

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 03-28-2012 TIME: 13:11
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MEMORIAL MEDICAL CENTER (14-0148) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		892,558	150,762			1
2 SUBPROVIDER - IPF		197,690				2
3 SUBPROVIDER - IRF		9,966	-1			3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		1,100,214	150,761			200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 701 NORTH FIRST STREET P.O. BOX: 1
 2 CITY: SPRINGFIELD STATE: IL ZIP CODE: 62781 COUNTY: SANGAMON 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5	6	7	8
3	HOSPITAL	MEMORIAL MEDICAL CENTER	14-0148	44100	1	10/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	MEMORIAL MEDICAL CENTER PSYCH	14-S148	44100	4	10/01/1966	N	P	O	4
5	SUBPROVIDER - IRF	MEMORIAL MEDICAL CENTER REHAB	14-T148	44100	5	10/01/1966	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS	MEMORIAL MEDICAL CENTER RENAL	14-2315	44100		10/01/1966				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2010 TO: 09/30/2011									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								1	N 23

		IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS		
								1	2	3	4	5	6
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	9,856	4,327	51			53		24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	456	319						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
		22.93	58.05	0.283156	
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
PROGRAM NAME	PROGRAM CODE	3	4	5	
65 FAMILY PRACTICE	1350	7.69	8.97	0.461585	65
65.01 INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02 PEDIATRICS	2000	0.51	0.17	0.750000	65.02
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
		24.57	62.71	0.281508	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 FAMILY PRACTICE	1350	8.72	8.38	0.509942	67
67.01 INTERNAL MEDICINE	1400	5.08	23.04	0.180654	67.01
67.02 PEDIATRICS	2000	0.23	0.14	0.621622	67.02

INPATIENT PSYCHIATRIC FACILITY PPS

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

INPATIENT REHABILITATION FACILITY PPS

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

LONG TERM CARE HOSPITAL PPS

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

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

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N		105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N	108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- SICAL	OCCUP- ATIONAL	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		26,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		Y	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		10/01/1966	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		07/01/1999	130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	14H058	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: MEMORIAL HEALTH SYSTEM	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 131	141
142	STREET: 701 NORTH FIRST STREET	P.O. BOX:		142
143	CITY: SPRINGFIELD	STATE: IL	ZIP CODE: 62781	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

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

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160
		N 161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N	1	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	02/29/2012	Y	02/29/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	174,876,956	946,368	175,823,324	6,919,489.00	25.41
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B		9,594,413		9,594,413	129,048.00	74.35
4	PHYSICIAN-PART A						
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	6,153,048	3,171	6,156,219	238,623.00	25.80
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		5,764,685	107,309	5,871,994	239,137.00	24.55
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		510,654		510,654	7,724.00	66.11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		3,347,726		3,347,726	28,932.00	115.71
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		16,633,529		16,633,529	273,189.00	60.89
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		50,131,296		50,131,296		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,916,774		1,916,774		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		2,014,762		2,014,762		21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1,303,291		1,303,291		25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		3,230,725	45,512	3,276,237	150,350.33	21.79
27	ADMINISTRATIVE & GENERAL		18,863,384	-527,724	18,335,660	831,811.67	22.04
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		2,817,210		2,817,210	18,125.67	155.43
29	MAINTENANCE & REPAIRS		3,751,194	34,523	3,785,717	126,936.30	29.82
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE		690,265	-20,796	669,469	48,419.13	13.83
32	HOUSEKEEPING		3,177,518	50,203	3,227,721	252,414.77	12.79
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		3,085,423	-2,094,823	990,600	69,556.21	14.24
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		660,888	2,154,482	2,815,370	207,560.18	13.56
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,147,593	63,766	2,211,359	63,983.97	34.56
39	CENTRAL SERVICES AND SUPPLY		1,772,043	20,234	1,792,277	128,262.63	13.97
40	PHARMACY		5,774,162	38,007	5,812,169	155,150.43	37.46
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,949,506	37,743	2,987,249	168,079.47	17.77
42	SOCIAL SERVICE			597,349	597,349	22,687.25	26.33
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	161,946,705	943,197	162,889,902	6,569,943.6	24.79	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,764,685	107,309	5,871,994	239,137.00	24.55	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	156,182,020	835,888	157,017,908	6,330,806.6	24.80	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	20,491,909		20,491,909	309,845.00	66.14	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	50,131,296		50,131,296		31.93%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	226,805,225	835,888	227,641,113	6,640,651.6	34.28	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	48,919,911	398,476	49,318,387	2,243,338.0	21.98	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	17,918,087	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	19,676,163	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	2,024,288	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	342,874	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	430,463	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,159,543	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	12,263,959	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	297,700	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	253,045	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	55,366,122	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2315

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- 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	3						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 (SEE INSTRUCTIONS)							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						166	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						36	12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						43,474	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						3,232	15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP INITIAL METHOD X							21

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.276142	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				32,523,877	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				12,986,652	5
6	MEDICAID CHARGES				174,390,640	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				48,156,580	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				2,646,051	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				2,646,051	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	43,596,045	8,051,730	51,647,775		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	12,038,699	2,223,421	14,262,120		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	184,491	214,924	399,415		22
23	COST OF CHARITY CARE	11,854,208	2,008,497	13,862,705		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,379,150		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,459,922		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			10,919,228		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,015,257		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			16,877,962		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			19,524,013		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		9,697,997	9,697,997	5,502,431	1
2	00200					2
3	00300					3
4	00400	3,230,725	51,373,691	54,604,416	-1,590,587	4
5	00500	18,863,384	89,970,504	108,833,888	-2,104,143	5
6	00600	3,751,194	12,832,715	16,583,909	229,165	6
7	00700					7
8	00800	690,265	1,456,679	2,146,944	3,437	8
9	00900	3,177,518	2,277,412	5,454,930	50,203	9
10	01000	3,085,423	1,432,607	4,518,030	-2,586,256	10
11	01100	660,888	2,317,089	2,977,977	2,645,915	11
12	01200					12
13	01300	2,147,593	717,131	2,864,724	63,766	13
14	01400	1,772,043	911,850	2,683,893	20,234	14
15	01500	5,774,162	18,428,633	24,202,795	-16,650,178	15
16	01600	2,949,506	2,219,371	5,168,877	37,743	16
17	01700				1,009,719	17
19	01900					19
20	02000					20
21	02100	6,153,048		6,153,048	3,171	21
22	02200		1,439,685	1,439,685	930,000	22
23	02300				42,662	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	29,346,515	6,541,347	35,887,862	746,589	30
31	03100	7,025,883	1,818,306	8,844,189	53,446	31
33	03300	1,333,521	486,735	1,820,256	-6,773	33
40	04000	3,803,305	572,781	4,376,086	-8,947	40
41	04100	1,362,322	219,665	1,581,987	15,802	41
43	04300	3,742,694	1,172,472	4,915,166	-3,710,001	43
ANCILLARY SERVICE COST CENTERS						
50	05000	12,387,965	6,969,155	19,357,120	100,410	50
52	05200				2,502,803	52
53	05300	10,611,048	3,015,249	13,626,297	46,373	53
54	05400	7,593,942	9,448,581	17,042,523	63,885	54
55	05500	1,575,059	1,853,588	3,428,647	5,398	55
57	05700	1,063,663	2,223,339	3,287,002	5,994	57
58	05800	640,731	1,781,476	2,422,207	3,925	58
60	06000	9,741,047	15,853,883	25,594,930	91,946	60
62	06200	419,301	4,817,056	5,236,357	2,413	62
62.30	06250					62.30
65	06500	3,583,018	1,935,762	5,518,780	27,498	65
66	06600	6,500,564	1,306,734	7,807,298	52,358	66
67	06700	1,344,458	131,807	1,476,265	11,908	67
68	06800	518,132	61,028	579,160	2,692	68
69	06900	5,556,167	19,607,287	25,163,454	-114,505	69
69.01	03340	1,449,361	1,732,860	3,182,221	16,200	69.01
69.02	03650	342,764	259,218	601,982	1,096	69.02
70	07000	304,324	144,652	448,976	2,814	70
71	07100	399,775	37,804,987	38,204,762	835,592	71
73	07300				16,688,185	73
73.01	03640	167,683	591,185	758,868	1,024	73.01
74	07400	1,055,798	411,741	1,467,539	-211,147	74
75	07500	1,814,578	2,637,971	4,452,549	14,319	75
76.97	07697	1,069,916	150,646	1,220,562	6,895	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	7,268,615	4,115,610	11,384,225	-143,118	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105	10500	237,674	1,209,855	1,447,529	-212,538	105
109	10900				214,586	109
113	11300		6,016,296	6,016,296	-6,016,296	113
118		174,515,572	329,966,636	504,482,208	-1,301,892	118
NONREIMBURSABLE COST CENTERS						
190	19000	429	275,826	276,255		190
192	19200	42,978	51,709	94,687	11,920	192
192.01	19201				1,289,881	192.01
192.03	19202	50,167	122,941	173,108	91	192.03
192.04	19203					192.04
192.05	19204					192.05
192.06	19205					192.06
192.07	19206					192.07
192.08	19208					192.08
192.09	19207	62,315	799,935	862,250		192.09

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KPMG LLP COMPU-MAX MICRO SYSTEM
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192.10	19209 AUDIOLOGY	205,495	300,137	505,632		192.10
200	TOTAL (SUM OF LINES 118-199)	174,876,956	331,517,184	506,394,140		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100				1
2	00200	15,200,428	2,017,539	17,217,967	2
3	00300				3
4	00400	53,013,829	-24,176,184	28,837,645	4
5	00500	106,729,745	-42,667,798	64,061,947	5
6	00600	16,813,074	226,446	17,039,520	6
7	00700				7
8	00800	2,150,381	-69,283	2,081,098	8
9	00900	5,505,133	30,765	5,535,898	9
10	01000	1,931,774	-128,820	1,802,954	10
11	01100	5,623,892	-4,329,487	1,294,405	11
12	01200				12
13	01300	2,928,490	-28,533	2,899,957	13
14	01400	2,704,127	7,387	2,711,514	14
15	01500	7,552,617	-8,750	7,543,867	15
16	01600	5,206,620	48,901	5,255,521	16
17	01700	1,009,719		1,009,719	17
19	01900				19
20	02000				20
21	02100	6,156,219	-251,861	5,904,358	21
22	02200	2,369,685		2,369,685	22
23	02300	42,662		42,662	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	36,634,451	-135,916	36,498,535	30
31	03100	8,897,635	-45,744	8,851,891	31
33	03300	1,813,483	-49,367	1,764,116	33
40	04000	4,367,139	-8,413	4,358,726	40
41	04100	1,597,789	-383	1,597,406	41
43	04300	1,205,165	-18,834	1,186,331	43
ANCILLARY SERVICE COST CENTERS					
50	05000	19,457,530	86,478	19,544,008	50
52	05200	2,502,803		2,502,803	52
53	05300	13,672,670	-10,123,831	3,548,839	53
54	05400	17,106,408	322,072	17,428,480	54
55	05500	3,434,045	-369	3,433,676	55
57	05700	3,292,996	11,737	3,304,733	57
58	05800	2,426,132	38,756	2,464,888	58
60	06000	25,686,876	-1,239,341	24,447,535	60
62	06200	5,238,770		5,238,770	62
62.30	06250				62.30
65	06500	5,546,278	-9,149	5,537,129	65
66	06600	7,859,656	-28,736	7,830,920	66
67	06700	1,488,173	19,343	1,507,516	67
68	06800	581,852		581,852	68
69	06900	25,048,949	-429,657	24,619,292	69
69.01	03340	3,198,421		3,198,421	69.01
69.02	03650	603,078	-11,392	591,686	69.02
70	07000	451,790	-18,176	433,614	70
71	07100	39,040,354	-152,479	38,887,875	71
73	07300	16,688,185		16,688,185	73
73.01	03640	759,892	-218,320	541,572	73.01
74	07400	1,256,392	-21,447	1,234,945	74
75	07500	4,466,868	160,371	4,627,239	75
76.97	07697	1,227,457	19,780	1,247,237	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	11,241,107	-137,333	11,103,774	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105	10500	1,234,991	-59,068	1,175,923	105
109	10900	214,586		214,586	109
113	11300				113
118		503,180,316	-81,379,096	421,801,220	118
NONREIMBURSABLE COST CENTERS					
190	19000	276,255		276,255	190
192	19200	106,607		106,607	192
192.01	19201	1,289,881		1,289,881	192.01
192.03	19202	173,199		173,199	192.03
192.04	19203				192.04
192.05	19204				192.05
192.06	19205				192.06
192.07	19206				192.07
192.08	19208				192.08
192.09	19207	862,250		862,250	192.09

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5		7	
192.10	19209 AUDIOLOGY	505,632		505,632	192.10
200	TOTAL (SUM OF LINES 118-199)	506,394,140	-81,379,096	425,015,044	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER	-----	
						LINE #	
						1	2
1 LEASE RECLASS	A	SIU SCHOOL OF MEDICINE	192.01		563,818	1	
2 LEASE RECLASS	A						2
500 TOTAL RECLASSIFICATIONS					563,818	500	
CODE LETTER - A							
1 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	73		16,688,185	1	
2 DRUGS CHARGED TO PATIENTS	B						2
500 TOTAL RECLASSIFICATIONS					16,688,185	500	
CODE LETTER - B							
1 INTEREST EXPENSE	C	CAP REL COSTS-BLDG & FIXT	1		5,999,812	1	
2 INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	5		16,484	2	
3 INTEREST EXPENSE	C						3
500 TOTAL RECLASSIFICATIONS					6,016,296	500	
CODE LETTER - C							
1 SOCIAL SERVICE RECLASS	D	SOCIAL SERVICE	17	597,349			1
2 SOCIAL SERVICE RECLASS	D						2
3 SOCIAL SERVICE NON-SALARY COSTS	D	SOCIAL SERVICE	17		412,370	3	
4 SOCIAL SERVICE NON-SALARY COSTS	D						4
500 TOTAL RECLASSIFICATIONS				597,349	412,370	500	
CODE LETTER - D							
1 RENAL MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHRGED TO PA	71		221,917	1	
2 RENAL MEDICAL SUPPLIES	E						2
500 TOTAL RECLASSIFICATIONS					221,917	500	
CODE LETTER - E							
1 CAFE/DIETARY RECLASS	F	CAFETERIA	11	2,145,099			1
2 CAFE/DIETARY RECLASS	F						2
3 CAFE/DIETARY OTHER COSTS RECLASS	F	CAFETERIA	11		491,433	3	
4 CAFE/DIETARY OTHER COSTS RECLASS	F						4
500 TOTAL RECLASSIFICATIONS				2,145,099	491,433	500	
CODE LETTER - F							
1 FMS RECLASS	G	ADULTS & PEDIATRICS	30	938,668			1
2 FMS RECLASS	G	DELIVERY ROOM & LABOR ROOM	52	1,905,780			2
3 FMS RECLASS	G						3
4 FMS RECLASS OTHER COSTS	G	ADULTS & PEDIATRICS	30		294,056	4	
5 FMS RECLASS OTHER COSTS	G	DELIVERY ROOM & LABOR ROOM	52		597,023	5	
6 FMS RECLASS OTHER COSTS	G						6
500 TOTAL RECLASSIFICATIONS				2,844,448	891,079	500	
CODE LETTER - G							
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	EMPLOYEE BENEFITS	4		1,840	10	
11 CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	5		164,345	11	
12 CONTRACT LABOR	H	LAUNDRY & LINEN SERVICE	8		24,233	12	
13 CONTRACT LABOR	H	ADULTS & PEDIATRICS	30		48,544	13	
14 CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	55		73,648	14	
15 CONTRACT LABOR	H	MAGNETIC RESONANCE IMAGING (M	58		21,280	15	
16 CONTRACT LABOR	H	RESPIRATORY THERAPY	65		8,323	16	
17 CONTRACT LABOR	H	ELECTROCARDIOLOGY	69		73,504	17	
18 CONTRACT LABOR	H	EMERGENCY	91		246,173	18	
500 TOTAL RECLASSIFICATIONS					661,890	500	
CODE LETTER - H							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 KINETIC BED RECLASS	I	MEDICAL SUPPLIES CHRGED TO PA	71		604,711 1
2 KINETIC BED RECLASS	I				2
500 TOTAL RECLASSIFICATIONS					604,711 500
CODE LETTER - I					
1 BUILDING INSURANCE RECLASS	J	CAP REL COSTS-BLDG & FIXT	1		261,079 1
2 BUILDING INSURANCE RECLASS	J				2
500 TOTAL RECLASSIFICATIONS					261,079 500
CODE LETTER - J					
1 OBSERVATION RECLASS	K	ADULTS & PEDIATRICS	30	12,225	1
2 OBSERVATION RECLASS	K				2
3 OBSERVATION RECLASS	K				3
4 OBSERVATION RECLASS	K				4
5 OBSERVATION OTHER COST RECLASS	K	ADULTS & PEDIATRICS	30		4,299 5
6 OBSERVATION OTHER COST RECLASS	K				6
7 OBSERVATION OTHER COST RECLASS	K				7
8 OBSERVATION OTHER COST RECLASS	K				8
500 TOTAL RECLASSIFICATIONS				12,225	4,299 500
CODE LETTER - K					
1 ACADEMIC SUPPORT	L	I&R SRVCES-OTHER PRGM COSTS A	22		930,000 1
2 ACADEMIC SUPPORT	L				2
500 TOTAL RECLASSIFICATIONS					930,000 500
CODE LETTER - L					
1 GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	4	2,374	1
2 GIFT CARD EMPLOYEE BONUS	M	ADMINISTRATIVE & GENERAL	5	11,920	2
3 GIFT CARD EMPLOYEE BONUS	M	MAINTENANCE & REPAIRS	6	1,607	3
4 GIFT CARD EMPLOYEE BONUS	M	LAUNDRY & LINEN SERVICE	8	264	4
5 GIFT CARD EMPLOYEE BONUS	M	HOUSEKEEPING	9	4,245	5
6 GIFT CARD EMPLOYEE BONUS	M	DIETARY	10	4,557	6
7 GIFT CARD EMPLOYEE BONUS	M	CAFETERIA	11	1,343	7
8 GIFT CARD EMPLOYEE BONUS	M	NURSING ADMINISTRATION	13	1,607	8
9 GIFT CARD EMPLOYEE BONUS	M	CENTRAL SERVICES & SUPPLY	14	1,439	9
10 GIFT CARD EMPLOYEE BONUS	M	PHARMACY	15	2,207	10
11 GIFT CARD EMPLOYEE BONUS	M	MEDICAL RECORDS & LIBRARY	16	2,326	11
12 GIFT CARD EMPLOYEE BONUS	M	I&R SRVCES-SALARY & FRINGES A	21	2,854	12
13 GIFT CARD EMPLOYEE BONUS	M	ADULTS & PEDIATRICS	30	17,003	13
14 GIFT CARD EMPLOYEE BONUS	M	INTENSIVE CARE UNIT	31	3,981	14
15 GIFT CARD EMPLOYEE BONUS	M	BURN INTENSIVE CARE UNIT	33	624	15
16 GIFT CARD EMPLOYEE BONUS	M	SUBPROVIDER - IPF	40	2,111	16
17 GIFT CARD EMPLOYEE BONUS	M	SUBPROVIDER - IRF	41	1,007	17
18 GIFT CARD EMPLOYEE BONUS	M	NURSERY	43	2,255	18
19 GIFT CARD EMPLOYEE BONUS	M	OPERATING ROOM	50	5,900	19
20 GIFT CARD EMPLOYEE BONUS	M	ANESTHESIOLOGY	53	1,895	20
21 GIFT CARD EMPLOYEE BONUS	M	RADIOLOGY-DIAGNOSTIC	54	4,557	21
22 GIFT CARD EMPLOYEE BONUS	M	RADIOLOGY-THERAPEUTIC	55	480	22
23 GIFT CARD EMPLOYEE BONUS	M	COMPUTED TOMOGRAPHY (CT) SCAN	57	600	23
24 GIFT CARD EMPLOYEE BONUS	M	MAGNETIC RESONANCE IMAGING (M	58	911	24
25 GIFT CARD EMPLOYEE BONUS	M	LABORATORY	60	6,284	25
26 GIFT CARD EMPLOYEE BONUS	M	WHOLE BLOOD & PACKED RED BLOO	62	192	26
27 GIFT CARD EMPLOYEE BONUS	M	RESPIRATORY THERAPY	65	1,703	27
28 GIFT CARD EMPLOYEE BONUS	M	PHYSICAL THERAPY	66	3,550	28
29 GIFT CARD EMPLOYEE BONUS	M	OCCUPATIONAL THERAPY	67	648	29
30 GIFT CARD EMPLOYEE BONUS	M	SPEECH PATHOLOGY	68	312	30
31 GIFT CARD EMPLOYEE BONUS	M	ELECTROCARDIOLOGY	69	2,806	31
32 GIFT CARD EMPLOYEE BONUS	M	GI UNIT	69.01	1,223	32
33 GIFT CARD EMPLOYEE BONUS	M	VASCULAR LAB	69.02	144	33
34 GIFT CARD EMPLOYEE BONUS	M	ELECTROENCEPHALOGRAPHY	70	168	34
35 GIFT CARD EMPLOYEE BONUS	M	MEDICAL SUPPLIES CHRGED TO PA	71	168	35
36 GIFT CARD EMPLOYEE BONUS	M	RENAL TXPLANT LAB	73.01	72	36
37 GIFT CARD EMPLOYEE BONUS	M	RENAL DIALYSIS	74	384	37
38 GIFT CARD EMPLOYEE BONUS	M	ASC (NON-DISTINCT PART)	75	1,151	38
39 GIFT CARD EMPLOYEE BONUS	M	CARDIAC REHABILITATION	76.97	600	39
40 GIFT CARD EMPLOYEE BONUS	M	EMERGENCY	91	5,708	40
41 GIFT CARD EMPLOYEE BONUS	M	KIDNEY ACQUISITION	105	144	41
42 GIFT CARD EMPLOYEE BONUS	M	PHYSICIANS' PRIVATE OFFICES	192	456	42
43 GIFT CARD EMPLOYEE BONUS	M	SIU SCHOOL OF MEDICINE	192.01	120	43
44 GIFT CARD EMPLOYEE BONUS	M			120	44
500 TOTAL RECLASSIFICATIONS				103,900	500
CODE LETTER - M					

