB	32.13	20.76					52.89	43.01
44 LABORATORY	25.88	2.95					28.83	44
46 WHOLE BLOOD & PACKED RED BLOOD	40.63	10.91					51.54	46
49 RESPIRATORY THERAPY	48.03	7.58					55.61	49
50 PHYSICAL THERAPY	15.14	0.74					15.88	50
51 OCCUPATIONAL THERAPY	35.39						35.39	51
52 SPEECH PATHOLOGY	48.27						48.27	52
53 ELECTROCARDIOLOGY	30.19	24.25					54.44	53
53.01 GI UNIT	17.39	23.01					40.40	53.01
53.02 VASCULAR LAB	35.62	21.91					57.53	53.02
54 ELECTROENCEPHALOGRAPHY	21.85	7.97					29.82	54
55 MEDICAL SUPPLIES CHARGED TO PAT	32.63	5.16					37.79	55
56 DRUGS CHARGED TO PATIENTS	43.75	7.33					51.08	56
56.01 RENAL TXPLANT LAB	7.34	4.21					11.55	56.01
57 RENAL DIALYSIS	56.76	3.04					59.80	57
58 ASC (NON-DISTINCT PART)	0.84	24.18					25.02	58
61 EMERGENCY	14.80	13.90					28.70	61
62 OBSERVATION BEDS (NON-DISTINCT	0.20	1.82					2.02	62
101 TOTAL CHARGES	23.65	12.38					36.03	101