RECLASSIFICATIONS

WORKSHEET A-6

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	192.01		724,515	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 SIU PURCHASED SERVICE SUPPORT	N					8
9 SIU PURCHASED SERVICE SUPPORT	N					9
500 TOTAL RECLASSIFICATIONS					724,515	500
CODE LETTER - N						
1 AFFILIATE ACCOUNTING RECLASS	O	UNIVERSITY BUILDING (MHCCI)	192.03		91	1
2 AFFILIATE ACCOUNTING RECLASS	O					2
500 TOTAL RECLASSIFICATIONS					91	500
CODE LETTER - O						
1 PANCREAS RECLASS SALARY	P	PANCREAS ACQUISITION	109	26,406		1
2 PANCREAS RECLASS SALARY	P					2
3 PANCREAS RECLASS OTHER COSTS	P	PANCREAS ACQUISITION	109		188,180	3
4 PANCREAS RECLASS OTHER COSTS	P					4
500 TOTAL RECLASSIFICATIONS				26,406	188,180	500
CODE LETTER - P						
1 MANAGEMENT INCENTIVE PROGRAM	Q					1
2 MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	4	22,291		2
3 MANAGEMENT INCENTIVE PROGRAM	Q	ADMINISTRATIVE & GENERAL	5	111,152		3
4 MANAGEMENT INCENTIVE PROGRAM	Q	MAINTENANCE & REPAIRS	6	12,926		4
5 MANAGEMENT INCENTIVE PROGRAM	Q	HOUSEKEEPING	9	901		5
6 MANAGEMENT INCENTIVE PROGRAM	Q	DIETARY	10	13,037		6
7 MANAGEMENT INCENTIVE PROGRAM	Q	CAFETERIA	11	901		7
8 MANAGEMENT INCENTIVE PROGRAM	Q	NURSING ADMINISTRATION	13	48,198		8
9 MANAGEMENT INCENTIVE PROGRAM	Q	CENTRAL SERVICES & SUPPLY	14	1,502		9
10 MANAGEMENT INCENTIVE PROGRAM	Q	PHARMACY	15	14,065		10
11 MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL RECORDS & LIBRARY	16	13,206		11
12 MANAGEMENT INCENTIVE PROGRAM	Q	ADULTS & PEDIATRICS	30	50,561		12
13 MANAGEMENT INCENTIVE PROGRAM	Q	INTENSIVE CARE UNIT	31	15,325		13
14 MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER - IPF	40	12,503		14
15 MANAGEMENT INCENTIVE PROGRAM	Q	SUBPROVIDER - IRF	41	5,365		15
16 MANAGEMENT INCENTIVE PROGRAM	Q	NURSERY	43	901		16
17 MANAGEMENT INCENTIVE PROGRAM	Q	OPERATING ROOM	50	42,178		17
18 MANAGEMENT INCENTIVE PROGRAM	Q	ANESTHESIOLOGY	53	26,392		18
19 MANAGEMENT INCENTIVE PROGRAM	Q	RADIOLOGY-DIAGNOSTIC	54	9,035		19
20 MANAGEMENT INCENTIVE PROGRAM	Q	LABORATORY	60	16,965		20
21 MANAGEMENT INCENTIVE PROGRAM	Q	RESPIRATORY THERAPY	65	5,963		21
22 MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICAL THERAPY	66	22,535		22
23 MANAGEMENT INCENTIVE PROGRAM	Q	OCCUPATIONAL THERAPY	67	4,438		23
24 MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROCARDIOLOGY	69	13,437		24
25 MANAGEMENT INCENTIVE PROGRAM	Q	GI UNIT	69.01	5,141		25
26 MANAGEMENT INCENTIVE PROGRAM	Q	ELECTROENCEPHALOGRAPHY	70	901		26
27 MANAGEMENT INCENTIVE PROGRAM	Q	MEDICAL SUPPLIES CHRGED TO PA	71	7,527		27
28 MANAGEMENT INCENTIVE PROGRAM	Q	RENAL DIALYSIS	74	5,944		28
29 MANAGEMENT INCENTIVE PROGRAM	Q	CARDIAC REHABILITATION	76.97	901		29
30 MANAGEMENT INCENTIVE PROGRAM	Q	EMERGENCY	91	15,539		30
31 MANAGEMENT INCENTIVE PROGRAM	Q	PHYSICIANS' PRIVATE OFFICES	192	6,228		31
500 TOTAL RECLASSIFICATIONS				505,958		500
CODE LETTER - Q						
1 EMS COORDINATOR RECLASS SALARY	S	PARAMED ED PRGM-(SPECIFY)	23	39,630		1
2 EMS COORDINATOR RECLASS SALARY	S					2
3 EMS COORDINATOR RECLASS OTHER COSTS	S	PARAMED ED PRGM-(SPECIFY)	23		3,032	3
4 EMS COORDINATOR RECLASS OTHER COSTS	S					4
500 TOTAL RECLASSIFICATIONS				39,630	3,032	500
CODE LETTER - S						
1 DEPRECIATION RECLASS	T	MAINTENANCE & REPAIRS	6		194,642	1
2 DEPRECIATION RECLASS	T					2
500 TOTAL RECLASSIFICATIONS					194,642	500
CODE LETTER - T						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 SUCCESS SHARING PROGRAM	W				1
2 SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS	4	22,687	2
3 SUCCESS SHARING PROGRAM	W	ADMINISTRATIVE & GENERAL	5	110,898	3
4 SUCCESS SHARING PROGRAM	W	MAINTENANCE & REPAIRS	6	19,990	4
5 SUCCESS SHARING PROGRAM	W	LAUNDRY & LINEN SERVICE	8	3,173	5
6 SUCCESS SHARING PROGRAM	W	HOUSEKEEPING	9	45,057	6
7 SUCCESS SHARING PROGRAM	W	DIETARY	10	32,682	7
8 SUCCESS SHARING PROGRAM	W	CAFETERIA	11	7,139	8
9 SUCCESS SHARING PROGRAM	W	NURSING ADMINISTRATION	13	13,961	9
10 SUCCESS SHARING PROGRAM	W	CENTRAL SERVICES & SUPPLY	14	17,293	10
11 SUCCESS SHARING PROGRAM	W	PHARMACY	15	21,735	11
12 SUCCESS SHARING PROGRAM	W	MEDICAL RECORDS & LIBRARY	16	22,211	12
13 SUCCESS SHARING PROGRAM	W	I&R SRVCES-SALARY & FRINGES A	21	317	13
14 SUCCESS SHARING PROGRAM	W	ADULTS & PEDIATRICS	30	176,902	14
15 SUCCESS SHARING PROGRAM	W	INTENSIVE CARE UNIT	31	42,995	15
16 SUCCESS SHARING PROGRAM	W	BURN INTENSIVE CARE UNIT	33	7,298	16
17 SUCCESS SHARING PROGRAM	W	SUBPROVIDER - IPF	40	21,735	17
18 SUCCESS SHARING PROGRAM	W	SUBPROVIDER - IRF	41	9,519	18
19 SUCCESS SHARING PROGRAM	W	NURSERY	43	22,370	19
20 SUCCESS SHARING PROGRAM	W	OPERATING ROOM	50	60,129	20
21 SUCCESS SHARING PROGRAM	W	ANESTHESIOLOGY	53	18,086	21
22 SUCCESS SHARING PROGRAM	W	RADIOLOGY-DIAGNOSTIC	54	50,293	22
23 SUCCESS SHARING PROGRAM	W	RADIOLOGY-THERAPEUTIC	55	4,918	23
24 SUCCESS SHARING PROGRAM	W	COMPUTED TOMOGRAPHY (CT) SCAN	57	5,394	24
25 SUCCESS SHARING PROGRAM	W	MAGNETIC RESONANCE IMAGING (M	58	3,014	25
26 SUCCESS SHARING PROGRAM	W	LABORATORY	60	68,697	26
27 SUCCESS SHARING PROGRAM	W	WHOLE BLOOD & PACKED RED BLOO	62	2,221	27
28 SUCCESS SHARING PROGRAM	W	RESPIRATORY THERAPY	65	19,832	28
29 SUCCESS SHARING PROGRAM	W	PHYSICAL THERAPY	66	32,682	29
30 SUCCESS SHARING PROGRAM	W	OCCUPATIONAL THERAPY	67	6,822	30
31 SUCCESS SHARING PROGRAM	W	SPEECH PATHOLOGY	68	2,380	31
32 SUCCESS SHARING PROGRAM	W	ELECTROCARDIOLOGY	69	30,144	32
33 SUCCESS SHARING PROGRAM	W	GI UNIT	69.01	9,836	33
34 SUCCESS SHARING PROGRAM	W	VASCULAR LAB	69.02	952	34
35 SUCCESS SHARING PROGRAM	W	ELECTROENCEPHALOGRAPHY	70	1,745	35
36 SUCCESS SHARING PROGRAM	W	MEDICAL SUPPLIES CHRGED TO PA	71	1,269	36
37 SUCCESS SHARING PROGRAM	W	RENAL TXPLANT LAB	73.01	952	37
38 SUCCESS SHARING PROGRAM	W	RENAL DIALYSIS	74	4,442	38
39 SUCCESS SHARING PROGRAM	W	ASC (NON-DISTINCT PART)	75	13,168	39
40 SUCCESS SHARING PROGRAM	W	CARDIAC REHABILITATION	76.97	5,394	40
41 SUCCESS SHARING PROGRAM	W	EMERGENCY	91	49,500	41
42 SUCCESS SHARING PROGRAM	W	KIDNEY ACQUISITION	105	1,904	42
43 SUCCESS SHARING PROGRAM	W	PHYSICIANS' PRIVATE OFFICES	192	5,236	43
44 SUCCESS SHARING PROGRAM	W	SIU SCHOOL OF MEDICINE	192.01	1,428	44
500 TOTAL RECLASSIFICATIONS				998,400	500
CODE LETTER - W					
1 SULLIVAN COTTER RECLASS	Y	ADMINISTRATIVE & GENERAL	5		29,681
2 SULLIVAN COTTER RECLASS	Y				2
500 TOTAL RECLASSIFICATIONS					29,681
CODE LETTER - Y					500
GRAND TOTAL (INCREASES)				7,273,415	28,887,218

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 LEASE RECLASS	A					1
2 LEASE RECLASS	A	CAP REL COSTS-BLDG & FIXT	1		563,818	10 2
500 TOTAL RECLASSIFICATIONS					563,818	500
CODE LETTER - A						
1 DRUGS CHARGED TO PATIENTS	B					1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		16,688,185	2
500 TOTAL RECLASSIFICATIONS					16,688,185	500
CODE LETTER - B						
1 INTEREST EXPENSE	C					11 1
2 INTEREST EXPENSE	C					2
3 INTEREST EXPENSE	C	INTEREST EXPENSE	113		6,016,296	3
500 TOTAL RECLASSIFICATIONS					6,016,296	500
CODE LETTER - C						
1 SOCIAL SERVICE RECLASS	D					1
2 SOCIAL SERVICE RECLASS	D	ADMINISTRATIVE & GENERAL	5	597,349		2
3 SOCIAL SERVICE NON-SALARY COSTS	D					3
4 SOCIAL SERVICE NON-SALARY COSTS	D	ADMINISTRATIVE & GENERAL	5		412,370	4
500 TOTAL RECLASSIFICATIONS				597,349	412,370	500
CODE LETTER - D						
1 RENAL MEDICAL SUPPLIES	E					1
2 RENAL MEDICAL SUPPLIES	E	RENAL DIALYSIS	74		221,917	2
500 TOTAL RECLASSIFICATIONS					221,917	500
CODE LETTER - E						
1 CAFE/DIETARY RECLASS	F					1
2 CAFE/DIETARY RECLASS	F	DIETARY	10	2,145,099		2
3 CAFE/DIETARY OTHER COSTS RECLASS	F					3
4 CAFE/DIETARY OTHER COSTS RECLASS	F	DIETARY	10		491,433	4
500 TOTAL RECLASSIFICATIONS				2,145,099	491,433	500
CODE LETTER - F						
1 FMS RECLASS	G					1
2 FMS RECLASS	G					2
3 FMS RECLASS	G	NURSERY	43	2,844,448		3
4 FMS RECLASS OTHER COSTS	G					4
5 FMS RECLASS OTHER COSTS	G					5
6 FMS RECLASS OTHER COSTS	G	NURSERY	43		891,079	6
500 TOTAL RECLASSIFICATIONS				2,844,448	891,079	500
CODE LETTER - G						
1 CONTRACT LABOR	H	EMPLOYEE BENEFITS	4	1,840		1
2 CONTRACT LABOR	H	ADMINISTRATIVE & GENERAL	5	164,345		2
3 CONTRACT LABOR	H	LAUNDRY & LINEN SERVICE	8	24,233		3
4 CONTRACT LABOR	H	ADULTS & PEDIATRICS	30	48,544		4
5 CONTRACT LABOR	H	RADIOLOGY-THERAPEUTIC	55	73,648		5
6 CONTRACT LABOR	H	MAGNETIC RESONANCE IMAGING (M	58	21,280		6
7 CONTRACT LABOR	H	RESPIRATORY THERAPY	65	8,323		7
8 CONTRACT LABOR	H	ELECTROCARDIOLOGY	69	73,504		8
9 CONTRACT LABOR	H	EMERGENCY	91	246,173		9
10 CONTRACT LABOR	H					10
11 CONTRACT LABOR	H					11
12 CONTRACT LABOR	H					12
13 CONTRACT LABOR	H					13
14 CONTRACT LABOR	H					14
15 CONTRACT LABOR	H					15
16 CONTRACT LABOR	H					16
17 CONTRACT LABOR	H					17
18 CONTRACT LABOR	H					18
500 TOTAL RECLASSIFICATIONS				661,890		500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 KINETIC BED RECLASS	I					1
2 KINETIC BED RECLASS	I	ADULTS & PEDIATRICS	30		604,711	2
500 TOTAL RECLASSIFICATIONS					604,711	500
CODE LETTER - I						
1 BUILDING INSURANCE RECLASS	J					12 1
2 BUILDING INSURANCE RECLASS	J	ADMINISTRATIVE & GENERAL	5		261,079	2
500 TOTAL RECLASSIFICATIONS					261,079	500
CODE LETTER - J						
1 OBSERVATION RECLASS	K					1
2 OBSERVATION RECLASS	K	INTENSIVE CARE UNIT	31	1,382		2
3 OBSERVATION RECLASS	K	BURN INTENSIVE CARE UNIT	33	10,766		3
4 OBSERVATION RECLASS	K	SUBPROVIDER - IRF	41	77		4
5 OBSERVATION OTHER COST RECLASS	K					5
6 OBSERVATION OTHER COST RECLASS	K	INTENSIVE CARE UNIT	31		358	6
7 OBSERVATION OTHER COST RECLASS	K	BURN INTENSIVE CARE UNIT	33		3,929	7
8 OBSERVATION OTHER COST RECLASS	K	SUBPROVIDER - IRF	41		12	8
500 TOTAL RECLASSIFICATIONS				12,225	4,299	500
CODE LETTER - K						
1 ACADEMIC SUPPORT	L					1
2 ACADEMIC SUPPORT	L	ADMINISTRATIVE & GENERAL	5		930,000	2
500 TOTAL RECLASSIFICATIONS					930,000	500
CODE LETTER - L						
1 GIFT CARD EMPLOYEE BONUS	M	EMPLOYEE BENEFITS	4		103,900	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 GIFT CARD EMPLOYEE BONUS	M					35
36 GIFT CARD EMPLOYEE BONUS	M					36
37 GIFT CARD EMPLOYEE BONUS	M					37
38 GIFT CARD EMPLOYEE BONUS	M					38
39 GIFT CARD EMPLOYEE BONUS	M					39
40 GIFT CARD EMPLOYEE BONUS	M					40
41 GIFT CARD EMPLOYEE BONUS	M					41
42 GIFT CARD EMPLOYEE BONUS	M					42
43 GIFT CARD EMPLOYEE BONUS	M					43
44 GIFT CARD EMPLOYEE BONUS	M					44
500 TOTAL RECLASSIFICATIONS					103,900	500
CODE LETTER - M						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SIU PURCHASED SERVICE SUPPORT	N					1
2 SIU PURCHASED SERVICE SUPPORT	N	ADMINISTRATIVE & GENERAL	5		183,389	2
3 SIU PURCHASED SERVICE SUPPORT	N	ADULTS & PEDIATRICS	30		142,414	3
4 SIU PURCHASED SERVICE SUPPORT	N	INTENSIVE CARE UNIT	31		7,115	4
5 SIU PURCHASED SERVICE SUPPORT	N	SUBPROVIDER - IPF	40		45,296	5
6 SIU PURCHASED SERVICE SUPPORT	N	OPERATING ROOM	50		7,797	6
7 SIU PURCHASED SERVICE SUPPORT	N	PHYSICAL THERAPY	66		6,409	7
8 SIU PURCHASED SERVICE SUPPORT	N	ELECTROCARDIOLOGY	69		160,892	8
9 SIU PURCHASED SERVICE SUPPORT	N	EMERGENCY	91		171,203	9
500 TOTAL RECLASSIFICATIONS					724,515	500
CODE LETTER - N						
1 AFFILIATE ACCOUNTING RECLASS	O					1
2 AFFILIATE ACCOUNTING RECLASS	O	ADMINISTRATIVE & GENERAL	5		91	2
500 TOTAL RECLASSIFICATIONS					91	500
CODE LETTER - O						
1 PANCREAS RECLASS SALARY	P					1
2 PANCREAS RECLASS SALARY	P	KIDNEY ACQUISITION	105	26,406		2
3 PANCREAS RECLASS OTHER COSTS	P					3
4 PANCREAS RECLASS OTHER COSTS	P	KIDNEY ACQUISITION	105		188,180	4
500 TOTAL RECLASSIFICATIONS				26,406	188,180	500
CODE LETTER - P						
1 MANAGEMENT INCENTIVE PROGRAM	Q	EMPLOYEE BENEFITS	4		505,958	1
2 MANAGEMENT INCENTIVE PROGRAM	Q					2
3 MANAGEMENT INCENTIVE PROGRAM	Q					3
4 MANAGEMENT INCENTIVE PROGRAM	Q					4
5 MANAGEMENT INCENTIVE PROGRAM	Q					5
6 MANAGEMENT INCENTIVE PROGRAM	Q					6
7 MANAGEMENT INCENTIVE PROGRAM	Q					7
8 MANAGEMENT INCENTIVE PROGRAM	Q					8
9 MANAGEMENT INCENTIVE PROGRAM	Q					9
10 MANAGEMENT INCENTIVE PROGRAM	Q					10
11 MANAGEMENT INCENTIVE PROGRAM	Q					11
12 MANAGEMENT INCENTIVE PROGRAM	Q					12
13 MANAGEMENT INCENTIVE PROGRAM	Q					13
14 MANAGEMENT INCENTIVE PROGRAM	Q					14
15 MANAGEMENT INCENTIVE PROGRAM	Q					15
16 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
500 TOTAL RECLASSIFICATIONS					505,958	500
CODE LETTER - Q						
1 EMS COORDINATOR RECLASS SALARY	S					1
2 EMS COORDINATOR RECLASS SALARY	S	EMERGENCY	91	39,630		2
3 EMS COORDINATOR RECLASS OTHER COSTS	S					3
4 EMS COORDINATOR RECLASS OTHER COSTS	S	EMERGENCY	91		3,032	4
500 TOTAL RECLASSIFICATIONS				39,630	3,032	500
CODE LETTER - S						
1 DEPRECIATION RECLASS	T					1
2 DEPRECIATION RECLASS	T	CAP REL COSTS-BLDG & FIXT	1		194,642	2
500 TOTAL RECLASSIFICATIONS					194,642	500
CODE LETTER - T						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		DECREASE	-----		WKST A-7 REF.
		COST	CENTER	LINE #	SALARY	OTHER	
	1	6		7	8	9	10
1 SUCCESS SHARING PROGRAM	W	EMPLOYEE BENEFITS		4		998,400	1
2 SUCCESS SHARING PROGRAM	W						2
3 SUCCESS SHARING PROGRAM	W						3
4 SUCCESS SHARING PROGRAM	W						4
5 SUCCESS SHARING PROGRAM	W						5
6 SUCCESS SHARING PROGRAM	W						6
7 SUCCESS SHARING PROGRAM	W						7
8 SUCCESS SHARING PROGRAM	W						8
9 SUCCESS SHARING PROGRAM	W						9
10 SUCCESS SHARING PROGRAM	W						10
11 SUCCESS SHARING PROGRAM	W						11
12 SUCCESS SHARING PROGRAM	W						12
13 SUCCESS SHARING PROGRAM	W						13
14 SUCCESS SHARING PROGRAM	W						14
15 SUCCESS SHARING PROGRAM	W						15
16 SUCCESS SHARING PROGRAM	W						16
17 SUCCESS SHARING PROGRAM	W						17
18 SUCCESS SHARING PROGRAM	W						18
19 SUCCESS SHARING PROGRAM	W						19
20 SUCCESS SHARING PROGRAM	W						20
21 SUCCESS SHARING PROGRAM	W						21
22 SUCCESS SHARING PROGRAM	W						22
23 SUCCESS SHARING PROGRAM	W						23
24 SUCCESS SHARING PROGRAM	W						24
25 SUCCESS SHARING PROGRAM	W						25
26 SUCCESS SHARING PROGRAM	W						26
27 SUCCESS SHARING PROGRAM	W						27
28 SUCCESS SHARING PROGRAM	W						28
29 SUCCESS SHARING PROGRAM	W						29
30 SUCCESS SHARING PROGRAM	W						30
31 SUCCESS SHARING PROGRAM	W						31
32 SUCCESS SHARING PROGRAM	W						32
33 SUCCESS SHARING PROGRAM	W						33
34 SUCCESS SHARING PROGRAM	W						34
35 SUCCESS SHARING PROGRAM	W						35
36 SUCCESS SHARING PROGRAM	W						36
37 SUCCESS SHARING PROGRAM	W						37
38 SUCCESS SHARING PROGRAM	W						38
39 SUCCESS SHARING PROGRAM	W						39
40 SUCCESS SHARING PROGRAM	W						40
41 SUCCESS SHARING PROGRAM	W						41
42 SUCCESS SHARING PROGRAM	W						42
43 SUCCESS SHARING PROGRAM	W						43
44 SUCCESS SHARING PROGRAM	W						44
500 TOTAL RECLASSIFICATIONS CODE LETTER - W						998,400	500
1 SULLIVAN COTTER RECLASS	Y						1
2 SULLIVAN COTTER RECLASS	Y	EMPLOYEE BENEFITS		4		29,681	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - Y GRAND TOTAL (DECREASES)					6,327,047	29,833,586	500

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	9,697,997					9,697,997		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	9,697,997					9,697,997		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	9,697,997					9,697,997		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	9,697,997						9,697,997 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	9,697,997						9,697,997 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	9,697,997		9,697,997	1.000000				1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	9,697,997		9,697,997	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	12,946,547	-563,818	4,574,159	261,079			17,217,967 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL	12,946,547	-563,818	4,574,159	261,079			17,217,967 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-16,539,595			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-7,933,657			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-126,537	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-248,576	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-104,312	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34					34
35					35
36					36
37 CAFETERIA REVENUES	B	-4,225,175	CAFETERIA	11	37
37.01 AUTOPSY REIMBURSEMENT	B	-125,064	LABORATORY	60	37.01
37.02 MISC. INCOME	B	-101,655	EMPLOYEE BENEFITS	4	37.02
37.03 MISC. INCOME	B	-2,572,105	ADMINISTRATIVE & GENERAL	5	37.03
37.04 MISC. INCOME	B	-142,374	MAINTENANCE & REPAIRS	6	37.04
37.05 MISC. INCOME	B	-69,283	LAUNDRY & LINEN SERVICE	8	37.05
37.06 MISC. INCOME	B	-2,926	HOUSEKEEPING	9	37.06
37.07 MISC. INCOME	B	-2,283	DIETARY	10	37.07
37.08 MISC. INCOME	B	-8,750	PHARMACY	15	37.08
37.09 MISC. INCOME	B	-251,861	I&R SRVCES-SALARY & FRINGES APP	21	37.09
37.10 MISC. INCOME	B	-21,154	ADULTS & PEDIATRICS	30	37.10
37.11 MISC. INCOME	B	-3,677	NURSERY	43	37.11
37.12 MISC. INCOME	B	-2,224	OPERATING ROOM	50	37.12
37.13 MISC. INCOME	B	-14,004	RADIOLOGY-DIAGNOSTIC	54	37.13
37.14 MISC. INCOME	B	-369	RADIOLOGY-THERAPEUTIC	55	37.14
37.15 MISC. INCOME	B	-436,205	LABORATORY	60	37.15
37.16 MISC. INCOME	B	-74,635	PHYSICAL THERAPY	66	37.16
37.17 MISC. INCOME	B	-35,934	ELECTROCARDIOLOGY	69	37.17
37.18 MISC. INCOME	B	-12,998	CARDIAC REHABILITATION	76.97	37.18
37.19 MISC. INCOME	B	-75	ELECTROENCEPHALOGRAPHY	70	37.19
37.20 MISC. INCOME	B	-102,997	MEDICAL SUPPLIES CHRGD TO PATI	71	37.20
37.21 MISC. INCOME	B	-1,485	EMERGENCY	91	37.21
37.23 CHILD CARE INCOME	B	-1,031,022	EMPLOYEE BENEFITS	4	37.23
37.24 PROMPT PAY INTEREST PENALTY	B	-1,161,991	ADMINISTRATIVE & GENERAL	5	37.24
38					38

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
38.01 RENTAL INCOME	B	-190,989	ADMINISTRATIVE & GENERAL	5	38.01
38.04 CRNA OFFSET	A	-9,555,650	ANESTHESIOLOGY	53	38.04
38.05 CRNA FICA	A	-504,375	ANESTHESIOLOGY	53	38.05
38.06 CRNA BENEFITS	A	-1,489,431	EMPLOYEE BENEFITS	4	38.06
38.07 CRNA GIFT / EMPLOYEE BONUS / MIP	A	-46,373	ANESTHESIOLOGY	53	38.07
38.08 REAL ESTATE TAXES	A	-30,135	ADMINISTRATIVE & GENERAL	5	38.08
38.11 INTEREST EXPENSES	A	-1,370,769	CAP REL COSTS-BLDG & FIXT	1	11 38.11
38.14 BOND SERIES INTEREST INCOME	B	-34,404	CAP REL COSTS-BLDG & FIXT	1	11 38.14
38.15 INVESTMENT MGMT FEES	B	39,600	CAP REL COSTS-BLDG & FIXT	1	11 38.15
38.16 OPERATIONS INVESTMENT INTEREST	B	-60,080	CAP REL COSTS-BLDG & FIXT	1	11 38.16
38.17 WORK COMPENSATION	A	-554,905	EMPLOYEE BENEFITS	4	38.17
38.18 AHA LIFE	A	16,213	CAP REL COSTS-BLDG & FIXT	1	9 38.18
38.22 AMBULANCE OFFSET	A	-550	SUBPROVIDER - IPF	40	38.22
38.23 AMBULANCE OFFSET	A	-96,592	EMERGENCY	91	38.23
39 SELF INSURANCE MALPRACTICE	A	1,870,978	ADMINISTRATIVE & GENERAL	5	39
40 SELF INSURANCE HEALTH	A	-11,967,297	EMPLOYEE BENEFITS	4	40
41 PENSION COST	A	-8,954,283	EMPLOYEE BENEFITS	4	41
42 ADVERTISING EXPENSE	A	-650,099	ADMINISTRATIVE & GENERAL	5	42
43 POST JUDGEMENT INTEREST	B	-26,719	ADMINISTRATIVE & GENERAL	5	43
44 HOSPITAL MUTUAL ASSISTANCE PROGRAM	A	-144,996	ADMINISTRATIVE & GENERAL	5	44
45 VNA OFFSET	A	-198,876	ADMINISTRATIVE & GENERAL	5	45
46 OPERATING RELEASED	B	-22,044	EMPLOYEE BENEFITS	4	46
46.01 OPERATING RELEASED	B	-497,729	ADMINISTRATIVE & GENERAL	5	46.01
46.02 OPERATING RELEASED	B	-8,533	NURSING ADMINISTRATION	13	46.02
46.03 OPERATING RELEASED	B	-2,000	EMERGENCY	91	46.03
46.06 MEDICAL DIRECTOR	A	438	ADMINISTRATIVE & GENERAL	5	46.06
46.07 MEDICAL DIRECTOR	A	7,338	OPERATING ROOM	50	46.07
46.08 MEDICAL DIRECTOR	A	-186,000	RENAL TXPLANT LAB	73.01	46.08
46.09 MEDICAL DIRECTOR	A	5,384	CARDIAC REHABILITATION	76.97	46.09
46.20 NON-PERSONAL DONATIONS	A	-20,898	ADMINISTRATIVE & GENERAL	5	46.20
46.21 NON-PERSONAL DONATIONS	A	-20,000	NURSING ADMINISTRATION	13	46.21
46.22 NON-PERSONAL DONATIONS	A	-30,176	ADULTS & PEDIATRICS	30	46.22
46.23 NON-PERSONAL DONATIONS	A	-30	INTENSIVE CARE UNIT	31	46.23
46.24 NON-PERSONAL DONATIONS	A	-5,963	BURN INTENSIVE CARE UNIT	33	46.24
46.25 NON-PERSONAL DONATIONS	A	-1,250	OPERATING ROOM	50	46.25
46.26 NON-PERSONAL DONATIONS	A	-1,840	RADIOLOGY-DIAGNOSTIC	54	46.26
46.27 NON-PERSONAL DONATIONS	A	-8,000	LABORATORY	60	46.27
46.28 NON-PERSONAL DONATIONS	A	-1,000	PHYSICAL THERAPY	66	46.28
46.29 NON-PERSONAL DONATIONS	A	-16,902	ELECTROCARDIOLOGY	69	46.29
46.30 NON-PERSONAL DONATIONS	A	-6,266	KIDNEY ACQUISITION	105	46.30
47 A&G PATIENT REVENUE OFFSET	B	-140	ADMINISTRATIVE & GENERAL	5	47
48 ILLINOIS PROVIDER ASSESSMENT EXPEN	A	-11,221,459	ADMINISTRATIVE & GENERAL	5	48
49 LOBBYIST FEES	A	-39,371	ADMINISTRATIVE & GENERAL	5	49
50 TOTAL (SUM OF LINES 1 THRU 49)		-81,379,096			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	75	ASC (NON-DISTINCT PART)	BAYLIS RENT	366,065		366,065	1
2	6	MAINTENANCE & REPAIRS	KOKE MILL RENT	164,779		164,779	2
3	14	CENTRAL SERVICES & SUPPLY	BAYLIS RENT	7,387		7,387	3
4	60	LABORATORY	BAYLIS RENT	21,592		21,592	4
4.01	54	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT	166,495		166,495	4.01
4.02	5	ADMINISTRATIVE & GENERAL	BAYLIS RENT	24,443	1,254,228	-1,229,785	4.02
4.03	54	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT	117,398		117,398	4.03
4.04	60	LABORATORY	KOKE MILL RENT	43,523		43,523	4.04
4.05	66	PHYSICAL THERAPY	KOKE MILL RENT	256,558		256,558	4.05
4.06	67	OCCUPATIONAL THERAPY	KOKE MILL RENT	19,343		19,343	4.06
4.07	5	ADMINISTRATIVE & GENERAL	KOKE MILL RENT	8,951	596,506	-587,555	4.07
4.08	5	ADMINISTRATIVE & GENERAL	VNA RENT	122,173	43,020	79,153	4.08
4.11	1	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION		66,062	-66,062	9 4.11
4.12	66	PHYSICAL THERAPY	PETERSBURG RENT	24,057		24,057	4.12
4.13	66	PHYSICAL THERAPY	INDUSTRIAL REHAB RENT	89,232		89,232	4.13
4.14	6	MAINTENANCE & REPAIRS	BAYLIS RENT	103,357		103,357	4.14
4.15	9	HOUSEKEEPING	BAYLIS RENT	6,136		6,136	4.15
4.16	5	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	23,797,960	29,225,201	-5,427,241	4.16
4.17	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	3,493,041		3,493,041	9 4.17
4.18	5	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS		5,637,873	-5,637,873	4.18
4.19	9	HOUSEKEEPING	KOKE MILL RENT	13,196		13,196	4.19
4.20	5	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON RENT	644,518	430,587	213,931	4.20
4.21	6	MAINTENANCE & REPAIRS	2401 W JEFFERSON RENT	78,198		78,198	4.21
4.22	9	HOUSEKEEPING	2401 W JEFFERSON RENT	8,973		8,973	4.22
4.23	16	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON RENT	311,945		311,945	4.23
4.24	60	LABORATORY	2401 W JEFFERSON RENT	87,929		87,929	4.24
4.25	76.97	CARDIAC REHABILITATION	KOKE MILL RENT	33,594		33,594	4.25
4.26	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT ALMH		207,357	-207,357	4.26
4.27	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT ALMH		30,521	-30,521	4.27
4.28	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT TMH		187,074	-187,074	4.28
4.29	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT TMH		27,544	-27,544	4.29
4.30	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT VNA		74,383	-74,383	4.30
4.31	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT VNA		10,952	-10,952	4.31
4.32	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT ACS		43,520	-43,520	4.32
4.33	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT ACS		6,408	-6,408	4.33
4.34	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MPS		248,772	-248,772	4.34
4.35	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT MPS		36,629	-36,629	4.35
4.36	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MHCCI		71,187	-71,187	4.36
4.37	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT MHCCI		10,481	-10,481	4.37
4.38	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT HCNP		19,736	-19,736	4.38
4.39	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT HCNP		3,008	-3,008	4.39
4.40	60	LABORATORY	S SIXTH RENT	60,438		60,438	4.40
4.41	54	RADIOLOGY-DIAGNOSTIC	S SIXTH RENT	35,932		35,932	4.41
4.42	6	MAINTENANCE & REPAIRS	S SIXTH RENT	11,727		11,727	4.42
4.43	9	HOUSEKEEPING	S SIXTH RENT	3,007		3,007	4.43
4.44	5	ADMINISTRATIVE & GENERAL	S SIXTH RENT	3,508	40,322	-36,814	4.44
4.45	60	LABORATORY	N DIRKSEN RENT	49,676		49,676	4.45
4.46	54	RADIOLOGY-DIAGNOSTIC	N DIRKSEN RENT	18,091		18,091	4.46
4.47	6	MAINTENANCE & REPAIRS	N DIRKSEN RENT	9,718		9,718	4.47
4.48	9	HOUSEKEEPING	N DIRKSEN RENT	1,009		1,009	4.48
4.49	5	ADMINISTRATIVE & GENERAL	N DIRKSEN RENT	2,056	39,409	-37,353	4.49
4.50	5	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT MHV		37,756	-37,756	4.50
4.51	4	EMPLOYEE BENEFITS	SYSTEM SUPPORT MHV		5,754	-5,754	4.51
4.52	4	EMPLOYEE BENEFITS	2401 W JEFFERSON RENT	75,750		75,750	4.52
4.53	69	ELECTROCARDIOLOGY	2401 W JEFFERSON RENT	30,329		30,329	4.53
4.54	66	PHYSICAL THERAPY	501 N FIRST RENT	58,410	73,008	-14,598	4.54
4.55	50	OPERATING ROOM	501 N FIRST RENT	83,314		83,314	4.55
4.56	6	MAINTENANCE & REPAIRS	501 N FIRST RENT	1,041		1,041	4.56
4.57	9	HOUSEKEEPING	501 N FIRST RENT	1,370		1,370	4.57
4.58	5	ADMINISTRATIVE & GENERAL	501 N FIRST RENT	1,397		1,397	4.58
4.59	57	COMPUTED TOMOGRAPHY (CT) SCAN	BAYLIS RENT	11,737		11,737	4.59
4.60	58	MAGNETIC RESONANCE IMAGING (MRI)	BAYLIS RENT	38,756		38,756	4.60
4.61	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT ALMH		3,326	-3,326	4.61
4.62	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT TMH		3,000	-3,000	4.62
4.63	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT VNA		1,193	-1,193	4.63
4.64	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT ACS		698	-698	4.64
4.65	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MPS		3,990	-3,990	4.65
4.66	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MHCCI		1,142	-1,142	4.66
4.67	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT HCNP		384	-384	4.67
4.68	16	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MHV		735	-735	4.68
5		TOTALS (SUM OF LINES 1-4)		30,508,109	38,441,766	-7,933,657	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

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

SYMBOL	NAME	PERCENT OF	NAME	PERCENT OF	TYPE OF
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(1)	2	OWNERSHIP	4	OWNERSHIP	BUSINESS	
1		3		5	6	
6	B	MEMORIAL HEALTH SYSTEM	MEMORIAL HEALTH SYSTEM		HEALTHCARE	6
7	E	ABRAHAM LINCOLN MEMORIAL HOSPI	ABRAHAM LINCOLN MEMORIAL HOSPI		HEALTHCARE	7
8	E	TAYLORVILLE MEMORIAL HOSPITAL	TAYLORVILLE MEMORIAL HOSPITAL		HEALTHCARE	8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT			
LINE NO.	1	2	3	4	5	6	7	8	9		
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE	14,968,450	13,806,823	1,161,627	136,700	11,209	736,668	36,833	1
2	30	ADULTS & PEDIATRICS	AGGREGATE	150,636	17,717	132,919	136,700	1,005	66,050	3,303	2
3	31	INTENSIVE CARE UNIT	AGGREGATE	94,907	6,953	87,954	154,100	664	49,193	2,460	3
4	33	BURN INTENSIVE CARE UNIT	AGGREGATE	62,741	22,416	40,325	154,100	261	19,337	967	4
5	40	SUBPROVIDER - IPF	AGGREGATE	10,740	5,997	4,743	142,500	42	2,877	144	5
6	41	SUBPROVIDER - IRF	AGGREGATE	975	238	737	136,700	9	592	30	6
7	43	NURSERY	AGGREGATE	30,404	3,793	26,611	136,700	232	15,247	762	7
8	50	OPERATING ROOM	AGGREGATE	259,733	700	259,033	204,100	3,454	338,924	16,946	8
9	53	ANESTHESIOLOGY	AGGREGATE	24,078	13,004	11,074	200,300	69	6,645	332	9
10	55	RADIOLOGY-THERAPEUTIC	AGGREGATE								10
11	60	LABORATORY	AGGREGATE	1,786,262	933,230	853,032	219,500	8,165	861,643	43,082	11
12	65	RESPIRATORY THERAPY	AGGREGATE	19,467	1,545	17,922	136,700	157	10,318	516	12
13	66	PHYSICAL THERAPY	AGGREGATE	397,008	81,572	315,436	136,700	1,349	88,658	4,433	13
14	69	ELECTROCARDIOLOGY	AGGREGATE	431,861	361,951	69,910	136,700	376	24,711	1,236	14
15	69.01	GI UNIT	AGGREGATE								15
16	69.02	VASCULAR LAB	AGGREGATE	20,067	2,299	17,768	136,700	132	8,675	434	16
17	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	28,748	6,702	22,046	136,700	162	10,647	532	17
18	74	RENAL DIALYSIS	AGGREGATE	31,831		31,831	136,700	158	10,384	519	18
19	91	EMERGENCY	AGGREGATE	62,099	14,208	47,891	136,700	378	24,843	1,242	19
20	105	KIDNEY ACQUISITION	AGGREGATE	81,654	8,447	73,207	136,700	439	28,852	1,443	20
21	73.01	RENAL TXPLANT LAB	AGGREGATE	36,000		36,000	136,700	56	3,680	184	21
22	76.97	CARDIAC REHABILITATION	AGGREGATE	14,810		14,809	136,700	131	8,610	431	22
23	71	MEDICAL SUPPLIES CHRGD	AGGREGATE	66,175	3,612	62,563	136,700	254	16,693	835	23
24	75	ASC (NON-DISTINCT PART)	AGGREGATE	233,660	167,892	65,768	204,100	285	27,966	1,398	24
200		TOTAL		18,812,306	15,459,099	3,353,206		28,987	2,361,213	118,062	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE			736,668	424,959	14,231,782	1
2	30	ADULTS & PEDIATRICS	AGGREGATE			66,050	66,869	84,586	2
3	31	INTENSIVE CARE UNIT	AGGREGATE			49,193	38,761	45,714	3
4	33	BURN INTENSIVE CARE UNIT	AGGREGATE			19,337	20,988	43,404	4
5	40	SUBPROVIDER - IPF	AGGREGATE			2,877	1,866	7,863	5
6	41	SUBPROVIDER - IRF	AGGREGATE			592	145	383	6
7	43	NURSERY	AGGREGATE			15,247	11,364	15,157	7
8	50	OPERATING ROOM	AGGREGATE			338,924		700	8
9	53	ANESTHESIOLOGY	AGGREGATE			6,645	4,429	17,433	9
10	55	RADIOLOGY-THERAPEUTIC	AGGREGATE						10
11	60	LABORATORY	AGGREGATE			861,643		933,230	11
12	65	RESPIRATORY THERAPY	AGGREGATE			10,318	7,604	9,149	12
13	66	PHYSICAL THERAPY	AGGREGATE			88,658	226,778	308,350	13
14	69	ELECTROCARDIOLOGY	AGGREGATE			24,711	45,199	407,150	14
15	69.01	GI UNIT	AGGREGATE						15
16	69.02	VASCULAR LAB	AGGREGATE			8,675	9,093	11,392	16
17	70	ELECTROENCEPHALOGRAPHY	AGGREGATE			10,647	11,399	18,101	17
18	74	RENAL DIALYSIS	AGGREGATE			10,384	21,447	21,447	18
19	91	EMERGENCY	AGGREGATE			24,843	23,048	37,256	19
20	105	KIDNEY ACQUISITION	AGGREGATE			28,852	44,355	52,802	20
21	73.01	RENAL TXPLANT LAB	AGGREGATE			3,680	32,320	32,320	21
22	76.97	CARDIAC REHABILITATION	AGGREGATE			8,610	6,199	6,200	22
23	71	MEDICAL SUPPLIES CHRGED	AGGREGATE			16,693	45,870	49,482	23
24	75	ASC (NON-DISTINCT PART)	AGGREGATE			27,966	37,802	205,694	24
200		TOTAL				2,361,213	1,080,495	16,539,595	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS-TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	17,217,967	17,217,967				1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	28,837,645	205,887	29,043,532			4
5 ADMINISTRATIVE & GENERAL	64,061,947	2,620,883	3,323,245	70,006,075	70,006,075	5
6 MAINTENANCE & REPAIRS	17,039,520	1,988,431	685,033	19,712,984	3,887,302	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	2,081,098	157,786	121,142	2,360,026	465,385	8
9 HOUSEKEEPING	5,535,898	218,314	584,063	6,338,275	1,249,876	9
10 DIETARY	1,802,954	121,646	179,251	2,103,851	414,869	10
11 CAFETERIA	1,294,405	363,019	509,447	2,166,871	427,296	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,899,957	88,524	400,150	3,388,631	668,221	13
14 CENTRAL SERVICES & SUPPLY	2,711,514	338,230	324,316	3,374,060	665,348	14
15 PHARMACY	7,543,867	141,562	1,051,724	8,737,153	1,722,923	15
16 MEDICAL RECORDS & LIBRARY	5,255,521	286,479	540,549	6,082,549	1,199,448	16
17 SOCIAL SERVICE	1,009,719		108,091	1,117,810	220,427	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,904,358	124,558	606,317	6,635,233	1,308,435	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,369,685			2,369,685	467,290	22
23 PARAMED ED PRGM-(SPECIFY)	42,662		7,171	49,833	9,827	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,498,535	3,153,628	5,517,843	45,170,006	8,907,380	30
31 INTENSIVE CARE UNIT	8,851,891	678,380	1,282,371	10,812,642	2,132,199	31
33 BURN INTENSIVE CARE UNIT	1,764,116	154,896	240,789	2,159,801	425,902	33
40 SUBPROVIDER - IPF	4,358,726	536,480	694,793	5,589,999	1,102,320	40
41 SUBPROVIDER - IRF	1,597,406	162,280	249,376	2,009,062	396,177	41
43 NURSERY	1,186,331	41,140	167,158	1,394,629	275,014	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,544,008	1,017,243	2,261,207	22,822,458	4,500,475	50
52 DELIVERY ROOM & LABOR ROOM	2,502,803	41,372	344,855	2,889,030	569,702	52
53 ANESTHESIOLOGY	3,548,839	112,743	199,368	3,860,950	761,360	53
54 RADIOLOGY-DIAGNOSTIC	17,428,480	752,600	1,385,699	19,566,779	3,858,471	54
55 RADIOLOGY-THERAPEUTIC	3,433,676	284,664	272,660	3,991,000	787,005	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,304,733	70,908	193,557	3,569,198	703,828	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,464,888	88,798	112,801	2,666,487	525,818	58
60 LABORATORY	24,447,535	827,137	1,779,300	27,053,972	5,334,908	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,238,770	2,933	76,310	5,318,013	1,048,686	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,537,129	198,947	651,824	6,387,900	1,259,662	65
66 PHYSICAL THERAPY	7,830,920	269,707	1,186,924	9,287,551	1,831,459	66
67 OCCUPATIONAL THERAPY	1,507,516	108,819	245,437	1,861,772	367,132	67
68 SPEECH PATHOLOGY	581,852	26,224	94,244	702,320	138,494	68
69 ELECTROCARDIOLOGY	24,619,292	340,466	1,000,493	25,960,251	5,119,232	69
69.01 GI UNIT	3,198,421	145,254	265,196	3,608,871	711,651	69.01
69.02 VASCULAR LAB	591,686	21,688	62,222	675,596	133,224	69.02
70 ELECTROENCEPHALOGRAPHY	433,614	30,021	55,577	519,212	102,386	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	38,887,875	20,401	73,962	38,982,238	7,687,102	71
73 DRUGS CHARGED TO PATIENTS	16,688,185			16,688,185	3,290,827	73
73.01 RENAL TXPLANT LAB	541,572	21,308	30,528	593,408	117,017	73.01
74 RENAL DIALYSIS	1,234,945	112,997	192,998	1,540,940	303,866	74
75 ASC (NON-DISTINCT PART)	4,627,239		330,943	4,958,182	977,729	75
76.97 CARDIAC REHABILITATION	1,247,237	28,545	194,851	1,470,633	290,001	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	11,103,774	430,404	1,276,356	12,810,534	2,526,173	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,175,923	15,696	38,600	1,230,219	242,593	105
109 PANCREAS ACQUISITION	214,586	1,962	4,778	221,326	43,644	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	421,801,220	16,352,960	28,923,519	420,816,200	69,178,084	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	276,255	26,730	78	303,063	59,763	190
192 PHYSICIANS' PRIVATE OFFICES	106,607	266,057	9,934	382,598	75,446	192
192.01 SIU SCHOOL OF MEDICINE	1,289,881		280	1,290,161	254,413	192.01
192.03 UNIVERSITY BUILDING (MHCCI)	173,199	43,967	9,078	226,244	44,614	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE		462,029	23,295	485,324	95,703	192.05
192.06 VNA OF CENTRAL IL			26,846	26,846	5,294	192.06