***** REPORT 97 ***** UTILIZATION STATISTICS ***** SUBPROVIDER I

	COST CENTERS	TITLE XVIII PART A 1	TITLE XVIII PART B 2	TITLE XIX INPATIENT 3	TITLE XIX OUTPATIENT 4	TITLE V INPATIENT 5	TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
31	SUBPROVIDER I	46.36		17.36				63.72	31
UTILIZATION PERCENTAGES BASED ON CHARGES									
40	ANESTHESIOLOGY	0.02						0.02	40
41	RADIOLOGY-DIAGNOSTIC	0.15						0.15	41
43.01	CARDIAC REHAB	0.04						0.04	43.01
44	LABORATORY	0.43						0.43	44
46	WHOLE BLOOD & PACKED RED BLOOD	0.05						0.05	46
49	RESPIRATORY THERAPY	0.19						0.19	49
50	PHYSICAL THERAPY	0.35						0.35	50
51	OCCUPATIONAL THERAPY	0.68						0.68	51
52	SPEECH PATHOLOGY	0.58						0.58	52
53	ELECTROCARDIOLOGY	0.04						0.04	53
53.01	GI UNIT	0.07						0.07	53.01
53.02	VASCULAR LAB	0.21						0.21	53.02
54	ELECTROENCEPHALOGRAPHY	0.45						0.45	54
55	MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01	55
56	DRUGS CHARGED TO PATIENTS	0.61						0.61	56
57	RENAL DIALYSIS	0.92						0.92	57
61	EMERGENCY	0.41						0.41	61
101	TOTAL CHARGES	0.17						0.17	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	51.05		12.83				63.88	31.01
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.02						0.02	37
40 ANESTHESIOLOGY	0.03						0.03	40
41 RADIOLOGY-DIAGNOSTIC	0.08						0.08	41
42 RADIOLOGY-THERAPEUTIC	0.03						0.03	42
43.01 CARDIAC REHAB	0.09						0.09	43.01
44 LABORATORY	0.20						0.20	44
46 WHOLE BLOOD & PACKED RED BLOOD	0.08						0.08	46
49 RESPIRATORY THERAPY	0.33						0.33	49
50 PHYSICAL THERAPY	5.70						5.70	50
51 OCCUPATIONAL THERAPY	14.14						14.14	51
52 SPEECH PATHOLOGY	18.08						18.08	52
53 ELECTROCARDIOLOGY	0.01						0.01	53
53.01 GI UNIT	0.08						0.08	53.01
53.02 VASCULAR LAB	0.30						0.30	53.02
54 ELECTROENCEPHALOGRAPHY	0.15						0.15	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.07						0.07	55
56 DRUGS CHARGED TO PATIENTS	0.46						0.46	56
56.01 RENAL TXPLANT LAB	0.04						0.04	56.01
57 RENAL DIALYSIS	1.78						1.78	57
101 TOTAL CHARGES	0.32						0.32	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
3	NEW CAP REL COSTS-BLDG & FIXT	15620918	3.75	-15620918	-9.65			3
5	EMPLOYEE BENEFITS	31919499	7.66	-31919499	-19.71			5
6	ADMINISTRATIVE & GENERAL	60715219	14.58	-60715219	-37.49			6
7	MAINTENANCE & REPAIRS	16817631	4.04	-16817631	-10.38			7
9	LAUNDRY & LINEN SERVICE	1627330	.39	-1627330	-1.00			9
10	HOUSEKEEPING	5482486	1.32	-5482486	-3.39			10
11	DIETARY	1788342	.43	-1788342	-1.10			11
12	CAFETERIA	1300241	.31	-1300241	-.80			12
14	NURSING ADMINISTRATION	3369839	.81	-3369839	-2.08			14
15	CENTRAL SERVICES & SUPPLY	2356051	.57	-2356051	-1.45			15
16	PHARMACY	6666710	1.60	-6666710	-4.12			16
17	MEDICAL RECORDS & LIBRARY	5302893	1.27	-5302893	-3.27			17
18	SOCIAL SERVICE	772236	.19	-772236	-.48			18
22	I&R SERVICES-SALARY & FRINGES A	5595663	1.34	-5595663	-3.46			22
23	I&R SERVICES-OTHER PRGM COSTS A	2569814	.62	-2569814	-1.59			23
24	PARAMED ED PRGM-(SPECIFY)	41367	.01	-41367	-.03			24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	35914112	8.62	41514317	25.63	77428429	18.59	25
26	INTENSIVE CARE UNIT	9115537	2.19	6909041	4.27	16024578	3.85	26
28	BURN INTENSIVE CARE UNIT	1695576	.41	1473474	.91	3169050	.76	28
31	SUBPROVIDER I	4238265	1.02	6000757	3.71	10239022	2.46	31
31.01	SUBPROVIDER II (REHAB	1602625	.38	1792657	1.11	3395282	.82	31.01
33	NURSERY	1214339	.29	846382	.52	2060721	.49	33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	19083012	4.58	13339263	8.24	32422275	7.78	37
39	DELIVERY ROOM & LABOR ROOM	2443990	.59	1296472	.80	3740462	.90	39
40	ANESTHESIOLOGY	2969461	.71	1329258	.82	4298719	1.03	40
41	RADIOLOGY-DIAGNOSTIC	22238895	5.34	11362427	7.02	33601322	8.07	41
42	RADIOLOGY-THERAPEUTIC	4644993	1.12	2049052	1.27	6694045	1.61	42
43.01	CARDIAC REHAB	1191402	.29	687948	.42	1879350	.45	43.01
44	LABORATORY	22817912	5.48	10385865	6.41	33203777	7.97	44
46	WHOLE BLOOD & PACKED RED BLOOD	5318005	1.28	1165971	.72	6483976	1.56	46
49	RESPIRATORY THERAPY	5435175	1.30	3193422	1.97	8628597	2.07	49
50	PHYSICAL THERAPY	7689086	1.85	4245471	2.62	11934557	2.87	50
51	OCCUPATIONAL THERAPY	1573222	.38	983552	.61	2556774	.61	51
52	SPEECH PATHOLOGY	505371	.12	324468	.20	829839	.20	52
53	ELECTROCARDIOLOGY	18903758	4.54	7275620	4.49	26179378	6.29	53
53.01	GI UNIT	2852430	.68	1679526	1.04	4531956	1.09	53.01
53.02	VASCULAR LAB	621384	.15	288778	.18	910162	.22	53.02
54	ELECTROENCEPHALOGRAPHY	386606	.09	277575	.17	664181	.16	54
55	MEDICAL SUPPLIES CHARGED TO PAT	42292558	10.15	10750268	6.64	53042826	12.74	55
56	DRUGS CHARGED TO PATIENTS	18103089	4.35	13000335	8.03	31103424	7.47	56
56.01	RENAL TXPLANT LAB	449661	.11	218704	.14	668365	.16	56.01
57	RENAL DIALYSIS	1270102	.30	927654	.57	2197756	.53	57
58	ASC (NON-DISTINCT PART)	5754076	1.38	2834176	1.75	8588252	2.06	58
60.01	MAP (2004)							60.01