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
192.07 GAMBRO						192.07
192.08 FOUNDATION		44,789	2,041	46,830	9,235	192.08
192.09 SIU MAP PROGRAM	862,250		11,276	873,526	172,255	192.09
192.10 AUDIOLOGY	505,632	21,435	37,185	564,252	111,268	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	425,015,044	17,217,967	29,043,532	425,015,044	70,006,075	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	23,600,286					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	255,314	3,080,725				8
9 HOUSEKEEPING	362,539		7,950,690			9
10 DIETARY	196,836	546	64,320	2,780,422		10
11 CAFETERIA	587,402	1,630	191,944		3,375,143	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	143,241		46,806		40,603	13
14 CENTRAL SERVICES & SUPPLY	558,488	38,489	182,495		81,497	14
15 PHARMACY	229,062	4,425	74,850		98,579	15
16 MEDICAL RECORDS & LIBRARY	463,552		151,473		106,781	16
17 SOCIAL SERVICE					14,418	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	201,547	14,912	65,859		156,660	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					928	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,102,894	1,284,787	1,667,460	1,853,937	798,885	30
31 INTENSIVE CARE UNIT	1,097,689	194,130	358,688	141,840	164,664	31
33 BURN INTENSIVE CARE UNIT	250,637	62,994	81,900	42,020	31,857	33
40 SUBPROVIDER - IPF	868,080	73,011	283,660	297,541	96,776	40
41 SUBPROVIDER - IRF	262,585	70,930	85,804	129,779	39,291	41
43 NURSERY	66,568	35,046	21,752	86,658	19,718	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,646,004	332,854	537,860	2,670	262,846	50
52 DELIVERY ROOM & LABOR ROOM	66,943	74,357	21,875		41,862	52
53 ANESTHESIOLOGY	182,430	19,174	59,612		14,298	53
54 RADIOLOGY-DIAGNOSTIC	1,469,923	137,440	480,322		200,457	54
55 RADIOLOGY-THERAPEUTIC	460,616	21,693	150,514	156	23,031	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	132,521	34,847	43,304		29,432	57
58 MAGNETIC RESONANCE IMAGING (MRI)	202,367	6,865	66,127		16,565	58
60 LABORATORY	1,371,095	1,695	448,029	10,998	292,834	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,745	1,137	1,551		9,528	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	321,916	5,016	105,191		85,168	65
66 PHYSICAL THERAPY	436,413	35,401	142,605	156	144,721	66
67 OCCUPATIONAL THERAPY	176,081	6,586	57,537		23,946	67
68 SPEECH PATHOLOGY	42,433		13,866		9,713	68
69 ELECTROCARDIOLOGY	550,910	58,230	180,019	468	128,912	69
69.01 GI UNIT	235,036	35,561	76,802	104	35,064	69.01
69.02 VASCULAR LAB	35,093		11,467		5,685	69.02
70 ELECTROENCEPHALOGRAPHY	48,578	12,256	15,874		7,659	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	33,011		10,787		8,282	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB	34,479		11,267		3,697	73.01
74 RENAL DIALYSIS	182,840	22,094	59,746	3,763	19,506	74
75 ASC (NON-DISTINCT PART)	554,460	56,116	181,179	446	42,856	75
76.97 CARDIAC REHABILITATION	46,188		15,093		22,355	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	696,437	327,922	227,573	34,257	173,251	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	25,398		8,299		5,473	105
109 PANCREAS ACQUISITION	3,175		1,037		689	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	19,605,526	2,970,144	6,204,547	2,604,793	3,258,487	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,252	4,904	14,133			190
192 PHYSICIANS' PRIVATE OFFICES	430,507	22,321	140,675	3,621	239	192
192.01 SIU SCHOOL OF MEDICINE	1,900,020	17,871	620,864			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	71,142	65,485	23,247			192.03
192.04 MEALS ON WHEELS				172,008		192.04
192.05 ACS HOME CARE	386,367		244,294		53,908	192.05
192.06 VNA OF CENTRAL IL	196,768		124,411		47,441	192.06
192.07 GAMBERO	329,085		208,085			192.07
192.08 FOUNDATION	72,474		23,682		6,507	192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
192.09 SIU MAP PROGRAM	530,461		335,419		3,684	192.09
192.10 AUDIOLOGY	34,684		11,333		4,877	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,600,286	3,080,725	7,950,690	2,780,422	3,375,143	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,287,502					13
14 CENTRAL SERVICES & SUPPLY		4,900,377				14
15 PHARMACY		11,828	10,878,820			15
16 MEDICAL RECORDS & LIBRARY				8,003,805		16
17 SOCIAL SERVICE					1,352,655	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,903,754	156,627	119,195	5,047,199	933,209	30
31 INTENSIVE CARE UNIT	392,397	51,738	26,551	597,884	21,083	31
33 BURN INTENSIVE CARE UNIT	75,915	14,679	3,499	138,466	29,128	33
40 SUBPROVIDER - IPF	230,619	3,723	1,236	576,274	165,892	40
41 SUBPROVIDER - IRF	93,631	4,840	1,000	278,532	23,996	41
43 NURSERY	46,989	6,137	1,224	49,624		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	626,363	50,212	9,558	114,454		50
52 DELIVERY ROOM & LABOR ROOM	99,757	13,020	2,597		5,410	52
53 ANESTHESIOLOGY	34,073	82,510	35,872	61,629		53
54 RADIOLOGY-DIAGNOSTIC		214,219	18,744	137,665		54
55 RADIOLOGY-THERAPEUTIC	54,884	24,647	356	63,230	7,074	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		20,754	4,575	143,268		57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,006	1,075	50,424		58
60 LABORATORY		537,371	5,272	178,485		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		24,136	5	9,605		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	202,956	30,599	11,761	21,610		65
66 PHYSICAL THERAPY		4,675	160	37,618	4,855	66
67 OCCUPATIONAL THERAPY		1,651	24	3,202		67
68 SPEECH PATHOLOGY		1,021	5			68
69 ELECTROCARDIOLOGY	307,198	974,511	62,943	184,088		69
69.01 GI UNIT	83,557	52,346	3,217	30,414	155,350	69.01
69.02 VASCULAR LAB	13,547	79		5,603		69.02
70 ELECTROENCEPHALOGRAPHY		2,623	6	2,401		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	19,737	2,422,253	850	56,027		71
73 DRUGS CHARGED TO PATIENTS			10,537,070			73
73.01 RENAL TXPLANT LAB		20,277				73.01
74 RENAL DIALYSIS			2,533			74
75 ASC (NON-DISTINCT PART)	102,125	86,966	4,635	64,030		75
76.97 CARDIAC REHABILITATION		642	52	3,202		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		66,667	24,805	148,871	6,658	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,287,502	4,883,759	10,878,820	8,003,805	1,352,655	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		4				192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBERO						192.07
192.08 FOUNDATION						192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY		16,614				192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,287,502	4,900,377	10,878,820	8,003,805	1,352,655	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	8,382,646					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		2,836,975				22
23 PARAMED ED PRGM-(SPECIFY)			60,588			23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,598,671	1,217,913		77,761,917	-4,816,584	30
31 INTENSIVE CARE UNIT				15,991,505		31
33 BURN INTENSIVE CARE UNIT				3,316,798		33
40 SUBPROVIDER - IPF	759,468	257,030		10,305,629	-1,016,498	40
41 SUBPROVIDER - IRF				3,395,627		41
43 NURSERY				2,003,359		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,565,878	529,947		33,001,579	-2,095,825	50
52 DELIVERY ROOM & LABOR ROOM				3,784,553		52
53 ANESTHESIOLOGY				5,111,908		53
54 RADIOLOGY-DIAGNOSTIC	338,659	114,614		26,537,293	-453,273	54
55 RADIOLOGY-THERAPEUTIC				5,584,206		55
57 COMPUTED TOMOGRAPHY (CT) SCAN				4,681,727		57
58 MAGNETIC RESONANCE IMAGING (MRI)				3,538,734		58
60 LABORATORY				35,234,659		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				6,417,406		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	71,252	24,114		8,527,145	-95,366	65
66 PHYSICAL THERAPY				11,925,614		66
67 OCCUPATIONAL THERAPY				2,497,931		67
68 SPEECH PATHOLOGY				907,852		68
69 ELECTROCARDIOLOGY				33,526,762		69
69.01 GI UNIT				5,027,973		69.01
69.02 VASCULAR LAB				880,294		69.02
70 ELECTROENCEPHALOGRAPHY				710,995		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				49,220,287		71
73 DRUGS CHARGED TO PATIENTS				30,516,082		73
73.01 RENAL TXPLANT LAB				780,145		73.01
74 RENAL DIALYSIS				2,135,288	-43,474	74
75 ASC (NON-DISTINCT PART)				7,028,724		75
76.97 CARDIAC REHABILITATION				1,848,166		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	258,185	87,379	60,588	17,449,300	-345,564	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION				1,511,982		105
109 PANCREAS ACQUISITION				269,871		109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,592,113	2,230,997	60,588	411,431,311	-8,866,584	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				425,115		190
192 PHYSICIANS' PRIVATE OFFICES				1,055,411		192
192.01 SIU SCHOOL OF MEDICINE				4,083,329		192.01
192.03 UNIVERSITY BUILDING (MHCCI)				430,732		192.03
192.04 MEALS ON WHEELS				172,008		192.04
192.05 ACS HOME CARE				1,265,596		192.05
192.06 VNA OF CENTRAL IL				400,760		192.06
192.07 GAMBERO				537,170		192.07
192.08 FOUNDATION				158,728		192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	
192.09 SIU MAP PROGRAM	1,790,533	605,978		4,311,856	-2,396,511	192.09
192.10 AUDIOLOGY				743,028		192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,382,646	2,836,975	60,588	425,015,044	-11,263,095	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	72,945,333	30
31	INTENSIVE CARE UNIT	15,991,505	31
33	BURN INTENSIVE CARE UNIT	3,316,798	33
40	SUBPROVIDER - IPF	9,289,131	40
41	SUBPROVIDER - IRF	3,395,627	41
43	NURSERY	2,003,359	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	30,905,754	50
52	DELIVERY ROOM & LABOR ROOM	3,784,553	52
53	ANESTHESIOLOGY	5,111,908	53
54	RADIOLOGY-DIAGNOSTIC	26,084,020	54
55	RADIOLOGY-THERAPEUTIC	5,584,206	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	4,681,727	57
58	MAGNETIC RESONANCE IMAGING (MRI)	3,538,734	58
60	LABORATORY	35,234,659	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,417,406	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	8,431,779	65
66	PHYSICAL THERAPY	11,925,614	66
67	OCCUPATIONAL THERAPY	2,497,931	67
68	SPEECH PATHOLOGY	907,852	68
69	ELECTROCARDIOLOGY	33,526,762	69
69.01	GI UNIT	5,027,973	69.01
69.02	VASCULAR LAB	880,294	69.02
70	ELECTROENCEPHALOGRAPHY	710,995	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	49,220,287	71
73	DRUGS CHARGED TO PATIENTS	30,516,082	73
73.01	RENAL TXPLANT LAB	780,145	73.01
74	RENAL DIALYSIS	2,091,814	74
75	ASC (NON-DISTINCT PART)	7,028,724	75
76.97	CARDIAC REHABILITATION	1,848,166	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	17,103,736	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	1,511,982	105
109	PANCREAS ACQUISITION	269,871	109
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	402,564,727	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	425,115	190
192	PHYSICIANS' PRIVATE OFFICES	1,055,411	192
192.01	SIU SCHOOL OF MEDICINE	4,083,329	192.01
192.03	UNIVERSITY BUILDING (MHCCI)	430,732	192.03
192.04	MEALS ON WHEELS	172,008	192.04
192.05	ACS HOME CARE	1,265,596	192.05
192.06	VNA OF CENTRAL IL	400,760	192.06
192.07	GAMBERO	537,170	192.07
192.08	FOUNDATION	158,728	192.08

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
192.09 SIU MAP PROGRAM	1,915,345	192.09
192.10 AUDIOLOGY	743,028	192.10
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	413,751,949	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	39,807	205,887	245,694	245,694	4,380,585	4
5 ADMINISTRATIVE & GENERAL	1,731,585	2,620,883	4,352,468	28,117	243,239	5
6 MAINTENANCE & REPAIRS	526,112	1,988,431	2,514,543	5,796		6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	223,239	157,786	381,025	1,025	29,120	8
9 HOUSEKEEPING	15,239	218,314	233,553	4,942	78,208	9
10 DIETARY	15,674	121,646	137,320	1,517	25,959	10
11 CAFETERIA	39,684	363,019	402,703	4,310	26,737	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	381,529	88,524	470,053	3,386	41,812	13
14 CENTRAL SERVICES & SUPPLY	273,427	338,230	611,657	2,744	41,633	14
15 PHARMACY	688,222	141,562	829,784	8,898	107,808	15
16 MEDICAL RECORDS & LIBRARY	122,833	286,479	409,312	4,573	75,053	16
17 SOCIAL SERVICE				915	13,793	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	475	124,558	125,033	5,130	81,872	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					29,240	22
23 PARAMED ED PRGM-(SPECIFY)				61	615	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	410,004	3,153,628	3,563,632	46,647	557,482	30
31 INTENSIVE CARE UNIT	235,269	678,380	913,649	10,850	133,417	31
33 BURN INTENSIVE CARE UNIT	49,360	154,896	204,256	2,037	26,650	33
40 SUBPROVIDER - IPF	32,229	536,480	568,709	5,879	68,975	40
41 SUBPROVIDER - IRF	7,361	162,280	169,641	2,110	24,790	41
43 NURSERY	30,019	41,140	71,159	1,414	17,208	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,030,240	1,017,243	3,047,483	19,132	281,606	50
52 DELIVERY ROOM & LABOR ROOM	57,435	41,372	98,807	2,918	35,648	52
53 ANESTHESIOLOGY	447,337	112,743	560,080	1,687	47,640	53
54 RADIOLOGY-DIAGNOSTIC	3,056,535	752,600	3,809,135	11,724	241,434	54
55 RADIOLOGY-THERAPEUTIC	857,577	284,664	1,142,241	2,307	49,245	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	900,647	70,908	971,555	1,638	44,040	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,062,954	88,798	1,151,752	954	32,902	58
60 LABORATORY	1,138,862	827,137	1,965,999	15,054	333,819	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	30,782	2,933	33,715	646	65,619	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	293,501	198,947	492,448	5,515	78,820	65
66 PHYSICAL THERAPY	244,844	269,707	514,551	10,042	114,599	66
67 OCCUPATIONAL THERAPY	6,994	108,819	115,813	2,077	22,972	67
68 SPEECH PATHOLOGY	2,406	26,224	28,630	797	8,666	68
69 ELECTROCARDIOLOGY	1,981,015	340,466	2,321,481	8,465	320,324	69
69.01 GI UNIT	525,943	145,254	671,197	2,244	44,530	69.01
69.02 VASCULAR LAB	122,114	21,688	143,802	526	8,336	69.02
70 ELECTROENCEPHALOGRAPHY	66,950	30,021	96,971	470	6,407	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	17,300	20,401	37,701	626	481,002	71
73 DRUGS CHARGED TO PATIENTS					205,916	73
73.01 RENAL TXPLANT LAB	12,262	21,308	33,570	258	7,322	73.01
74 RENAL DIALYSIS	63,696	112,997	176,693	1,633	19,014	74
75 ASC (NON-DISTINCT PART)	595,168		595,168	2,800	61,179	75
76.97 CARDIAC REHABILITATION	30,725	28,545	59,270	1,649	18,146	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	131,857	430,404	562,261	10,799	158,069	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,262	15,696	18,958	327	15,180	105
109 PANCREAS ACQUISITION		1,962	1,962	40	2,731	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	18,502,474	16,352,960	34,855,434	244,679	4,328,777	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,730	26,730	1	3,739	190
192 PHYSICIANS' PRIVATE OFFICES		266,057	266,057	84	4,721	192
192.01 SIU SCHOOL OF MEDICINE				2	15,919	192.01
192.03 UNIVERSITY BUILDING (MHCCI)		43,967	43,967	77	2,792	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE		462,029	462,029	197	5,988	192.05
192.06 VNA OF CENTRAL IL				227	331	192.06
192.07 GAMBERO						192.07
192.08 FOUNDATION		44,789	44,789	17	578	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL 5	
192.09 SIU MAP PROGRAM				95	10,778	192.09
192.10 AUDIOLOGY	9,101	21,435	30,536	315	6,962	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	18,511,575	17,217,967	35,729,542	245,694	4,380,585	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	2,763,578					6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	29,897	441,067				8
9 HOUSEKEEPING	42,453		359,156			9
10 DIETARY	23,049	78	2,906	190,829		10
11 CAFETERIA	68,784	233	8,671		511,438	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,773		2,114		6,153	13
14 CENTRAL SERVICES & SUPPLY	65,399	5,510	8,244		12,349	14
15 PHARMACY	26,823	634	3,381		14,938	15
16 MEDICAL RECORDS & LIBRARY	54,282		6,842		16,181	16
17 SOCIAL SERVICE					2,185	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	23,601	2,135	2,975		23,739	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)					141	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	597,546	183,941	75,324	127,241	121,053	30
31 INTENSIVE CARE UNIT	128,539	27,794	16,203	9,735	24,952	31
33 BURN INTENSIVE CARE UNIT	29,349	9,019	3,700	2,884	4,827	33
40 SUBPROVIDER - IPF	101,652	10,453	12,814	20,421	14,665	40
41 SUBPROVIDER - IRF	30,749	10,155	3,876	8,907	5,954	41
43 NURSERY	7,795	5,018	983	5,948	2,988	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	192,746	47,655	24,297	183	39,829	50
52 DELIVERY ROOM & LABOR ROOM	7,839	10,646	988		6,343	52
53 ANESTHESIOLOGY	21,362	2,745	2,693		2,167	53
54 RADIOLOGY-DIAGNOSTIC	172,127	19,677	21,698		30,375	54
55 RADIOLOGY-THERAPEUTIC	53,938	3,106	6,799	11	3,490	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,518	4,989	1,956		4,460	57
58 MAGNETIC RESONANCE IMAGING (MRI)	23,697	983	2,987		2,510	58
60 LABORATORY	160,554	243	20,239	755	44,373	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	556	163	70		1,444	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	37,696	718	4,752		12,906	65
66 PHYSICAL THERAPY	51,104	5,068	6,442	11	21,930	66
67 OCCUPATIONAL THERAPY	20,619	943	2,599		3,629	67
68 SPEECH PATHOLOGY	4,969		626		1,472	68
69 ELECTROCARDIOLOGY	64,511	8,337	8,132	32	19,534	69
69.01 GI UNIT	27,523	5,091	3,469	7	5,313	69.01
69.02 VASCULAR LAB	4,109		518		861	69.02
70 ELECTROENCEPHALOGRAPHY	5,688	1,755	717		1,161	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,866		487		1,255	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB	4,037		509		560	73.01
74 RENAL DIALYSIS	21,410	3,163	2,699	258	2,956	74
75 ASC (NON-DISTINCT PART)	64,927	8,034	8,184	31	6,494	75
76.97 CARDIAC REHABILITATION	5,409		682		3,388	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	81,552	46,949	10,280	2,351	26,253	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,974		375		829	105
109 PANCREAS ACQUISITION	372		47		104	109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,295,794	425,235	280,278	178,775	493,761	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,065	702	638			190
192 PHYSICIANS' PRIVATE OFFICES	50,412	3,196	6,355	249	36	192
192.01 SIU SCHOOL OF MEDICINE	222,491	2,559	28,046			192.01
192.03 UNIVERSITY BUILDING (MHCCI)	8,331	9,375	1,050			192.03
192.04 MEALS ON WHEELS				11,805		192.04
192.05 ACS HOME CARE	45,243		11,035		8,169	192.05
192.06 VNA OF CENTRAL IL	23,041		5,620		7,189	192.06
192.07 GAMBERO	38,536		9,400			192.07
192.08 FOUNDATION	8,487		1,070		986	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
192.09 SIU MAP PROGRAM	62,117		15,152		558	192.09
192.10 AUDIOLOGY	4,061		512		739	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,763,578	441,067	359,156	190,829	511,438	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	540,291					13
14 CENTRAL SERVICES & SUPPLY		747,536				14
15 PHARMACY		1,804	994,070			15
16 MEDICAL RECORDS & LIBRARY				566,243		16
17 SOCIAL SERVICE					16,893	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	239,903	23,894	10,892	357,076	11,654	30
31 INTENSIVE CARE UNIT	49,448	7,893	2,426	42,298	263	31
33 BURN INTENSIVE CARE UNIT	9,566	2,239	320	9,796	364	33
40 SUBPROVIDER - IPF	29,062	568	113	40,769	2,072	40
41 SUBPROVIDER - IRF	11,799	738	91	19,705	300	41
43 NURSERY	5,921	936	112	3,511		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	78,931	7,660	873	8,097		50
52 DELIVERY ROOM & LABOR ROOM	12,571	1,986	237		68	52
53 ANESTHESIOLOGY	4,294	12,587	3,278	4,360		53
54 RADIOLOGY-DIAGNOSTIC		32,679	1,713	9,739		54
55 RADIOLOGY-THERAPEUTIC	6,916	3,760	33	4,473	88	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,166	418	10,136		57
58 MAGNETIC RESONANCE IMAGING (MRI)		459	98	3,567		58
60 LABORATORY		81,976	482	12,627		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		3,682		679		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	25,576	4,668	1,075	1,529		65
66 PHYSICAL THERAPY		713	15	2,661	61	66
67 OCCUPATIONAL THERAPY		252	2	226		67
68 SPEECH PATHOLOGY		156				68
69 ELECTROCARDIOLOGY	38,712	148,662	5,751	13,024		69
69.01 GI UNIT	10,529	7,985	294	2,152	1,940	69.01
69.02 VASCULAR LAB	1,707	12		396		69.02
70 ELECTROENCEPHALOGRAPHY		400	1	170		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,487	369,498	78	3,964		71
73 DRUGS CHARGED TO PATIENTS			962,842			73
73.01 RENAL TXPLANT LAB		3,093				73.01
74 RENAL DIALYSIS			231			74
75 ASC (NON-DISTINCT PART)	12,869	13,267	423	4,530		75
76.97 CARDIAC REHABILITATION		98	5	226		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		10,170	2,267	10,532	83	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	540,291	745,001	994,070	566,243	16,893	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		1				192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMBERO						192.07
192.08 FOUNDATION						192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
192.09 SIU MAP PROGRAM						192.09
192.10 AUDIOLOGY		2,534				192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	540,291	747,536	994,070	566,243	16,893	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	264,485				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		29,240			22
23 PARAMED ED PRGM-(SPECIFY)			817		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS				5,916,285	30
31 INTENSIVE CARE UNIT				1,367,467	31
33 BURN INTENSIVE CARE UNIT				305,007	33
40 SUBPROVIDER - IPF				876,152	40
41 SUBPROVIDER - IRF				288,815	41
43 NURSERY				122,993	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				3,748,492	50
52 DELIVERY ROOM & LABOR ROOM				178,051	52
53 ANESTHESIOLOGY				662,893	53
54 RADIOLOGY-DIAGNOSTIC				4,350,301	54
55 RADIOLOGY-THERAPEUTIC				1,276,407	55
57 COMPUTED TOMOGRAPHY (CT) SCAN				1,057,876	57
58 MAGNETIC RESONANCE IMAGING (MRI)				1,219,909	58
60 LABORATORY				2,636,121	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				106,574	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				665,703	65
66 PHYSICAL THERAPY				727,197	66
67 OCCUPATIONAL THERAPY				169,132	67
68 SPEECH PATHOLOGY				45,316	68
69 ELECTROCARDIOLOGY				2,956,965	69
69.01 GI UNIT				782,274	69.01
69.02 VASCULAR LAB				160,267	69.02
70 ELECTROENCEPHALOGRAPHY				113,740	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				900,964	71
73 DRUGS CHARGED TO PATIENTS				1,168,758	73
73.01 RENAL TXPLANT LAB				49,349	73.01
74 RENAL DIALYSIS				228,057	74
75 ASC (NON-DISTINCT PART)				777,906	75
76.97 CARDIAC REHABILITATION				88,873	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY				921,566	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION				38,643	105
109 PANCREAS ACQUISITION				5,256	109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)				33,913,309	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				36,875	190
192 PHYSICIANS' PRIVATE OFFICES				331,111	192
192.01 SIU SCHOOL OF MEDICINE				269,017	192.01
192.03 UNIVERSITY BUILDING (MHCCI)				65,592	192.03
192.04 MEALS ON WHEELS				11,805	192.04
192.05 ACS HOME CARE				532,661	192.05
192.06 VNA OF CENTRAL IL				36,408	192.06
192.07 GAMERO				47,936	192.07
192.08 FOUNDATION				55,927	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMED EDUCATION EMERGENCY 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
192.09 SIU MAP PROGRAM				88,700	192.09
192.10 AUDIOLOGY				45,659	192.10
200 CROSS FOOT ADJUSTMENTS	264,485	29,240	817	294,542	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	264,485	29,240	817	35,729,542	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	5,916,285	30
31	INTENSIVE CARE UNIT	1,367,467	31
33	BURN INTENSIVE CARE UNIT	305,007	33
40	SUBPROVIDER - IPF	876,152	40
41	SUBPROVIDER - IRF	288,815	41
43	NURSERY	122,993	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	3,748,492	50
52	DELIVERY ROOM & LABOR ROOM	178,051	52
53	ANESTHESIOLOGY	662,893	53
54	RADIOLOGY-DIAGNOSTIC	4,350,301	54
55	RADIOLOGY-THERAPEUTIC	1,276,407	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,057,876	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,219,909	58
60	LABORATORY	2,636,121	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	106,574	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	665,703	65
66	PHYSICAL THERAPY	727,197	66
67	OCCUPATIONAL THERAPY	169,132	67
68	SPEECH PATHOLOGY	45,316	68
69	ELECTROCARDIOLOGY	2,956,965	69
69.01	GI UNIT	782,274	69.01
69.02	VASCULAR LAB	160,267	69.02
70	ELECTROENCEPHALOGRAPHY	113,740	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	900,964	71
73	DRUGS CHARGED TO PATIENTS	1,168,758	73
73.01	RENAL TXPLANT LAB	49,349	73.01
74	RENAL DIALYSIS	228,057	74
75	ASC (NON-DISTINCT PART)	777,906	75
76.97	CARDIAC REHABILITATION	88,873	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	921,566	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
105	KIDNEY ACQUISITION	38,643	105
109	PANCREAS ACQUISITION	5,256	109
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	33,913,309	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,875	190
192	PHYSICIANS' PRIVATE OFFICES	331,111	192
192.01	SIU SCHOOL OF MEDICINE	269,017	192.01
192.03	UNIVERSITY BUILDING (MHCCI)	65,592	192.03
192.04	MEALS ON WHEELS	11,805	192.04
192.05	ACS HOME CARE	532,661	192.05
192.06	VNA OF CENTRAL IL	36,408	192.06
192.07	GAMBERO	47,936	192.07
192.08	FOUNDATION	55,927	192.08

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
192.09 SIU MAP PROGRAM	88,700	192.09
192.10 AUDIOLOGY	45,659	192.10
200 CROSS FOOT ADJUSTMENTS	294,542	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	35,729,542	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	MAIN-TENANCE & REPAIRS SQUARE FEET 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	816,126					1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	9,759	160,503,980				4
5 ADMINISTRATIVE & GENERAL	124,229	18,365,341	-70,006,075	355,008,969		5
6 MAINTENANCE & REPAIRS	94,251	3,785,717		19,712,984	691,332	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	7,479	669,469		2,360,026	7,479	8
9 HOUSEKEEPING	10,348	3,227,721		6,338,275	10,620	9
10 DIETARY	5,766	990,600		2,103,851	5,766	10
11 CAFETERIA	17,207	2,815,370		2,166,871	17,207	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,196	2,211,359		3,388,631	4,196	13
14 CENTRAL SERVICES & SUPPLY	16,032	1,792,277		3,374,060	16,360	14
15 PHARMACY	6,710	5,812,169		8,737,153	6,710	15
16 MEDICAL RECORDS & LIBRARY	13,579	2,987,249		6,082,549	13,579	16
17 SOCIAL SERVICE		597,349		1,117,810		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,904	3,350,706		6,635,233	5,904	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				2,369,685		22
23 PARAMED ED PRGM-(SPECIFY)		39,630		49,833		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	149,481	30,493,330		45,170,006	149,481	30
31 INTENSIVE CARE UNIT	32,155	7,086,802		10,812,642	32,155	31
33 BURN INTENSIVE CARE UNIT	7,342	1,330,677		2,159,801	7,342	33
40 SUBPROVIDER - IPF	25,429	3,839,654		5,589,999	25,429	40
41 SUBPROVIDER - IRF	7,692	1,378,136		2,009,062	7,692	41
43 NURSERY	1,950	923,772		1,394,629	1,950	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	48,217	12,496,172		22,822,458	48,217	50
52 DELIVERY ROOM & LABOR ROOM	1,961	1,905,780		2,889,030	1,961	52
53 ANESTHESIOLOGY	5,344	1,101,771		3,860,950	5,344	53
54 RADIOLOGY-DIAGNOSTIC	35,673	7,657,827		19,566,779	43,059	54
55 RADIOLOGY-THERAPEUTIC	13,493	1,506,809		3,991,000	13,493	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,361	1,069,657		3,569,198	3,882	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,209	623,376		2,666,487	5,928	58
60 LABORATORY	39,206	9,832,993		27,053,972	40,164	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	139	421,714		5,318,013	139	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,430	3,602,193		6,387,900	9,430	65
66 PHYSICAL THERAPY	12,784	6,559,331		9,287,551	12,784	66
67 OCCUPATIONAL THERAPY	5,158	1,356,366		1,861,772	5,158	67
68 SPEECH PATHOLOGY	1,243	520,824		702,320	1,243	68
69 ELECTROCARDIOLOGY	16,138	5,529,050		25,960,251	16,138	69
69.01 GI UNIT	6,885	1,465,561		3,608,871	6,885	69.01
69.02 VASCULAR LAB	1,028	343,860		675,596	1,028	69.02
70 ELECTROENCEPHALOGRAPHY	1,423	307,138		519,212	1,423	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	967	408,739		38,982,238	967	71
73 DRUGS CHARGED TO PATIENTS				16,688,185		73
73.01 RENAL TXPLANT LAB	1,010	168,707		593,408	1,010	73.01
74 RENAL DIALYSIS	5,356	1,066,568		1,540,940	5,356	74
75 ASC (NON-DISTINCT PART)		1,828,897		4,958,182	16,242	75
76.97 CARDIAC REHABILITATION	1,353	1,076,811		1,470,633	1,353	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	20,401	7,053,559		12,810,534	20,401	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	744	213,316		1,230,219	744	105
109 PANCREAS ACQUISITION	93	26,406		221,326	93	109
118 SUBTOTALS (SUM OF LINES 1-117)	775,125	159,840,753	-70,006,075	350,810,125	574,312	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	429		303,063	1,267	190
192 PHYSICIANS' PRIVATE OFFICES	12,611	54,898		382,598	12,611	192
192.01 SIU SCHOOL OF MEDICINE		1,548		1,290,161	55,658	192.01
192.03 UNIVERSITY BUILDING (MHCCI)	2,084	50,167		226,244	2,084	192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE	21,900	128,734		485,324	11,318	192.05
192.06 VNA OF CENTRAL IL		148,361		26,846	5,764	192.06
192.07 GAMBERO					9,640	192.07
192.08 FOUNDATION	2,123	11,280		46,830	2,123	192.08

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	MAIN- TENANCE & REPAIRS SQUARE FEET 6	
192.09 SIU MAP PROGRAM		62,315		873,526	15,539	192.09
192.10 AUDIOLOGY	1,016	205,495		564,252	1,016	192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	17,217,967	29,043,532		70,006,075	23,600,286	202
203 UNIT COST MULT-WS B PT I	21.097192	0.180952		0.197195	34.137413	203
204 COST TO BE ALLOC PER B PT II		245,694		4,380,585	2,763,578	204
205 UNIT COST MULT-WS B PT II		0.001531		0.012339	3.997469	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	4,972,229					8
9 HOUSEKEEPING		712,748				9
10 DIETARY	882	5,766	373,917			10
11 CAFETERIA	2,631	17,207		254,697		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		4,196		3,064	135,772	13
14 CENTRAL SERVICES & SUPPLY	62,120	16,360		6,150		14
15 PHARMACY	7,142	6,710		7,439		15
16 MEDICAL RECORDS & LIBRARY		13,579		8,058		16
17 SOCIAL SERVICE				1,088		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	24,067	5,904		11,822		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)				70		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,073,622	149,481	249,321	60,286	60,286	30
31 INTENSIVE CARE UNIT	313,322	32,155	19,075	12,426	12,426	31
33 BURN INTENSIVE CARE UNIT	101,671	7,342	5,651	2,404	2,404	33
40 SUBPROVIDER - IPF	117,838	25,429	40,014	7,303	7,303	40
41 SUBPROVIDER - IRF	114,479	7,692	17,453	2,965	2,965	41
43 NURSERY	56,564	1,950	11,654	1,488	1,488	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	537,220	48,217	359	19,835	19,835	50
52 DELIVERY ROOM & LABOR ROOM	120,010	1,961		3,159	3,159	52
53 ANESTHESIOLOGY	30,946	5,344		1,079	1,079	53
54 RADIOLOGY-DIAGNOSTIC	221,825	43,059		15,127		54
55 RADIOLOGY-THERAPEUTIC	35,012	13,493	21	1,738	1,738	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	56,243	3,882		2,221		57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,080	5,928		1,250		58
60 LABORATORY	2,736	40,164	1,479	22,098		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,835	139		719		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8,095	9,430		6,427	6,427	65
66 PHYSICAL THERAPY	57,136	12,784	21	10,921		66
67 OCCUPATIONAL THERAPY	10,630	5,158		1,807		67
68 SPEECH PATHOLOGY		1,243		733		68
69 ELECTROCARDIOLOGY	93,982	16,138	63	9,728	9,728	69
69.01 GI UNIT	57,395	6,885	14	2,646	2,646	69.01
69.02 VASCULAR LAB		1,028		429	429	69.02
70 ELECTROENCEPHALOGRAPHY	19,781	1,423		578		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		967		625	625	71
73 DRUGS CHARGED TO PATIENTS						73
73.01 RENAL TXPLANT LAB		1,010		279		73.01
74 RENAL DIALYSIS	35,659	5,356	506	1,472		74
75 ASC (NON-DISTINCT PART)	90,570	16,242	60	3,234	3,234	75
76.97 CARDIAC REHABILITATION		1,353		1,687		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	529,260	20,401	4,607	13,074		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		744		413		105
109 PANCREAS ACQUISITION		93		52		109
118 SUBTOTALS (SUM OF LINES 1-117)	4,793,753	556,213	350,298	245,894	135,772	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,915	1,267				190
192 PHYSICIANS' PRIVATE OFFICES	36,026	12,611	487	18		192
192.01 SIU SCHOOL OF MEDICINE	28,844	55,658				192.01
192.03 UNIVERSITY BUILDING (MHCCI)	105,691	2,084				192.03
192.04 MEALS ON WHEELS			23,132			192.04
192.05 ACS HOME CARE		21,900		4,068		192.05
192.06 VNA OF CENTRAL IL		11,153		3,580		192.06
192.07 GAMBERO		18,654				192.07
192.08 FOUNDATION		2,123		491		192.08

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	
192.09 SIU MAP PROGRAM				278		192.09
192.10 AUDIOLOGY		30,069		368		192.10
200 CROSS FOOT ADJUSTMENTS		1,016				200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,080,725	7,950,690	2,780,422	3,375,143	4,287,502	202
203 UNIT COST MULT-WS B PT I	0.619586	11.154980	7.435934	13.251601	31.578691	203
204 COST TO BE ALLOC PER B PT II	441,067	359,156	190,829	511,438	540,291	204
205 UNIT COST MULT-WS B PT II	0.088706	0.503903	0.510351	2.008025	3.979399	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	75,809,566					14
15 PHARMACY	182,985	17,229,433				15
16 MEDICAL RECORDS & LIBRARY	27		10,000			16
17 SOCIAL SERVICE				9,752		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					10,000	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,423,035	188,777	6,306	6,728	4,293	30
31 INTENSIVE CARE UNIT	800,383	42,051	747	152		31
33 BURN INTENSIVE CARE UNIT	227,090	5,542	173	210		33
40 SUBPROVIDER - IPF	57,598	1,957	720	1,196	906	40
41 SUBPROVIDER - IRF	74,876	1,583	348	173		41
43 NURSERY	94,935	1,939	62			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	776,790	15,138	143		1,868	50
52 DELIVERY ROOM & LABOR ROOM	201,419	4,113		39		52
53 ANESTHESIOLOGY	1,276,431	56,812	77			53
54 RADIOLOGY-DIAGNOSTIC	3,313,977	29,686	172		404	54
55 RADIOLOGY-THERAPEUTIC	381,289	564	79	51		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	321,072	7,246	179			57
58 MAGNETIC RESONANCE IMAGING (MRI)	46,502	1,702	63			58
60 LABORATORY	8,313,154	8,350	223			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	373,382	8	12			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	473,361	18,626	27		85	65
66 PHYSICAL THERAPY	72,320	253	47	35		66
67 OCCUPATIONAL THERAPY	25,535	38	4			67
68 SPEECH PATHOLOGY	15,798	8				68
69 ELECTROCARDIOLOGY	15,075,741	99,686	230			69
69.01 GI UNIT	809,792	5,095	38	1,120		69.01
69.02 VASCULAR LAB	1,224		7			69.02
70 ELECTROENCEPHALOGRAPHY	40,584	10	3			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	37,472,839	1,346	70			71
73 DRUGS CHARGED TO PATIENTS		16,688,185				73
73.01 RENAL TXPLANT LAB	313,683					73.01
74 RENAL DIALYSIS		4,011				74
75 ASC (NON-DISTINCT PART)	1,345,375	7,340	80			75
76.97 CARDIAC REHABILITATION	9,935	82	4			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,031,348	39,285	186	48	308	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	75,552,480	17,229,433	10,000	9,752	7,864	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	65					192
192.01 SIU SCHOOL OF MEDICINE						192.01
192.03 UNIVERSITY BUILDING (MHCCI)						192.03
192.04 MEALS ON WHEELS						192.04
192.05 ACS HOME CARE						192.05
192.06 VNA OF CENTRAL IL						192.06
192.07 GAMERO						192.07
192.08 FOUNDATION						192.08

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	
192.09 SIU MAP PROGRAM					2,136	192.09
192.10 AUDIOLOGY	257,021					192.10
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,900,377	10,878,820	8,003,805	1,352,655	8,382,646	202
203 UNIT COST MULT-WS B PT I	0.064641	0.631409	800.380500	138.705394	838.264600	203
204 COST TO BE ALLOC PER B PT II	747,536	994,070	566,243	16,893	264,485	204
205 UNIT COST MULT-WS B PT II	0.009861	0.057696	56.624300	1.732260	26.448500	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM COSTS ASSIGNED TIME	EDUCATION EMERGENCY ASSIGNED TIME	
	22	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,000		22
23 PARAMED ED PRGM-(SPECIFY)		100	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	4,293		30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
40 SUBPROVIDER - IPF	906		40
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,868		50
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	404		54
55 RADIOLOGY-THERAPEUTIC			55
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
60 LABORATORY			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	85		65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
69.01 GI UNIT			69.01
69.02 VASCULAR LAB			69.02
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
73 DRUGS CHARGED TO PATIENTS			73
73.01 RENAL TXPLANT LAB			73.01
74 RENAL DIALYSIS			74
75 ASC (NON-DISTINCT PART)			75
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	308	100	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION			105
109 PANCREAS ACQUISITION			109
118 SUBTOTALS (SUM OF LINES 1-117)	7,864	100	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 SIU SCHOOL OF MEDICINE			192.01
192.03 UNIVERSITY BUILDING (MHCCI)			192.03
192.04 MEALS ON WHEELS			192.04
192.05 ACS HOME CARE			192.05
192.06 VNA OF CENTRAL IL			192.06
192.07 GAMERO			192.07
192.08 FOUNDATION			192.08

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS	EMERGENCY	
	ASSIGNED	ASSIGNED	
	TIME	TIME	
	22	23	
192.09 SIU MAP PROGRAM	2,136		192.09
192.10 AUDIOLOGY			192.10
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	2,836,975	60,588	202
203 UNIT COST MULT-WS B PT I	283.697500	605.880000	203
204 COST TO BE ALLOC PER B PT II	29,240	817	204
205 UNIT COST MULT-WS B PT II	2.924000	8.170000	205

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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