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
61	EMERGENCY	10364899	2.49	5783294	3.57	16148193	3.88	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	1074365	.26	305298	.19	1379663	.33	83
85.01	PANCREAS ACQUISITION	126712	.03	33718	.02	160430	.04	85.01
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	281104	.07	162576	.10	443680	.11	96
98	PHYSICIANS' PRIVATE OFFICES	115086	.03	732984	.45	848070	.20	98
98.01	SIU SCHOOL OF MEDICINE	980363	.24	2719955	1.68	3700318	.89	98.01
98.03	UNIVERSITY BUILDING (MHCCI)	168695	.04	105496	.07	274191	.07	98.03
98.04	MEALS ON WHEELS			124917	.08	124917	.03	98.04
98.05	ACS HOME CARE			1209312	.75	1209312	.29	98.05
98.06	VNA OF CENTRAL IL			385715	.24	385715	.09	98.06
98.07	GAMBRO			529594	.33	529594	.13	98.07
98.08	FOUNDATION			127190	.08	127190	.03	98.08
98.09	SIU MAP PROGRAM	679034	.16	3362901	2.08	4041935	.97	98.09
98.10	AUDIOLOGY	443234	.11	210856	.13	654090	.16	98.10
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	416504373	100.00	0	.00	416504373	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	3641667	124985064	.029137	36059060	1050653	37
39	DELIVERY ROOM & LABOR ROOM	178971	8199889	.021826	51402	1122	39
40	ANESTHESIOLOGY	586288	30474317	.019239	7339344	141202	40
41	RADIOLOGY-DIAGNOSTIC	6237813	231298924	.026969	41926023	1130703	41
42	RADIOLOGY-THERAPEUTIC	2314623	30708408	.075374	1184809	89304	42
43.01	CARDIAC REHAB	98278	3209961	.030617	1031242	31574	43.01
44	LABORATORY	2545983	156410689	.016278	40482665	658977	44
46	WHOLE BLOOD & PACKED RED BLOOD	104126	20456118	.005090	8310419	42300	46
49	RESPIRATORY THERAPY	593339	42747602	.013880	20529887	284955	49
50	PHYSICAL THERAPY	750748	25840757	.029053	3913189	113690	50
51	OCCUPATIONAL THERAPY	152531	7887656	.019338	2791079	53974	51
52	SPEECH PATHOLOGY	50283	2430526	.020688	1173298	24273	52
53	ELECTROCARDIOLOGY	2917527	196534468	.014845	59327410	880715	53
53.01	GI UNIT	690301	16646639	.041468	2894201	120017	53.01
53.02	VASCULAR LAB	175572	6410985	.027386	2283819	62545	53.02
54	ELECTROENCEPHALOGRAPHY	108803	3514223	.030961	767687	23768	54
55	MEDICAL SUPPLIES CHARGED TO PAT	901436	126893861	.007104	41404853	294140	55
56	DRUGS CHARGED TO PATIENTS	1004666	99856500	.010061	43687537	439540	56
56.01	RENAL TXPLANT LAB	43557	381770	.114092	28031	3198	56.01
57	RENAL DIALYSIS	222138	7869290	.028228	4466405	126078	57
58	ASC (NON-DISTINCT PART)	792151	37594844	.021071	315172	6641	58
	OUTPATIENT SERVICE COST CENTERS						
60.01	MAP (2004)						60.01
61	EMERGENCY	898907	59813567	.015028	8849643	132992	61
62	OBSERVATION BEDS (NON-DISTINCT	149576	2201669	.067938	4480	304	62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL	25159284	1242367727		328821655	5712665	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	5511161		5511161	96867	56.89	54628	3107787	25
26	INTENSIVE CARE UNIT	1311796		1311796	11045	118.77	6502	772243	26
28	BURN INTENSIVE CARE UNIT	284345		284345	2507	113.42	900	102078	28
101	TOTAL	7107302		7107302			62030	3982108	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	3982108
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	5712665
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	9694773
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	11648
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	62030
PER DISCHARGE CAPITAL COSTS	832.31
PER DIEM CAPITAL COSTS	156.29

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)	120817693
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	398607313
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.303

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))	3308211
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	6768772
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.489

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))	4834304
2.	TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	8319254
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.581

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)	9694773
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	32869264
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)	171618201
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.192