----- WORKSHEET B -----

PART LINE NO. AMOUNT
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	72,945,333		72,945,333	66,869	73,012,202	30
31 INTENSIVE CARE UNIT	15,991,505		15,991,505	38,761	16,030,266	31
33 BURN INTENSIVE CARE UNIT	3,316,798		3,316,798	20,988	3,337,786	33
40 SUBPROVIDER - IPF	9,289,131		9,289,131	1,866	9,290,997	40
41 SUBPROVIDER - IRF	3,395,627		3,395,627	145	3,395,772	41
43 NURSERY	2,003,359		2,003,359	11,364	2,014,723	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,905,754		30,905,754		30,905,754	50
52 DELIVERY ROOM & LABOR ROOM	3,784,553		3,784,553		3,784,553	52
53 ANESTHESIOLOGY	5,111,908		5,111,908	4,429	5,116,337	53
54 RADIOLOGY-DIAGNOSTIC	26,084,020		26,084,020		26,084,020	54
55 RADIOLOGY-THERAPEUTIC	5,584,206		5,584,206		5,584,206	55
57 COMPUTED TOMOGRAPHY (CT) SC	4,681,727		4,681,727		4,681,727	57
58 MAGNETIC RESONANCE IMAGING	3,538,734		3,538,734		3,538,734	58
60 LABORATORY	35,234,659		35,234,659		35,234,659	60
62 WHOLE BLOOD & PACKED RED BL	6,417,406		6,417,406		6,417,406	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	8,431,779		8,431,779	7,604	8,439,383	65
66 PHYSICAL THERAPY	11,925,614		11,925,614	226,778	12,152,392	66
67 OCCUPATIONAL THERAPY	2,497,931		2,497,931		2,497,931	67
68 SPEECH PATHOLOGY	907,852		907,852		907,852	68
69 ELECTROCARDIOLOGY	33,526,762		33,526,762	45,199	33,571,961	69
69.01 GI UNIT	5,027,973		5,027,973		5,027,973	69.01
69.02 VASCULAR LAB	880,294		880,294	9,093	889,387	69.02
70 ELECTROENCEPHALOGRAPHY	710,995		710,995	11,399	722,394	70
71 MEDICAL SUPPLIES CHRGD TO	49,220,287		49,220,287	45,870	49,266,157	71
73 DRUGS CHARGED TO PATIENTS	30,516,082		30,516,082		30,516,082	73
73.01 RENAL TXPLANT LAB	780,145		780,145	32,320	812,465	73.01
74 RENAL DIALYSIS	2,091,814		2,091,814	21,447	2,113,261	74
75 ASC (NON-DISTINCT PART)	7,028,724		7,028,724	37,802	7,066,526	75
76.97 CARDIAC REHABILITATION	1,848,166		1,848,166	6,199	1,854,365	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	17,103,736		17,103,736	23,048	17,126,784	91
92 OBSERVATION BEDS	1,531,879		1,531,879		1,531,879	92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION	1,511,982		1,511,982		1,511,982	105
109 PANCREAS ACQUISITION	269,871		269,871		269,871	109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	404,096,606		404,096,606	611,181	404,707,787	200
201 LESS OBSERVATION BEDS	1,531,879		1,531,879		1,531,879	201
202 TOTAL (SEE INSTRUCTIONS)	402,564,727		402,564,727		403,175,908	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	96,678,934		96,678,934			30
31 INTENSIVE CARE UNIT	27,429,813		27,429,813			31
33 BURN INTENSIVE CARE UNIT	5,258,476		5,258,476			33
40 SUBPROVIDER - IPF	16,599,931		16,599,931			40
41 SUBPROVIDER - IRF	4,912,043		4,912,043			41
43 NURSERY	4,261,869		4,261,869			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	89,698,760	51,959,171	141,657,931	0.218172	0.218172	50
52 DELIVERY ROOM & LABOR ROOM	7,977,716	906,095	8,883,811	0.426006	0.426006	52
53 ANESTHESIOLOGY	16,260,295	16,285,776	32,546,071	0.157067	0.157067	53
54 RADIOLOGY-DIAGNOSTIC	34,735,083	68,134,737	102,869,820	0.253563	0.253563	54
55 RADIOLOGY-THERAPEUTIC	2,333,693	31,659,477	33,993,170	0.164274	0.164274	55
57 COMPUTED TOMOGRAPHY (CT) SC	36,847,081	71,046,183	107,893,264	0.043392	0.043392	57
58 MAGNETIC RESONANCE IMAGING	10,799,121	24,427,072	35,226,193	0.100457	0.100457	58
60 LABORATORY	74,892,428	88,644,369	163,536,797	0.215454	0.215454	60
62 WHOLE BLOOD & PACKED RED BL	15,713,201	4,853,373	20,566,574	0.312031	0.312031	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	33,634,490	10,572,565	44,207,055	0.190734	0.190734	65
66 PHYSICAL THERAPY	9,685,496	17,826,452	27,511,948	0.433470	0.433470	66
67 OCCUPATIONAL THERAPY	7,176,735	1,386,338	8,563,073	0.291710	0.291710	67
68 SPEECH PATHOLOGY	2,778,069	6,705	2,784,774	0.326006	0.326006	68
69 ELECTROCARDIOLOGY	97,802,561	92,311,875	190,114,436	0.176350	0.176350	69
69.01 GI UNIT	5,262,750	14,433,674	19,696,424	0.255273	0.255273	69.01
69.02 VASCULAR LAB	3,631,129	2,825,983	6,457,112	0.136329	0.136329	69.02
70 ELECTROENCEPHALOGRAPHY	3,337,399	1,399,815	4,737,214	0.150087	0.150087	70
71 MEDICAL SUPPLIES CHRGD TO	119,841,799	27,728,527	147,570,326	0.333538	0.333538	71
73 DRUGS CHARGED TO PATIENTS	81,203,371	22,140,119	103,343,490	0.295288	0.295288	73
73.01 RENAL TXPLANT LAB	59,904	590,789	650,693	1.198945	1.198945	73.01
74 RENAL DIALYSIS	6,008,025	2,176,905	8,184,930	0.255569	0.255569	74
75 ASC (NON-DISTINCT PART)	1,041,788	31,288,674	32,330,462	0.217403	0.217403	75
76.97 CARDIAC REHABILITATION	1,949,978	1,807,474	3,757,452	0.491867	0.491867	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	17,207,838	42,147,506	59,355,344	0.288158	0.288158	91
92 OBSERVATION BEDS	218,956	1,566,670	1,785,626	0.857895	0.857895	92
OTHER REIMBURSABLE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	835,238,732	628,126,324	1,463,365,056			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	835,238,732	628,126,324	1,463,365,056			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	5,916,285		5,916,285	63.36	55,887	3,541,000	30
31 INTENSIVE CARE UNIT	1,367,467		1,367,467	124.28	6,296	782,467	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	305,007		305,007	118.77	390	46,320	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	876,152		876,152	83.47	4,630	386,466	40
41 SUBPROVIDER - IRF	288,815		288,815	56.78	2,792	158,530	41
42 SUBPROVIDER I							42
43 NURSERY	122,993		122,993	35.18			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	8,876,719		8,876,719		69,995	4,914,783	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0148) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,748,492	141,657,931	0.026462	41,266,332	1,091,990	50
52 DELIVERY ROOM & LABOR ROOM	178,051	8,883,811	0.020042	56,838	1,139	52
53 ANESTHESIOLOGY	662,893	32,546,071	0.020368	8,291,857	168,889	53
54 RADIOLOGY-DIAGNOSTIC	4,350,301	102,869,820	0.042289	22,179,886	937,965	54
55 RADIOLOGY-THERAPEUTIC	1,276,407	33,993,170	0.037549	1,526,651	57,324	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,057,876	107,893,264	0.009805	19,978,656	195,891	57
58 MAGNETIC RESONANCE IMAGING (M	1,219,909	35,226,193	0.034631	5,641,640	195,376	58
60 LABORATORY	2,636,121	163,536,797	0.016119	43,396,711	699,512	60
62 WHOLE BLOOD & PACKED RED BLOO	106,574	20,566,574	0.005182	8,721,708	45,196	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	665,703	44,207,055	0.015059	22,463,651	338,280	65
66 PHYSICAL THERAPY	727,197	27,511,948	0.026432	4,173,680	110,319	66
67 OCCUPATIONAL THERAPY	169,132	8,563,073	0.019751	3,005,890	59,369	67
68 SPEECH PATHOLOGY	45,316	2,784,774	0.016273	1,349,132	21,954	68
69 ELECTROCARDIOLOGY	2,956,965	190,114,436	0.015554	58,842,483	915,236	69
69.01 GI UNIT	782,274	19,696,424	0.039717	3,334,682	132,444	69.01
69.02 VASCULAR LAB	160,267	6,457,112	0.024820	2,324,463	57,693	69.02
70 ELECTROENCEPHALOGRAPHY	113,740	4,737,214	0.024010	1,350,235	32,419	70
71 MEDICAL SUPPLIES CHRGED TO PA	900,964	147,570,326	0.006105	53,390,750	325,951	71
73 DRUGS CHARGED TO PATIENTS	1,168,758	103,343,490	0.011309	43,748,797	494,755	73
73.01 RENAL TXPLANT LAB	49,349	650,693	0.075841	48,793	3,701	73.01
74 RENAL DIALYSIS	228,057	8,184,930	0.027863	4,652,278	129,626	74
75 ASC (NON-DISTINCT PART)	777,906	32,330,462	0.024061	225,240	5,419	75
76.97 CARDIAC REHABILITATION	88,873	3,757,452	0.023652	1,258,764	29,772	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	921,566	59,355,344	0.015526	9,124,309	141,664	91
92 OBSERVATION BEDS	124,130	1,785,626	0.069516			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	25,116,821	1,308,223,990	1,308,223,990	360,353,426	6,191,884	200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/28/2012 13:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/28/2012 13:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT DAYS 6	COL.5 ÷ COL.6) 7	PROGRAM DAYS 8	PASS THRU COSTS (COL.7 x COL.8) 9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	93,370		55,887	30
31 INTENSIVE CARE UNIT	11,003		6,296	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT	2,568		390	33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF	10,497		4,630	40
41 SUBPROVIDER - IRF	5,087		2,792	41
42 SUBPROVIDER I				42
43 NURSERY	3,496			43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	126,021		69,995	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0148)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	GI UNIT					69.01
69.02	VASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
73.01	RENAL TXPLANT LAB					73.01
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY		60,588		60,588	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		60,588		60,588	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0148)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA				
BOXES	[] TITLE XIX	[] IRF	[] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	141,657,931			41,266,332	14,757,265	50		
52	DELIVERY ROOM & LABOR ROOM	8,883,811			56,838		52		
53	ANESTHESIOLOGY	32,546,071			8,291,857	4,170,318	53		
54	RADIOLOGY-DIAGNOSTIC	102,869,820			22,179,886	23,613,608	54		
55	RADIOLOGY-THERAPEUTIC	33,993,170			1,526,651	15,379,199	55		
57	COMPUTED TOMOGRAPHY (CT) SCA	107,893,264			19,978,656	22,234,003	57		
58	MAGNETIC RESONANCE IMAGING (	35,226,193			5,641,640	6,696,848	58	
60	LABORATORY	163,536,797			43,396,711	5,622,114	60		
62	WHOLE BLOOD & PACKED RED BLO	20,566,574			8,721,708	2,186,875	62		
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30		
65	RESPIRATORY THERAPY	44,207,055			22,463,651	3,643,719	65		
66	PHYSICAL THERAPY	27,511,948			4,173,680	222,613	66		
67	OCCUPATIONAL THERAPY	8,563,073			3,005,890		67		
68	SPEECH PATHOLOGY	2,784,774			1,349,132		68		
69	ELECTROCARDIOLOGY	190,114,436			58,842,483	40,496,458	69		
69.01	GI UNIT	19,696,424			3,334,682	4,949,488	69.01		
69.02	VASCULAR LAB	6,457,112			2,324,463	1,494,039	69.02		
70	ELECTROENCEPHALOGRAPHY	4,737,214			1,350,235	220,760	70		
71	MEDICAL SUPPLIES CHRGED TO P	147,570,326			53,390,750	7,465,835	71		
73	DRUGS CHARGED TO PATIENTS	103,343,490			43,748,797	8,295,759	73		
73.01	RENAL TXPLANT LAB	650,693			48,793	20,825	73.01		
74	RENAL DIALYSIS	8,184,930			4,652,278	276,363	74		
75	ASC (NON-DISTINCT PART)	32,330,462			225,240	7,197,758	75		
76.97	CARDIAC REHABILITATION	3,757,452			1,258,764	830,247	76.97		
76.98	HYPERBARIC OXYGEN THERAPY						76.98		
76.99	LITHOTRIPSY						76.99		
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	59,355,344	0.001021	0.001021	9,124,309	9,316	8,995,150	9,184	91
92	OBSERVATION BEDS	1,785,626							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	1,308,223,990			360,353,426	9,316	178,769,244	9,184	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.218172	14,757,265	-82		3,219,622	-18		50
52 DELIVERY ROOM & LABOR ROOM	0.426006							52
53 ANESTHESIOLOGY	0.157067	4,170,318			655,019			53
54 RADIOLOGY-DIAGNOSTIC	0.253563	23,613,608	-790		5,987,537	-200		54
55 RADIOLOGY-THERAPEUTIC	0.164274	15,379,199	-7,952		2,526,403	-1,306		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392	22,234,003	-1,348		964,778	-58		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457	6,696,848	-186		672,745	-19		58
60 LABORATORY	0.215454	5,622,114			1,211,307			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031	2,186,875	-405		682,373	-126		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.190734	3,643,719	-355		694,981	-68		65
66 PHYSICAL THERAPY	0.433470	222,613	-30		96,496	-13		66
67 OCCUPATIONAL THERAPY	0.291710							67
68 SPEECH PATHOLOGY	0.326006							68
69 ELECTROCARDIOLOGY	0.176350	40,496,458	-1,368		7,141,550	-241		69
69.01 GI UNIT	0.255273	4,949,488	-5		1,263,471	-1		69.01
69.02 VASCULAR LAB	0.136329	1,494,039			203,681			69.02
70 ELECTROENCEPHALOGRAPHY	0.150087	220,760	-35		33,133	-5		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538	7,465,835	-29		2,490,140	-10		71
73 DRUGS CHARGED TO PATIENTS	0.295288	8,295,759	-7,567	57,775	2,449,638	-2,234	17,060	73
73.01 RENAL TXPLANT LAB	1.198945	20,825			24,968			73.01
74 RENAL DIALYSIS	0.255569	276,363			70,630			74
75 ASC (NON-DISTINCT PART)	0.217403	7,197,758	-45		1,564,814	-10		75
76.97 CARDIAC REHABILITATION	0.491867	830,247			408,371			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.288158	8,995,150			2,592,024			91
92 OBSERVATION BEDS	0.857895							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		178,769,244	-20,197	57,775	34,953,681	-4,309	17,060	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		178,769,244	-20,197	57,775	34,953,681	-4,309	17,060	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S148) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS									
50					3,748,492	141,657,931	0.026462	4,371	116	50
52					178,051	8,883,811	0.020042			52
53					662,893	32,546,071	0.020368	660	13	53
54					4,350,301	102,869,820	0.042289	161,151	6,815	54
55					1,276,407	33,993,170	0.037549			55
57					1,057,876	107,893,264	0.009805	174,248	1,709	57
58					1,219,909	35,226,193	0.034631	81,839	2,834	58
60					2,636,121	163,536,797	0.016119	772,173	12,447	60
62					106,574	20,566,574	0.005182	522	3	62
62.30										62.30
65					665,703	44,207,055	0.015059	76,229	1,148	65
66					727,197	27,511,948	0.026432	87,779	2,320	66
67					169,132	8,563,073	0.019751	41,463	819	67
68					45,316	2,784,774	0.016273	9,321	152	68
69					2,956,965	190,114,436	0.015554	78,408	1,220	69
69.01					782,274	19,696,424	0.039717	2,136	85	69.01
69.02					160,267	6,457,112	0.024820	28,108	698	69.02
70					113,740	4,737,214	0.024010	12,003	288	70
71					900,964	147,570,326	0.006105	18,971	116	71
73					1,168,758	103,343,490	0.011309	658,435	7,446	73
73.01					49,349	650,693	0.075841			73.01
74					228,057	8,184,930	0.027863	66,431	1,851	74
75					777,906	32,330,462	0.024061			75
76.97					88,873	3,757,452	0.023652	1,602	38	76.97
76.98										76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
91					921,566	59,355,344	0.015526	284,676	4,420	91
92					124,130	1,785,626	0.069516			92
	OTHER REIMBURSABLE COST CENTERS									
200					25,116,821	1,308,223,990	1,308,223,990	2,560,526	44,538	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S148)	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	GI UNIT					69.01
69.02	VASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
73.01	RENAL TXPLANT LAB					73.01
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY		60,588		60,588	60,588
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		60,588		60,588	60,588

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S148)	[] SNF		[] TEFRA			
BOXES	[] TITLE XIX	[] IRF	[] NF					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)	
	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	141,657,931			4,371		50	
52	DELIVERY ROOM & LABOR ROOM	8,883,811					52	
53	ANESTHESIOLOGY	32,546,071			660		53	
54	RADIOLOGY-DIAGNOSTIC	102,869,820			161,151	1,078	54	
55	RADIOLOGY-THERAPEUTIC	33,993,170					55	
57	COMPUTED TOMOGRAPHY (CT) SCA	107,893,264			174,248		57	
58	MAGNETIC RESONANCE IMAGING (	35,226,193			81,839		58
60	LABORATORY	163,536,797			772,173		60	
62	WHOLE BLOOD & PACKED RED BLO	20,566,574			522		62	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
65	RESPIRATORY THERAPY	44,207,055			76,229		65	
66	PHYSICAL THERAPY	27,511,948			87,779		66	
67	OCCUPATIONAL THERAPY	8,563,073			41,463		67	
68	SPEECH PATHOLOGY	2,784,774			9,321		68	
69	ELECTROCARDIOLOGY	190,114,436			78,408		69	
69.01	GI UNIT	19,696,424			2,136		69.01	
69.02	VASCULAR LAB	6,457,112			28,108		69.02	
70	ELECTROENCEPHALOGRAPHY	4,737,214			12,003		70	
71	MEDICAL SUPPLIES CHRGED TO P	147,570,326			18,971	225	71	
73	DRUGS CHARGED TO PATIENTS	103,343,490			658,435		73	
73.01	RENAL TXPLANT LAB	650,693					73.01	
74	RENAL DIALYSIS	8,184,930			66,431		74	
75	ASC (NON-DISTINCT PART)	32,330,462					75	
76.97	CARDIAC REHABILITATION	3,757,452			1,602		76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	59,355,344	0.001021	0.001021	284,676	291	91	
92	OBSERVATION BEDS	1,785,626					92	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	1,308,223,990			2,560,526	291	1,303	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S148) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	PPS	COST SERVICES	COST SVCS NOT
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.218172						50
52 DELIVERY ROOM & LABOR ROOM	0.426006						52
53 ANESTHESIOLOGY	0.157067						53
54 RADIOLOGY-DIAGNOSTIC	0.253563	1,078			273		54
55 RADIOLOGY-THERAPEUTIC	0.164274						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457						58
60 LABORATORY	0.215454						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.190734						65
66 PHYSICAL THERAPY	0.433470						66
67 OCCUPATIONAL THERAPY	0.291710						67
68 SPEECH PATHOLOGY	0.326006						68
69 ELECTROCARDIOLOGY	0.176350						69
69.01 GI UNIT	0.255273						69.01
69.02 VASCULAR LAB	0.136329						69.02
70 ELECTROENCEPHALOGRAPHY	0.150087						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538	225			75		71
73 DRUGS CHARGED TO PATIENTS	0.295288						73
73.01 RENAL TXPLANT LAB	1.198945						73.01
74 RENAL DIALYSIS	0.255569						74
75 ASC (NON-DISTINCT PART)	0.217403						75
76.97 CARDIAC REHABILITATION	0.491867						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.288158						91
92 OBSERVATION BEDS	0.857895						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		1,303			348		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		1,303			348		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T148)	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS									
50					3,748,492	141,657,931	0.026462	23,195	614	50
52					178,051	8,883,811	0.020042			52
53					662,893	32,546,071	0.020368	5,879	120	53
54					4,350,301	102,869,820	0.042289	122,525	5,181	54
55					1,276,407	33,993,170	0.037549	40,651	1,526	55
57					1,057,876	107,893,264	0.009805	89,261	875	57
58					1,219,909	35,226,193	0.034631	13,367	463	58
60					2,636,121	163,536,797	0.016119	374,351	6,034	60
62					106,574	20,566,574	0.005182	38,777	201	62
62.30										62.30
65					665,703	44,207,055	0.015059	154,375	2,325	65
66					727,197	27,511,948	0.026432	1,813,271	47,928	66
67					169,132	8,563,073	0.019751	1,498,711	29,601	67
68					45,316	2,784,774	0.016273	546,166	8,888	68
69					2,956,965	190,114,436	0.015554	24,668	384	69
69.01					782,274	19,696,424	0.039717	6,144	244	69.01
69.02					160,267	6,457,112	0.024820	16,299	405	69.02
70					113,740	4,737,214	0.024010	4,540	109	70
71					900,964	147,570,326	0.006105	98,668	602	71
73					1,168,758	103,343,490	0.011309	535,032	6,051	73
73.01					49,349	650,693	0.075841			73.01
74					228,057	8,184,930	0.027863	123,963	3,454	74
75					777,906	32,330,462	0.024061			75
76.97					88,873	3,757,452	0.023652	1,368	32	76.97
76.98										76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
91					921,566	59,355,344	0.015526	87	1	91
92					124,130	1,785,626	0.069516			92
	OTHER REIMBURSABLE COST CENTERS									
200					25,116,821	1,308,223,990	1,308,223,990	5,531,298	115,038	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[XX] IRF (14-T148)	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	GI UNIT					69.01
69.02	VASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
73.01	RENAL TXPLANT LAB					73.01
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY		60,588		60,588	60,588
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		60,588		60,588	60,588

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T148)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	141,657,931			23,195		50
52	DELIVERY ROOM & LABOR ROOM	8,883,811					52
53	ANESTHESIOLOGY	32,546,071			5,879		53
54	RADIOLOGY-DIAGNOSTIC	102,869,820			122,525	4,775	54
55	RADIOLOGY-THERAPEUTIC	33,993,170			40,651		55
57	COMPUTED TOMOGRAPHY (CT) SCA	107,893,264			89,261		57
58	MAGNETIC RESONANCE IMAGING (	35,226,193			13,367		58
60	LABORATORY	163,536,797			374,351	305	60
62	WHOLE BLOOD & PACKED RED BLO	20,566,574			38,777		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	44,207,055			154,375	9,770	65
66	PHYSICAL THERAPY	27,511,948			1,813,271		66
67	OCCUPATIONAL THERAPY	8,563,073			1,498,711		67
68	SPEECH PATHOLOGY	2,784,774			546,166		68
69	ELECTROCARDIOLOGY	190,114,436			24,668	232	69
69.01	GI UNIT	19,696,424			6,144		69.01
69.02	VASCULAR LAB	6,457,112			16,299	928	69.02
70	ELECTROENCEPHALOGRAPHY	4,737,214			4,540	3,596	70
71	MEDICAL SUPPLIES CHRGED TO P	147,570,326			98,668	12,143	71
73	DRUGS CHARGED TO PATIENTS	103,343,490			535,032		73
73.01	RENAL TXPLANT LAB	650,693					73.01
74	RENAL DIALYSIS	8,184,930			123,963		74
75	ASC (NON-DISTINCT PART)	32,330,462					75
76.97	CARDIAC REHABILITATION	3,757,452			1,368		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	59,355,344	0.001021	0.001021	87		91
92	OBSERVATION BEDS	1,785,626					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,308,223,990			5,531,298	31,749	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T148) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	PPS	COST SERVICES	COST SVCS NOT
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.218172						50
52 DELIVERY ROOM & LABOR ROOM	0.426006						52
53 ANESTHESIOLOGY	0.157067						53
54 RADIOLOGY-DIAGNOSTIC	0.253563	4,775			1,211		54
55 RADIOLOGY-THERAPEUTIC	0.164274						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457						58
60 LABORATORY	0.215454	305			66		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.190734	9,770			1,863		65
66 PHYSICAL THERAPY	0.433470						66
67 OCCUPATIONAL THERAPY	0.291710						67
68 SPEECH PATHOLOGY	0.326006						68
69 ELECTROCARDIOLOGY	0.176350	232			41		69
69.01 GI UNIT	0.255273						69.01
69.02 VASCULAR LAB	0.136329	928			127		69.02
70 ELECTROENCEPHALOGRAPHY	0.150087	3,596			540		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538	12,143			4,050		71
73 DRUGS CHARGED TO PATIENTS	0.295288						73
73.01 RENAL TXPLANT LAB	1.198945						73.01
74 RENAL DIALYSIS	0.255569						74
75 ASC (NON-DISTINCT PART)	0.217403						75
76.97 CARDIAC REHABILITATION	0.491867						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.288158						91
92 OBSERVATION BEDS	0.857895						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		31,749			7,898		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		31,749			7,898		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	3	5	6	7
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	5,916,285		5,916,285	93,370	63.36	8,945
31 INTENSIVE CARE UNIT	1,367,467		1,367,467	11,003	124.28	343
32 CORONARY CARE UNIT						
33 BURN INTENSIVE CARE UNIT	305,007		305,007	2,568	118.77	568
34 SURGICAL INTENSIVE CARE UNIT						
35 OTHER SPECIAL CARE (SPECIFY)						
40 SUBPROVIDER - IPF	876,152		876,152	10,497	83.47	1,424
41 SUBPROVIDER - IRF	288,815		288,815	5,087	56.78	456
42 SUBPROVIDER I						
43 NURSERY	122,993		122,993	3,496	35.18	
44 SKILLED NURSING FACILITY						
45 NURSING FACILITY						
200 TOTAL (LINES 30-199)	8,876,719		8,876,719	126,021		11,736

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0148) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER					
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5				
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	3,748,492	141,657,931	0.026462					50
52	DELIVERY ROOM & LABOR ROOM	178,051	8,883,811	0.020042					52
53	ANESTHESIOLOGY	662,893	32,546,071	0.020368					53
54	RADIOLOGY-DIAGNOSTIC	4,350,301	102,869,820	0.042289					54
55	RADIOLOGY-THERAPEUTIC	1,276,407	33,993,170	0.037549					55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,057,876	107,893,264	0.009805					57
58	MAGNETIC RESONANCE IMAGING (M	1,219,909	35,226,193	0.034631					58
60	LABORATORY	2,636,121	163,536,797	0.016119					60
62	WHOLE BLOOD & PACKED RED BLOO	106,574	20,566,574	0.005182					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY	665,703	44,207,055	0.015059					65
66	PHYSICAL THERAPY	727,197	27,511,948	0.026432					66
67	OCCUPATIONAL THERAPY	169,132	8,563,073	0.019751					67
68	SPEECH PATHOLOGY	45,316	2,784,774	0.016273					68
69	ELECTROCARDIOLOGY	2,956,965	190,114,436	0.015554					69
69.01	GI UNIT	782,274	19,696,424	0.039717					69.01
69.02	VASCULAR LAB	160,267	6,457,112	0.024820					69.02
70	ELECTROENCEPHALOGRAPHY	113,740	4,737,214	0.024010					70
71	MEDICAL SUPPLIES CHRGED TO PA	900,964	147,570,326	0.006105					71
73	DRUGS CHARGED TO PATIENTS	1,168,758	103,343,490	0.011309					73
73.01	RENAL TXPLANT LAB	49,349	650,693	0.075841					73.01
74	RENAL DIALYSIS	228,057	8,184,930	0.027863					74
75	ASC (NON-DISTINCT PART)	777,906	32,330,462	0.024061					75
76.97	CARDIAC REHABILITATION	88,873	3,757,452	0.023652					76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	921,566	59,355,344	0.015526					91
92	OBSERVATION BEDS	124,130	1,785,626	0.069516					92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	25,116,821	1,308,223,990	1,308,223,990					200

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/28/2012 13:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	93,370		8,945		30
31 INTENSIVE CARE UNIT	11,003		343		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	2,568		568		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	10,497		1,424		40
41 SUBPROVIDER - IRF	5,087		456		41
42 SUBPROVIDER I					42
43 NURSERY	3,496				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	126,021		11,736		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0148)	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF	[] TEFRA	[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF	[XX] OTHER	[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	GI UNIT					69.01
69.02	VASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
73.01	RENAL TXPLANT LAB					73.01
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY		60,588		60,588	60,588
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		60,588		60,588	60,588

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0148)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	141,657,931					50
52	DELIVERY ROOM & LABOR ROOM	8,883,811					52
53	ANESTHESIOLOGY	32,546,071					53
54	RADIOLOGY-DIAGNOSTIC	102,869,820					54
55	RADIOLOGY-THERAPEUTIC	33,993,170					55
57	COMPUTED TOMOGRAPHY (CT) SCA	107,893,264					57
58	MAGNETIC RESONANCE IMAGING (	35,226,193					58
60	LABORATORY	163,536,797					60
62	WHOLE BLOOD & PACKED RED BLO	20,566,574					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	44,207,055					65
66	PHYSICAL THERAPY	27,511,948					66
67	OCCUPATIONAL THERAPY	8,563,073					67
68	SPEECH PATHOLOGY	2,784,774					68
69	ELECTROCARDIOLOGY	190,114,436					69
69.01	GI UNIT	19,696,424					69.01
69.02	VASCULAR LAB	6,457,112					69.02
70	ELECTROENCEPHALOGRAPHY	4,737,214					70
71	MEDICAL SUPPLIES CHRGED TO P	147,570,326					71
73	DRUGS CHARGED TO PATIENTS	103,343,490					73
73.01	RENAL TXPLANT LAB	650,693					73.01
74	RENAL DIALYSIS	8,184,930					74
75	ASC (NON-DISTINCT PART)	32,330,462					75
76.97	CARDIAC REHABILITATION	3,757,452					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	59,355,344	0.001021	0.001021			91
92	OBSERVATION BEDS	1,785,626					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,308,223,990					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.218172						50
52 DELIVERY ROOM & LABOR ROOM	0.426006						52
53 ANESTHESIOLOGY	0.157067						53
54 RADIOLOGY-DIAGNOSTIC	0.253563						54
55 RADIOLOGY-THERAPEUTIC	0.164274						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457						58
60 LABORATORY	0.215454						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.190734						65
66 PHYSICAL THERAPY	0.433470						66
67 OCCUPATIONAL THERAPY	0.291710						67
68 SPEECH PATHOLOGY	0.326006						68
69 ELECTROCARDIOLOGY	0.176350						69
69.01 GI UNIT	0.255273						69.01
69.02 VASCULAR LAB	0.136329						69.02
70 ELECTROENCEPHALOGRAPHY	0.150087						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538						71
73 DRUGS CHARGED TO PATIENTS	0.295288						73
73.01 RENAL TXPLANT LAB	1.198945						73.01
74 RENAL DIALYSIS	0.255569						74
75 ASC (NON-DISTINCT PART)	0.217403						75
76.97 CARDIAC REHABILITATION	0.491867						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.288158						91
92 OBSERVATION BEDS	0.857895						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (14-S148)	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
55	RADIOLOGY-THERAPEUTIC					55
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62	WHOLE BLOOD & PACKED RED BLOO					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	GI UNIT					69.01
69.02	VASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
73	DRUGS CHARGED TO PATIENTS					73
73.01	RENAL TXPLANT LAB					73.01
74	RENAL DIALYSIS					74
75	ASC (NON-DISTINCT PART)					75
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY		60,588		60,588	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)		60,588		60,588	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (14-S148)	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	141,657,931					50
52	DELIVERY ROOM & LABOR ROOM	8,883,811					52
53	ANESTHESIOLOGY	32,546,071					53
54	RADIOLOGY-DIAGNOSTIC	102,869,820					54
55	RADIOLOGY-THERAPEUTIC	33,993,170					55
57	COMPUTED TOMOGRAPHY (CT) SCA	107,893,264					57
58	MAGNETIC RESONANCE IMAGING (	35,226,193					58
60	LABORATORY	163,536,797					60
62	WHOLE BLOOD & PACKED RED BLO	20,566,574					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	44,207,055					65
66	PHYSICAL THERAPY	27,511,948					66
67	OCCUPATIONAL THERAPY	8,563,073					67
68	SPEECH PATHOLOGY	2,784,774					68
69	ELECTROCARDIOLOGY	190,114,436					69
69.01	GI UNIT	19,696,424					69.01
69.02	VASCULAR LAB	6,457,112					69.02
70	ELECTROENCEPHALOGRAPHY	4,737,214					70
71	MEDICAL SUPPLIES CHRGED TO P	147,570,326					71
73	DRUGS CHARGED TO PATIENTS	103,343,490					73
73.01	RENAL TXPLANT LAB	650,693					73.01
74	RENAL DIALYSIS	8,184,930					74
75	ASC (NON-DISTINCT PART)	32,330,462					75
76.97	CARDIAC REHABILITATION	3,757,452					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	59,355,344	0.001021	0.001021			91
92	OBSERVATION BEDS	1,785,626					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,308,223,990					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S148) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.218172						50
52 DELIVERY ROOM & LABOR ROOM	0.426006						52
53 ANESTHESIOLOGY	0.157067						53
54 RADIOLOGY-DIAGNOSTIC	0.253563						54
55 RADIOLOGY-THERAPEUTIC	0.164274						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457						58
60 LABORATORY	0.215454						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.190734						65
66 PHYSICAL THERAPY	0.433470						66
67 OCCUPATIONAL THERAPY	0.291710						67
68 SPEECH PATHOLOGY	0.326006						68
69 ELECTROCARDIOLOGY	0.176350						69
69.01 GI UNIT	0.255273						69.01
69.02 VASCULAR LAB	0.136329						69.02
70 ELECTROENCEPHALOGRAPHY	0.150087						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538						71
73 DRUGS CHARGED TO PATIENTS	0.295288						73
73.01 RENAL TXPLANT LAB	1.198945						73.01
74 RENAL DIALYSIS	0.255569						74
75 ASC (NON-DISTINCT PART)	0.217403						75
76.97 CARDIAC REHABILITATION	0.491867						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.288158						91
92 OBSERVATION BEDS	0.857895						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T148)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	3,748,492	141,657,931	0.026462				50
52	DELIVERY ROOM & LABOR ROOM	178,051	8,883,811	0.020042				52
53	ANESTHESIOLOGY	662,893	32,546,071	0.020368				53
54	RADIOLOGY-DIAGNOSTIC	4,350,301	102,869,820	0.042289				54
55	RADIOLOGY-THERAPEUTIC	1,276,407	33,993,170	0.037549				55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,057,876	107,893,264	0.009805				57
58	MAGNETIC RESONANCE IMAGING (M	1,219,909	35,226,193	0.034631				58
60	LABORATORY	2,636,121	163,536,797	0.016119				60
62	WHOLE BLOOD & PACKED RED BLOO	106,574	20,566,574	0.005182				62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	665,703	44,207,055	0.015059				65
66	PHYSICAL THERAPY	727,197	27,511,948	0.026432				66
67	OCCUPATIONAL THERAPY	169,132	8,563,073	0.019751				67
68	SPEECH PATHOLOGY	45,316	2,784,774	0.016273				68
69	ELECTROCARDIOLOGY	2,956,965	190,114,436	0.015554				69
69.01	GI UNIT	782,274	19,696,424	0.039717				69.01
69.02	VASCULAR LAB	160,267	6,457,112	0.024820				69.02
70	ELECTROENCEPHALOGRAPHY	113,740	4,737,214	0.024010				70
71	MEDICAL SUPPLIES CHRGED TO PA	900,964	147,570,326	0.006105				71
73	DRUGS CHARGED TO PATIENTS	1,168,758	103,343,490	0.011309				73
73.01	RENAL TXPLANT LAB	49,349	650,693	0.075841				73.01
74	RENAL DIALYSIS	228,057	8,184,930	0.027863				74
75	ASC (NON-DISTINCT PART)	777,906	32,330,462	0.024061				75
76.97	CARDIAC REHABILITATION	88,873	3,757,452	0.023652				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	921,566	59,355,344	0.015526				91
92	OBSERVATION BEDS	124,130	1,785,626	0.069516				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	25,116,821	1,308,223,990	1,308,223,990				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T148)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM								50
52	DELIVERY ROOM & LABOR ROOM								52
53	ANESTHESIOLOGY								53
54	RADIOLOGY-DIAGNOSTIC								54
55	RADIOLOGY-THERAPEUTIC								55
57	COMPUTED TOMOGRAPHY (CT) SCAN								57
58	MAGNETIC RESONANCE IMAGING (M								58
60	LABORATORY								60
62	WHOLE BLOOD & PACKED RED BLOO								62
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY								65
66	PHYSICAL THERAPY								66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY								68
69	ELECTROCARDIOLOGY								69
69.01	GI UNIT								69.01
69.02	VASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY								70
71	MEDICAL SUPPLIES CHRGED TO PA								71
73	DRUGS CHARGED TO PATIENTS								73
73.01	RENAL TXPLANT LAB								73.01
74	RENAL DIALYSIS								74
75	ASC (NON-DISTINCT PART)								75
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY			60,588	60,588	60,588			91
92	OBSERVATION BEDS								92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)			60,588	60,588	60,588			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T148)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
						7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM 141,657,931						50
52						DELIVERY ROOM & LABOR ROOM 8,883,811						52
53						ANESTHESIOLOGY 32,546,071						53
54						RADIOLOGY-DIAGNOSTIC 102,869,820						54
55						RADIOLOGY-THERAPEUTIC 33,993,170						55
57						COMPUTED TOMOGRAPHY (CT) SCA 107,893,264						57
58						MAGNETIC RESONANCE IMAGING (35,226,193						58
60						LABORATORY 163,536,797						60
62						WHOLE BLOOD & PACKED RED BLO 20,566,574						62
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY 44,207,055						65
66						PHYSICAL THERAPY 27,511,948						66
67						OCCUPATIONAL THERAPY 8,563,073						67
68						SPEECH PATHOLOGY 2,784,774						68
69						ELECTROCARDIOLOGY 190,114,436						69
69.01						GI UNIT 19,696,424						69.01
69.02						VASCULAR LAB 6,457,112						69.02
70						ELECTROENCEPHALOGRAPHY 4,737,214						70
71						MEDICAL SUPPLIES CHRGED TO P 147,570,326						71
73						DRUGS CHARGED TO PATIENTS 103,343,490						73
73.01						RENAL TXPLANT LAB 650,693						73.01
74						RENAL DIALYSIS 8,184,930						74
75						ASC (NON-DISTINCT PART) 32,330,462						75
76.97						CARDIAC REHABILITATION 3,757,452						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY 59,355,344	0.001021	0.001021				91
92						OBSERVATION BEDS 1,785,626						92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199) 1,308,223,990						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T148) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.218172						50
52 DELIVERY ROOM & LABOR ROOM	0.426006						52
53 ANESTHESIOLOGY	0.157067						53
54 RADIOLOGY-DIAGNOSTIC	0.253563						54
55 RADIOLOGY-THERAPEUTIC	0.164274						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457						58
60 LABORATORY	0.215454						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.190734						65
66 PHYSICAL THERAPY	0.433470						66
67 OCCUPATIONAL THERAPY	0.291710						67
68 SPEECH PATHOLOGY	0.326006						68
69 ELECTROCARDIOLOGY	0.176350						69
69.01 GI UNIT	0.255273						69.01
69.02 VASCULAR LAB	0.136329						69.02
70 ELECTROENCEPHALOGRAPHY	0.150087						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538						71
73 DRUGS CHARGED TO PATIENTS	0.295288						73
73.01 RENAL TXPLANT LAB	1.198945						73.01
74 RENAL DIALYSIS	0.255569						74
75 ASC (NON-DISTINCT PART)	0.217403						75
76.97 CARDIAC REHABILITATION	0.491867						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.288158						91
92 OBSERVATION BEDS	0.857895						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	93,370	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	93,370	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	93,370	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	55,887	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	73,012,202	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	73,012,202	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95,575,490	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,704,225	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,871,265	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.763922	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	491.28	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	73,012,202	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0148) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 781.97 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 43,701,957 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 43,701,957 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	16,030,266	11,003	1,456.90	6,296	9,172,642	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	3,337,786	2,568	1,299.76	390	506,906	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					84,235,921	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					137,617,426	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 4,369,787 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,201,200 51
 52 TOTAL PROGRAM EXCLUDABLE COST 10,570,987 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 127,046,439 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,959 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 781.97 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,531,879 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	5,916,285	73,012,202	0.081031	1,531,879	124,130	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S148) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,497	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,497	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,497	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,630	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,290,997	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,290,997	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,892,860	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,763,195	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,129,665	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.720631	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	202.88	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,290,997	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S148)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	885.11 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,098,059 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	4,098,059 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	613,632 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,711,691 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	386,466 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	44,829 51
52	TOTAL PROGRAM EXCLUDABLE COST	431,295 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,280,396 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T148) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,087	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,087	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,087	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,792	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,395,772	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,395,772	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,964,020	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,964,020	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.684077	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	975.82	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,395,772	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T148) [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	667,54 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,863,772 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,863,772 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,819,855 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,683,627 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	158,530 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	115,038 51
52	TOTAL PROGRAM EXCLUDABLE COST	273,568 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,410,059 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	93,370	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	93,370	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	93,370	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,945	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,496	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	72,945,333	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	72,945,333	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95,575,490	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,704,225	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,871,265	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.763222	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	491.28	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	72,945,333	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 781.25 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 6,988,281 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 6,988,281 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)	2,003,359	3,496	573.04			42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	15,991,505	11,003	1,453.38	343	498,509	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	3,316,798	2,568	1,291.59	568	733,623	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					8,220,413	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 676,844 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 676,844 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,959 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S148) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,497	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,497	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,497	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,424	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,289,131	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,289,131	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,892,860	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,763,195	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,129,665	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.720486	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	202.88	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,289,131	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S148) [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	884.93 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,260,140 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,260,140 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,260,140 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	118,861 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	118,861 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T148) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,087	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,087	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,087	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	456	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,395,627	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,395,627	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,964,020	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,964,020	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.684048	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	975.82	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,395,627	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T148) [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	667.51 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	304,385 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	304,385 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	304,385 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	25,892 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	25,892 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		56,983,074			30
31 INTENSIVE CARE UNIT		17,415,361			31
33 BURN INTENSIVE CARE UNIT		2,049,987			33
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.218172	41,266,332	9,003,158		50
52 DELIVERY ROOM & LABOR ROOM	0.426006	56,838	24,213		52
53 ANESTHESIOLOGY	0.157203	8,291,857	1,303,505		53
54 RADIOLOGY-DIAGNOSTIC	0.253563	22,179,886	5,623,998		54
55 RADIOLOGY-THERAPEUTIC	0.164274	1,526,651	250,789		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392	19,978,656	866,914		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457	5,641,640	566,742		58
60 LABORATORY	0.215454	43,396,711	9,349,995		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031	8,721,708	2,721,443		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.190906	22,463,651	4,288,446		65
66 PHYSICAL THERAPY	0.441713	4,173,680	1,843,569		66
67 OCCUPATIONAL THERAPY	0.291710	3,005,890	876,848		67
68 SPEECH PATHOLOGY	0.326006	1,349,132	439,825		68
69 ELECTROCARDIOLOGY	0.176588	58,842,483	10,390,876		69
69.01 GI UNIT	0.255273	3,334,682	851,254		69.01
69.02 VASCULAR LAB	0.137738	2,324,463	320,167		69.02
70 ELECTROENCEPHALOGRAPHY	0.152493	1,350,235	205,901		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333849	53,390,750	17,824,448		71
73 DRUGS CHARGED TO PATIENTS	0.295288	43,748,797	12,918,495		73
73.01 RENAL TXPLANT LAB	1.248615	48,793	60,924		73.01
74 RENAL DIALYSIS	0.258189	4,652,278	1,201,167		74
75 ASC (NON-DISTINCT PART)	0.218572	225,240	49,231		75
76.97 CARDIAC REHABILITATION	0.493517	1,258,764	621,221		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.288547	9,124,309	2,632,792		91
92 OBSERVATION BEDS	0.857895				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		360,353,426	84,235,921		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		360,353,426			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S148)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF		6,076,984		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.218172	4,371	954	50
52 DELIVERY ROOM & LABOR ROOM	0.426006			52
53 ANESTHESIOLOGY	0.157203	660	104	53
54 RADIOLOGY-DIAGNOSTIC	0.253563	161,151	40,862	54
55 RADIOLOGY-THERAPEUTIC	0.164274			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392	174,248	7,561	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457	81,839	8,221	58
60 LABORATORY	0.215454	772,173	166,368	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031	522	163	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.190906	76,229	14,553	65
66 PHYSICAL THERAPY	0.441713	87,779	38,773	66
67 OCCUPATIONAL THERAPY	0.291710	41,463	12,095	67
68 SPEECH PATHOLOGY	0.326006	9,321	3,039	68
69 ELECTROCARDIOLOGY	0.176588	78,408	13,846	69
69.01 GI UNIT	0.255273	2,136	545	69.01
69.02 VASCULAR LAB	0.137738	28,108	3,872	69.02
70 ELECTROENCEPHALOGRAPHY	0.152493	12,003	1,830	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333849	18,971	6,333	71
73 DRUGS CHARGED TO PATIENTS	0.295288	658,435	194,428	73
73.01 RENAL TXPLANT LAB	1.248615			73.01
74 RENAL DIALYSIS	0.258189	66,431	17,152	74
75 ASC (NON-DISTINCT PART)	0.218572			75
76.97 CARDIAC REHABILITATION	0.493517	1,602	791	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.288547	284,676	82,142	91
92 OBSERVATION BEDS	0.857895			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,560,526	613,632	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,560,526		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T148) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		2,692,827		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.218172	23,195	5,060	50
52 DELIVERY ROOM & LABOR ROOM	0.426006			52
53 ANESTHESIOLOGY	0.157203	5,879	924	53
54 RADIOLOGY-DIAGNOSTIC	0.253563	122,525	31,068	54
55 RADIOLOGY-THERAPEUTIC	0.164274	40,651	6,678	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392	89,261	3,873	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457	13,367	1,343	58
60 LABORATORY	0.215454	374,351	80,655	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031	38,777	12,100	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.190906	154,375	29,471	65
66 PHYSICAL THERAPY	0.441713	1,813,271	800,945	66
67 OCCUPATIONAL THERAPY	0.291710	1,498,711	437,189	67
68 SPEECH PATHOLOGY	0.326006	546,166	178,053	68
69 ELECTROCARDIOLOGY	0.176588	24,668	4,356	69
69.01 GI UNIT	0.255273	6,144	1,568	69.01
69.02 VASCULAR LAB	0.137738	16,299	2,245	69.02
70 ELECTROENCEPHALOGRAPHY	0.152493	4,540	692	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333849	98,668	32,940	71
73 DRUGS CHARGED TO PATIENTS	0.295288	535,032	157,989	73
73.01 RENAL TXPLANT LAB	1.248615			73.01
74 RENAL DIALYSIS	0.258189	123,963	32,006	74
75 ASC (NON-DISTINCT PART)	0.218572			75
76.97 CARDIAC REHABILITATION	0.493517	1,368	675	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.288547	87	25	91
92 OBSERVATION BEDS	0.857895			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,531,298	1,819,855	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,531,298		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0148) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.218172			50
52 DELIVERY ROOM & LABOR ROOM	0.426006			52
53 ANESTHESIOLOGY	0.157067			53
54 RADIOLOGY-DIAGNOSTIC	0.253563			54
55 RADIOLOGY-THERAPEUTIC	0.164274			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457			58
60 LABORATORY	0.215454			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.190734			65
66 PHYSICAL THERAPY	0.433470			66
67 OCCUPATIONAL THERAPY	0.291710			67
68 SPEECH PATHOLOGY	0.326006			68
69 ELECTROCARDIOLOGY	0.176350			69
69.01 GI UNIT	0.255273			69.01
69.02 VASCULAR LAB	0.136329			69.02
70 ELECTROENCEPHALOGRAPHY	0.150087			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.333538			71
73 DRUGS CHARGED TO PATIENTS	0.295288			73
73.01 RENAL TXPLANT LAB	1.198945			73.01
74 RENAL DIALYSIS	0.255569			74
75 ASC (NON-DISTINCT PART)	0.217403			75
76.97 CARDIAC REHABILITATION	0.491867			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.288158			91
92 OBSERVATION BEDS	0.857895			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S148) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
33 BURN INTENSIVE CARE UNIT					33
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.218172				50
52 DELIVERY ROOM & LABOR ROOM	0.426006				52
53 ANESTHESIOLOGY	0.157067				53
54 RADIOLOGY-DIAGNOSTIC	0.253563				54
55 RADIOLOGY-THERAPEUTIC	0.164274				55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457				58
60 LABORATORY	0.215454				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.190734				65
66 PHYSICAL THERAPY	0.433470				66
67 OCCUPATIONAL THERAPY	0.291710				67
68 SPEECH PATHOLOGY	0.326006				68
69 ELECTROCARDIOLOGY	0.176350				69
69.01 GI UNIT	0.255273				69.01
69.02 VASCULAR LAB	0.136329				69.02
70 ELECTROENCEPHALOGRAPHY	0.150087				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333538				71
73 DRUGS CHARGED TO PATIENTS	0.295288				73
73.01 RENAL TXPLANT LAB	1.198945				73.01
74 RENAL DIALYSIS	0.255569				74
75 ASC (NON-DISTINCT PART)	0.217403				75
76.97 CARDIAC REHABILITATION	0.491867				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.288158				91
92 OBSERVATION BEDS	0.857895				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T148)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.218172			50
52 DELIVERY ROOM & LABOR ROOM	0.426006			52
53 ANESTHESIOLOGY	0.157067			53
54 RADIOLOGY-DIAGNOSTIC	0.253563			54
55 RADIOLOGY-THERAPEUTIC	0.164274			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.043392			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.100457			58
60 LABORATORY	0.215454			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.312031			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.190734			65
66 PHYSICAL THERAPY	0.433470			66
67 OCCUPATIONAL THERAPY	0.291710			67
68 SPEECH PATHOLOGY	0.326006			68
69 ELECTROCARDIOLOGY	0.176350			69
69.01 GI UNIT	0.255273			69.01
69.02 VASCULAR LAB	0.136329			69.02
70 ELECTROENCEPHALOGRAPHY	0.150087			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.333538			71
73 DRUGS CHARGED TO PATIENTS	0.295288			73
73.01 RENAL TXPLANT LAB	1.198945			73.01
74 RENAL DIALYSIS	0.255569			74
75 ASC (NON-DISTINCT PART)	0.217403			75
76.97 CARDIAC REHABILITATION	0.491867			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.288158			91
92 OBSERVATION BEDS	0.857895			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [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		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS		COST (COL.2 x COL.3)	
		1	D	2		3		4	
1	ADULTS & PEDIATRICS	38,446	38	781.97		38		29,715	
2	INTENSIVE CARE UNIT	483	43	1,456.90					
3	CORONARY CARE UNIT		44						
4	BURN INTENSIVE CARE UNIT		45	1,299.76					
5	SURGICAL INTENSIVE CARE UNIT		46						
6	OTHER SPECIAL CARE (SPECIFY)		47						
7	TOTAL (SUM OF LINES 1-6)	38,929				38		29,715	
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2		3			
8	OPERATING ROOM	50	0.218172	225,239		49,141		8	
9	RECOVERY ROOM	51						9	
10	DELIVERY ROOM & LABOR ROOM	52	0.426006					10	
11	ANESTHESIOLOGY	53	0.157067	64,713		10,164		11	
12	RADIOLOGY-DIAGNOSTIC	54	0.253563	50,326		12,761		12	
13	RADIOLOGY-THERAPEUTIC	55	0.164274					13	
14	RADIOISOTOPE	56						14	
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.043392	82,101		3,563		15	
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.100457	2,920		293		16	
17	CARDIAC CATHETERIZATION	59						17	
18	LABORATORY	60	0.215454	206,090		44,403		18	
19	PBP CLINICAL LAB SERVICES-PRGM	61						19	
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.312031					20	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30	
21	BLOOD STORING, PROCESSING & TRA	63		16,679				21	
22	INTRAVENOUS THERAPY	64						22	
23	RESPIRATORY THERAPY	65	0.190734	10,596		2,021		23	
24	PHYSICAL THERAPY	66	0.433470	9,248		4,009		24	
25	OCCUPATIONAL THERAPY	67	0.291710	188		55		25	
26	SPEECH PATHOLOGY	68	0.326006					26	
27	ELECTROCARDIOLOGY	69	0.176350	107,818		19,014		27	
27.01	GI UNIT	69.01	0.255273	5,173		1,321		27.01	
27.02	VASCULAR LAB	69.02	0.136329	2,112		288		27.02	
28	ELECTROENCEPHALOGRAPHY	70	0.150087					28	
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.333538	133,068		44,383		29	
30	IMPL. DEV. CHARGED TO PATIENT	72						30	
31	DRUGS CHARGED TO PATIENTS	73	0.295288	17,077		5,043		31	
31.01	RENAL TXPLANT LAB	73.01	1.198945	533,087		639,142		31.01	
32	RENAL DIALYSIS	74	0.255569	71		18		32	
33	ASC (NON-DISTINCT PART)	75	0.217403					33	
34	OTHER ANCILLARY (SPECIFY)	76						34	
34.97	CARDIAC REHABILITATION	76.97	0.491867					34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98	
34.99	LITHOTRIPSY	76.99						34.99	
35	RURAL HEALTH CLINIC (RHC)	88						35	
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36	
37	CLINIC	90						37	
38	EMERGENCY	91	0.288158					38	
39	OBSERVATION BEDS	92	0.857895					39	
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40	
41	TOTAL (SUM OF LINES 8-40)			1,466,506		835,619		41	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [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		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42	ADULTS & PEDIATRICS	2	38		42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		38		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	3	
49	RURAL HEALTH CLINIC (RHC)	21			49
50	FEDERALLY QUALIFIED HLTH CTR (F	22			50
51	CLINIC	23			51
52	EMERGENCY	24			52
53	OBSERVATION BEDS	25			53
54	OTHER OUTPATIENT SERV (SPECIFY)	26			54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [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	
56 ROUTINE & ANCILLARY FROM PART I	865,334		1,505,435		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,511,982		1,511,982		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,377,316		3,017,417		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		36			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		31			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.861111			64
65 MEDICARE COST/CHARGES	2,047,133		2,598,331		65
66 REVENUE FOR ORGANS SOLD	36,140		36,140		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,010,993		2,562,191		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,010,993		2,562,191		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	10	4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		22		73
74 TOTAL (SUM OF LINES 70-73)	10	26		74
75 ORGANS TRANSPLANTED	10	22		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		4		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	10	26		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] 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		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2	3		4	
1	ADULTS & PEDIATRICS		38	781.97				1
2	INTENSIVE CARE UNIT	241	43	1,456.90		1	1,457	2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45	1,299.76				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	OTHER SPECIAL CARE (SPECIFY)		47					6
7	TOTAL (SUM OF LINES 1-6)	241				1	1,457	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3	4	5	
8	OPERATING ROOM	50	0.218172	7,096			1,548	8
9	RECOVERY ROOM	51						9
10	DELIVERY ROOM & LABOR ROOM	52	0.426006					10
11	ANESTHESIOLOGY	53	0.157067	819			129	11
12	RADIOLOGY-DIAGNOSTIC	54	0.253563	142			36	12
13	RADIOLOGY-THERAPEUTIC	55	0.164274					13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.043392					15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.100457					16
17	CARDIAC CATHETERIZATION	59						17
18	LABORATORY	60	0.215454	2,235			482	18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62	0.312031					20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63						21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.190734	1,505			287	23
24	PHYSICAL THERAPY	66	0.433470					24
25	OCCUPATIONAL THERAPY	67	0.291710					25
26	SPEECH PATHOLOGY	68	0.326006					26
27	ELECTROCARDIOLOGY	69	0.176350	569			100	27
27.01	GI UNIT	69.01	0.255273					27.01
27.02	VASCULAR LAB	69.02	0.136329					27.02
28	ELECTROENCEPHALOGRAPHY	70	0.150087					28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.333538	1,716			572	29
30	IMPL. DEV. CHARGED TO PATIENT	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.295288	507			150	31
31.01	RENAL TXPLANT LAB	73.01	1.198945					31.01
32	RENAL DIALYSIS	74	0.255569					32
33	ASC (NON-DISTINCT PART)	75	0.217403					33
34	OTHER ANCILLARY (SPECIFY)	76						34
34.97	CARDIAC REHABILITATION	76.97	0.491867					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90						37
38	EMERGENCY	91	0.288158					38
39	OBSERVATION BEDS	92	0.857895					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			14,589			3,304	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART II

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] 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		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	1		43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	OTHER SPECIAL CARE (SPECIFY)	7			47
48	TOTAL (SUM OF LINES 42-47)		1		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1	2	3	
49	RURAL HEALTH CLINIC (RHC)	21			49
50	FEDERALLY QUALIFIED HLTH CTR (F	22			50
51	CLINIC	23			51
52	EMERGENCY	24			52
53	OBSERVATION BEDS	25			53
54	OTHER OUTPATIENT SERV (SPECIFY)	26			54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PARTS III & IV

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] 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	
56 ROUTINE & ANCILLARY FROM PART I	4,761		14,830		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	269,871		269,871		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	274,632		284,701		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		6			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		6			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		1.000000			64
65 MEDICARE COST/CHARGES	274,632		284,701		65
66 REVENUE FOR ORGANS SOLD	4,553		4,553		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	270,079		280,148		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	270,079		280,148		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		4		73
74 TOTAL (SUM OF LINES 70-73)		6		74
75 ORGANS TRANSPLANTED		4		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2		77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		6		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0148)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	96,875,287	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,034,928	2
3	MANAGED CARE SIMULATED PAYMENTS	4,950,104	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	396.63	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	87.55	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)	1.03	8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	88.58	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	129.40	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	88.58	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	89.84	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	89.39	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	89.27	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	89.27	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.225071	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.231022	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.225071	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	11,779,161	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	14.30	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	40.82	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	14.30	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.036054	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.009536	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	971,007	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	12,750,168	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0435	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1299	31
32	SUM OF LINES 30 AND 31	0.1734	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0402	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,894,387	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	118,554,770	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	118,554,770	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	9,274,579	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0148)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,755,234	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	1,690	54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	2,281,072	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	9,316	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	133,876,661	59
60	PRIMARY PAYER PAYMENTS	80,382	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	133,796,279	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,559,110	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	410,012	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,751,600	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,226,120	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,363,236	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	125,053,277	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	125,053,277	71
72	INTERIM PAYMENTS	124,160,719	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	892,558	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	609,068	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S148) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	348	2
3	PPS PAYMENTS	165	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	165	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	49	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	116	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	116	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	116	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	116	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	116	40
41	INTERIM PAYMENTS	116	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0148) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		116,368,191		27,169,615
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.		6,506,354		1,832,509
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	.01 04/22/2011	920,830	04/22/2011	6,235
	.02 09/23/2011	365,344		
PROGRAM	.03			
TO	.04			
PROVIDER	.05			
	.06			
	.07			
	.08			
	.09			
	.50	NONE	09/23/2011	36,227
	.51			
PROVIDER	.52			
TO	.53			
PROGRAM	.54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,286,174		-29,992
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		124,160,719		28,972,132

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				
	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			6.03
	PROVIDER .04			6.04
	TO .05			6.05
	PROGRAM .06			6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S148) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,445,370		116	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/22/2011	11,741		NONE	3.01	
	.02				3.02	
	PROGRAM .03				3.03	
	TO .04				3.04	
	PROVIDER .05				3.05	
	.06				3.06	
	.07				3.07	
	.08				3.08	
	.09				3.09	
	.50	NONE		NONE	3.50	
	.51				3.51	
	PROVIDER .52				3.52	
	TO .53				3.53	
	PROGRAM .54				3.54	
	.55				3.55	
	.56				3.56	
	.57				3.57	
	.58				3.58	
	.59				3.59	
	.99				3.99	
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		11,741				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,457,111		116	4	

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T148) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,187,489		3,322	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.		NONE		NONE	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	04/22/2011	21,780		NONE	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-21,780			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,165,709		3,322	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					5.01
					5.02
					5.03
					5.04
					5.05
					5.06
					5.07
					5.08
					5.09
					5.50
					5.51
					5.52
					5.53
					5.54
					5.55
					5.56
					5.57
					5.58
					5.59
					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/28/2012 13:11

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0148) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	23,717 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	62,573 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,054 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	104,982 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,463,365,056 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	51,647,775 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S148)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	3,423,470	1
2	NET IPF PPS OUTLIER PAYMENT	178,200	2
3	NET IPF PPS ECT PAYMENT	87,468	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	3.12	4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	3.12	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	3.12	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.758904	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	0.054475	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	186,494	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	3,875,632	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	3,875,632	16
17	PRIMARY PAYER PAYMENTS	16,745	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	3,858,887	18
19	DEDUCTIBLES	276,456	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,582,431	20
21	COINSURANCE	102,703	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,479,728	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	249,688	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	174,782	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	212,203	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	3,654,510	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	291	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,654,801	31
32	INTERIM PAYMENTS	3,457,111	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	197,690	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	7	35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK HOSPITAL
 APPLICABLE BOX: IRF (14-T148)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,801,565	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.028300	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	299,959	3
4	OUTLIER PAYMENTS	48,963	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.83	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	0.36	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.36	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.936986	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.017691	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	67,253	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	4,217,740	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	4,217,740	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,217,740	19
20	DEDUCTIBLES	33,416	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,184,324	21
22	COINSURANCE	17,546	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,166,778	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	12,710	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,897	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10,586	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,175,675	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,175,675	32
33	INTERIM PAYMENTS	4,165,709	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	9,966	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	49,918	36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0148) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	8,220,413 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	8,220,413 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	8,220,413 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	8,220,413 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S148) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,260,140 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,260,140 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,260,140 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,260,140 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T148) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	304,385 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	304,385 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	304,385 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	304,385 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		112.84 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		9.26 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		1.03 4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		104.61 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		132.88 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		104.61 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	48.47	77.26	125.73 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	38.16	60.82	98.98 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	38.16	60.82	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	40.56	58.81	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	40.57	58.77	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	39.76	59.47	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.44	0.58	16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	40.20	60.05	17
18	PER RESIDENT AMOUNT	76,662.76	76,662.76	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	3,081,843	4,603,599	7,685,442 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			28.27 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			7,685,442 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	69,995	3,281	26
27	TOTAL INPATIENT DAYS	120,566	120,566	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.580553	0.027213	28
29	PROGRAM DIRECT GME AMOUNT	4,461,806	209,144	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		29,552	30
31	NET PROGRAM DIRECT GME AMOUNT			4,641,398 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			8,184,930 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			146,012,744 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			2,281,072 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			97,127 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			148,196,689 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			34,974,678 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			3,087 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			34,971,591 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			183,168,280 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.809074 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.190926 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,641,398 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,755,234 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			886,164 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	11,736	4,750	26
27	TOTAL INPATIENT DAYS	120,566	120,566	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.097341	0.039398	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	43,590,076			1
2	TEMPORARY INVESTMENTS	55,803,359			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	103,810,751			4
5	OTHER RECEIVABLES	15,916,124			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17,553,000			6
7	INVENTORY	8,969,677			7
8	PREPAID EXPENSES	3,826,788			8
9	OTHER CURRENT ASSETS	13,175,864			9
10	DUE FROM OTHER FUNDS	10,249,156			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	237,788,795			11
FIXED ASSETS					
12	LAND	5,011,403			12
13	LAND IMPROVEMENTS	24,347,139			13
14	ACCUMULATED DEPRECIATION	-8,728,144			14
15	BUILDINGS	173,242,627			15
16	ACCUMULATED DEPRECIATION	-104,277,013			16
17	LEASEHOLD IMPROVEMENTS	1,669,733			17
18	ACCUMULATED AMORTIZATION	-628,774			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	136,319,151			23
24	ACCUMULATED DEPRECIATION	-83,894,873			24
25	MINOR EQUIPMENT DEPRECIABLE	15,197,051			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	158,258,300			30
OTHER ASSETS					
31	INVESTMENTS	44,477,795			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	142,511,189			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	186,988,984			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	583,036,079			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	26,176,866			37
38	SALARIES, WAGES & FEES PAYABLE	18,040,401			38
39	PAYROLL TAXES PAYABLE	355,732			39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	28,934,960			43
44	OTHER CURRENT LIABILITIES	13,194,242			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	86,702,201			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	114,222,428			46
47	NOTES PAYABLE	7,449,042			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	96,483,214			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	218,154,684			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	304,856,885			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	278,179,194			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	278,179,194			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	583,036,079			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		238,677,342							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		18,242,977							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		256,920,319							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN VALUE / INT RATE S	90,488								5
6 UNREAL GAINS									6
7 ASSETS RELEASED									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		90,488							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		257,010,807							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CONTRIBUTIONS		7,490,000							13
14 CHANGE IN PENSION LEVELS		-28,376,351							14
15 OTHER DEDUCTIONS		-282,036							15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		-21,168,387							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		278,179,194							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	109,502,039		109,502,039	1
3 SUBPROVIDER IPF	14,279,014		14,279,014	2
5 SUBPROVIDER IRF	4,964,925		4,964,925	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	128,745,978		128,745,978	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	27,601,400		27,601,400	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT	5,274,853		5,274,853	13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	32,876,253		32,876,253	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	161,622,231		161,622,231	17
18 ANCILLARY SERVICES	703,204,683	650,894,051	1,354,098,734	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	864,826,914	650,894,051	1,515,720,965	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		506,394,140	29
30 BAD DEBT	13,379,150		30
31 GRANT EXPENSE	42,268		31
32 PURCHASED SERVICE HAMP	35,516,824		32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		48,938,242	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		555,332,382	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,515,720,965	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,036,193,224	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	479,527,741	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	555,332,382	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-75,804,641	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	163,982	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	4,431,938	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE 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	388,427	20
21	RENTAL OF VENDING MACHINES	104,312	21
22	RENTAL OF HOSPITAL SPACE	2,446,969	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (HIGHER ED GRANT)		24
24.01	OTHER (CAPITATION)	64,688,099	24.01
24.02	OTHER (AUTOPSY REV)	125,064	24.02
24.03	OTHER (MISCELLANEOUS INCOME)	4,167,975	24.03
24.04	OTHER (OTHER)	649,755	24.04
24.05	OTHER (CHILD CARE)	1,031,022	24.05
24.06	OTHER (HOSPITAL ASSESSEMENT)	20,802,034	24.06
24.07	OTHER (CAPITATION REVENUE)		24.07
24.08	OTHER (OTHER OPERATING REVENUES)	1,310,387	24.08
24.09	OTHER (NON-OPERATING RELEASE FROM RESTRICT)		24.09
24.10	OTHER (GAIN/LOSS ON FAIR VALUE)	17,741	24.10
24.11	OTHER (INTEREST RATE SWAP)		24.11
24.12	OTHER (REALIZED GAIN/LOSS)	2,357,147	24.12
24.13	OTHER (UNREALIZED GAIN/LOSS)	-12,702,386	24.13
24.14	OTHER (DEFERRED COMP INT/DIVIDENDS)	68,575	24.14
24.15	OTHER (DONATIONS UNRESTRICTED)		24.15
24.16	OTHER (CONTRIBUTIONS RELEASED)		24.16
24.17	OTHER (INTEREST INCOME 85 SERIES)	663	24.17
24.18	OTHER (OPERATIONS INVESTMENT INTEREST)	60,080	24.18
24.19	OTHER (DEFERRED COMP EXPENSE)		24.19
24.20	OTHER (WORKERS COMP INTEREST)	145,322	24.20
24.21	OTHER (INVESTMENT INCOME EXPENSE)	-1,127,021	24.21
24.22	OTHER (SELF INSURANCE INTEREST)	324,047	24.22
24.23	OTHER (BOND FUND INTEREST INCOME)	4,598,682	24.23
24.24	OTHER (BOND SERIES INTEREST INCOME)	34,404	24.24
24.25	OTHER (INVESTMENT MGMT FEES)	-39,600	24.25
24.26	OTHER (EXTRAORDINARY GAIN / LOSS)		24.26
24.27	OTHER (ROUNDING)		24.27
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	94,047,618	25
26	TOTAL (LINE 5 PLUS LINE 25)	18,242,977	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	18,242,977	29

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	BASIS	STATISTICS	FTE PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	961,808	HOURS OF SERVICE	28,541.00	13.72	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS	10,384	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	104,760	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,076,952				9
10 EMPLOYEE BENEFITS	76,906	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	63,696	SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS	4,011	REQUISITIONS			15
16 OTHER	13,380	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,234,945				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	112,997	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	192,998	SALARY			20
21 ADMINISTRATIVE AND GENERAL	303,866	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	242,586	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY	-40,941	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	45,363	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	2,091,814				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	2,091,814				31

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		DIRECT PATIENT CARE RNs	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING	EQUIPMENT					
	1	2	3	4	5	6	
1 TOTAL RENAL DEPT COSTS	419,279		961,808		269,904	-36,930	1
2 MAINTENANCE							
3 HEMODIALYSIS	103,176		173,624		48,723	-11,748	2
4 INTERMITTENT PERITONEAL TRAINING							3
5 HEMODIALYSIS							4
6 INTERMITTENT PERITONEAL							5
7 CAPD							6
8 CCPD							7
9 HOME							
10 HEMODIALYSIS							8
11 INTERMITTENT PERITONEAL							9
12 CAPD							10
13 CCPD							11
14 OTHER BILLABLE SERVICES							
15 INPATIENT DIALYSIS	316,103		788,184		221,181	-25,182	12
16 METHOD II HOME PATIENT							13
17 EPO (INCL IN RENAL DEPT)						43,474	14
18 ARANESP (INCL IN RENAL DEPT)							15
19 OTHER							16
TOTAL (SUM OF LINES 2-16)	419,279		961,808		269,904	-36,930	17
MEDICAL EDUC PGM COSTS							18
TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2315

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE			1,614,061	477,753	2,091,814	1
2 HEMODIALYSIS			313,775	92,876	406,651	2
3 INTERMITTENT PERITONEAL TRAINING						3
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			1,300,286	384,877	1,685,163	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)			1,614,061	477,753	2,091,814	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					2,091,814	19

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		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	419,279		961,808		269,904	1
	MAINTENANCE						
2	HEMODIALYSIS	1,318	20,262.00	5,606.00		190,594	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 2,716	4,038	43,434.00	25,449.00		865,204	13
13	METHOD II HOME PATIENT						14
14	EPO						15
15	ARANESP						16
16	OTHER						17
17	TOTAL STATISTICAL BASIS	5,356	63,696.00	31,055.00		1,055,798	18
18	UNIT COST MULTIPLIER	78.282114		30.971116		0.255640	
	(LINE 1 ÷ LINE 17)						

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2315

WORKSHEET I-3
 (CONTINUED)

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

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	-36,930			1,614,061	477,753	1
2 HEMODIALYSIS	1,276					2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS 2,716	2,735					
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	4,011				1,614,061	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	-9.207180				0.295994	18

PROVIDER CCN: 14-0148 MEMORIAL MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2315

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	1,267	406,651	320.96	917	294,320	219,319	239.17	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 (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	1,267	406,651		917	294,320	219,319		11

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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 (SEE INSTRUCTIONS)	294,320	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	219,319	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	386	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	43,786	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	44,172	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	175,146	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	75,002	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-014) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	7,807,383	1
2	CAPITAL DRG OUTLIER PAYMENTS	366,355	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	291.82	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	103.57	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1053	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	822,117	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0435	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1299	8
9	SUM OF LINES 7 AND 8	0.1734	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0357	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	278,724	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	9,274,579	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
33 BURN INTENSIVE CARE UNIT					33
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 GI UNIT					69.01
69.02 VASCULAR LAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
73 DRUGS CHARGED TO PATIENTS					73
73.01 RENAL TXPLANT LAB					73.01
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
105 KIDNEY ACQUISITION					105
SPECIAL PURPOSE COST CENTERS					
109 PANCREAS ACQUISITION					109
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 SIU SCHOOL OF MEDICINE					192.01
192.03 UNIVERSITY BUILDING (MHCCI)					192.03
192.04 MEALS ON WHEELS					192.04
192.05 ACS HOME CARE					192.05
192.06 VNA OF CENTRAL IL					192.06
192.07 GAMERO					192.07
192.08 FOUNDATION					192.08

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &		
	NARY CAP- REL COSTS	(COLS.0-4)	SUBTOTAL	POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
192.09 SIU MAP PROGRAM					192.09
192.10 AUDIOLOGY					192.10
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204